

FAMILY HEALTH OPTIMA INSURANCE POLICY - SCHEDULE

Policy No. : P/700002/01/2015/007530	Previous Policy No. :
Proposer's Code : 3629867	Issuing Office Code : 700002
Proposer's Name : ASHWANI KUMAR RAI	Issuing Office Name : Online Business
Address : E-48 A KUNWAR SINGH NAGAR NANGLOI NEAR NILOTHI MOR New Delhi, West, Delhi-110041	Address : No:111-112, Gokul Arcade-A 1st Floor Sahar Road Vile Parle(East) Mumbai - 400057 ONLINE BUSINESS
Phone No : 9013246272/	Toll Free No : 1800-425-2255
E-mail id : ashwanirai85@gmail.com	E-mail id : online@starhealth.in
Proposal date : 02/07/2014	Fulfiller Code : SO700002 Sector : Urban
Date of Inception of first policy : 03/07/2014	Intermediary Code : OL0000000004 Name : Delhi Telesales Phone No : / E-mail id : NIL
Renewal Year : NEW	
Receipt No : 1272007864	
Receipt Date : 02/07/2014	
Premium : Rs 5,400.00 /- Service Tax : Rs 667.00 /- Stamp Duty : Re 1.00 /- Total Premium : Rs 6,067.00 /-	
Total Premium In Words : Rupees Six Thousand Sixty-Seven Only	
PERIOD OF INSURANCE FROM : 03/07/2014 00:00:00 TO : Midnight Of 02/07/2015	
SCHEME - DESCRIPTION : 2 ADULTS + 1 CHILD BASIC FLOATER SUM INSURED : Rs 300000 /- (Three Lakhs Only)	
LIMIT OF COVERAGE : Rs.300000 /- Bonus : Rs /-	

Details of Insured Persons :

Sl. No.	Name of the Insured	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	Pre Existing Disease/s	ID Card No
1	ASHWANI KUMAR RAI	MALE	10-07-1985	28 Yrs 11 Mths	SELF	NONE	3629867-1
2	SUSHAMA RAI	FEMALE	01-07-1987	27 Yrs 0 Mths	SPOUSE	NONE	3629867-2
3	ASHUTOSH RAI	MALE	08-11-2012	1 Yrs 7 Mths	DEPENDANT CHILD	NONE	3629867-3

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Expenses relating to the hospitalisation will be in proportion to the room rent stated in the policy.

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

IMPORTANT

IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY, HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.

Toll Free No : 1800 425 2255 / 1800 102 4477 **Email**: support@starhealth.in **Fax No**: 1800 425 5522.

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Online Business on 02nd Day of July 2014.



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Attached to and forming part of Policy No. P/700002/01/2015/007530

Revision in sum insured:In case of an upward revision in sum insured on renewal, in respect of disease, sickness, illness the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed or received medical advice or treatment.

Entered By : STAR_PORTAL

This is an electronically generated document(Policy Schedule). "Consolidated stamp paid vide certificate No.CSD/33/2014/2177 Dt.17/05/2014"

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/700002/01/2015/007530 **Type Of Policy** : FHO-Policy
Issue Office : 700002 - Online Business
Address : No:111-112,Gokul Arcade-A 1st Floor
Sahar Road Vile Parle(East)
Mumbai - 400057
Toll Free No : 1800-425-2255
Email : online@starhealth.in

This is to certify that ASHWANI KUMAR RAI has paid Rs 6067 (Total Premium In Words : Indian Rupees Six Thousand Sixty-Seven Only) towards Premium for Hospitalization Insurance vide Policy No: P/700002/01/2015/007530 for the Period 03-JUL-14 To 02-JUL-15 issued on 02-JUL-14 .
Payment received by Cheque/Credit/Debit Card vide collection No:
Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

For Star Health and Allied Insurance Company
Ltd.

Authorised Signatory



Family Health Optima

Following values are the details entered to obtain your Family Health Optima policy

Proposer Details

This section contains proposer details

Name : ASHWANI KUMAR RAI

Mobile: 9013246272

Address: E-48 A KUNWAR SINGH NAGAR NANGLOI
NEAR NILOTHI MOR

Email: ashwanirai85@gmail.com

New Delhi,West,Delhi-110041

PAN:

Plan Details

This section contains the Plan and Policy Details

Policy Start Date: 03-07-2014

Policy End Date: 02-07-2015

Policy Period: From 03/07/2014 00:00:00 to Midnight Of 02/07/2015

Insured Details

The Section contains the details of all Nominated Members to be covered in the policy

Insured 1

Insured Name

:

ASHWANI KUMAR RAI

Gender

:

MALE

Date of Birth

:

10-07-1985

Relationship to the Proposer

:

SELF

Pre Exisiting Disease

:

NONE

Insured 2

Insured Name

:

SUSHAMA RAI

Gender

:

FEMALE

Date of Birth

:

01-07-1987

Relationship to the Proposer

:

SPOUSE

Pre Exisiting Disease

:

NONE

Insured 3

Insured Name

:

ASHUTOSH RAI

Gender

:

MALE

Date of Birth

:

08-11-2012

Relationship to the Proposer

:

DEPENDANT CHILD

Pre Exisiting Disease

:

NONE

Whether any of the Insured Members covered in the policy has suffered/advised treatment for any of the following diseases:

- a. Cancer - No
- b. Chronic Kidney Disease - No
- c. Brain Stroke\CVA - No
- d. Parkinsons Disease - No
- e. Alzheimers's Disease - No
- f. Renal Complications - No
- g. Heart Diseases - No

Social Status : No

Premium Calculation

Cover Description	Sum Insured	Premium
Base Cover	300000	5400
TOTAL PREMIUM		5400
STAMP DUTY		1
ADD :SERVICE TAX		667
TOTAL AMOUNT		6067

Declaration

I hereby confirm that all the above information is true and correct according to my belief.I also agree that my policy is for cancellation in case any of the above entered information is found to be false/intentionally misrepresented.

Note: Acceptance of Risk in case of persons suffering from any disease/ailments is subject to evaluation by our Medical Team



Star Health and Allied Insurance Company Limited
Customer Identity Card

Customer ID No. : 3629867-1
Name : ASHWANI KUMAR RAI
Date of Birth : 10/07/1985 **Age** : 28 Years
Gender : M
Valid From : 03/07/2014
Office Code : 700002

Personal and Caring

Emergency Help Line No. 1800 425 2255 / 044 2826 3300

E-mail: support@starhealth.in **Website:** www.starhealth.in

Please quote the Customer ID No. for assistance

- Immediate intimation to Star through above Telephone number is a must in the case of Hospitalisation.
- This card to be produced at the time of Hospitalization along with the valid photo identity proof.
- This ID card is invalid, if the insurance cover is not in force.
- This card is valid until otherwise cancelled.

FOR FREE MEDICAL ADVICE CALL TOLL FREE 1800 425 2255



Star Health and Allied Insurance Company Limited
Customer Identity Card

Customer ID No. : 3629867-2
Name : SUSHAMA RAI
Date of Birth : 01/07/1987 Age : 27 Years
Gender : F
Valid From : 03/07/2014
Office Code : 700002

Personal and Caring

Emergency Help Line No. 1800 425 2255 / 044 2826 3300

E-mail: support@starhealth.in Website: www.starhealth.in

Please quote the Customer ID No. for assistance

- Immediate intimation to Star through above Telephone number is a must in the case of Hospitalisation.
- This card to be produced at the time of Hospitalization along with the valid photo identity proof.
- This ID card is invalid, if the insurance cover is not in force.
- This card is valid until otherwise cancelled.

FOR FREE MEDICAL ADVICE CALL TOLL FREE 1800 425 2255



Star Health and Allied Insurance Company Limited
Customer Identity Card

Customer ID No. : 3629867-3
Name : ASHUTOSH RAI
Date of Birth : 08/11/2012 **Age** : 1 Year
Gender : M
Valid From : 03/07/2014
Office Code : 700002

Personal and Caring

Emergency Help Line No. 1800 425 2255 / 044 2826 3300

E-mail: support@starhealth.in **Website:** www.starhealth.in

Please quote the Customer ID No. for assistance

- Immediate intimation to Star through above Telephone number is a must in the case of Hospitalisation.
- This card to be produced at the time of Hospitalization along with the valid photo identity proof.
- This ID card is invalid, if the insurance cover is not in force.
- This card is valid until otherwise cancelled.

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