

Date: 22-Feb-2024

**IMPORTANT** 

Tο

ISAKALAPALLI SWARNA LATHA, D.NO-8-1-19, PYDI STREET, PARVATHIPUTAM

Parvathi Puram Mandal, Andhra Pradesh-535501

Mobile: 73XXXXXX51

Dear Customer,

#### Re: Health Insurance Policy - 11240722075900

We are extremely thankful for availing health insurance from us and we enclose the policy along with the terms and conditions.

The said policy has been prepared based on the details furnished by you in the proposal form (copy enclosed) and the medical reports, wherever applicable. We shall thank you if you can verify the policy to ensure that all the details are incorporated correctly as per the proposal. In case of any discrepancy noticed, please communicate the same to us immediately. You will appreciate that it is the primary duty of the proposer to fill the proposal form and also to make sure that the proposal contains all the details correctly so also the policy has incorporated the details correctly.

This insurance policy is subject to various exclusions including exclusion for pre-existing diseases and conditions in this policy. If there is suppression of any material fact in the proposal, the contract shall become null and void abinitio.

We would like to mention that we have incorporated the name of the intermediary as indicated by you in the proposal who will be of assistance to you.

The policy is subject to the condition of "free look period". As per this condition, a free look period of 15 days from the date of receipt of the policy is available to you to review the terms and conditions of the policy. In case you are not satisfied with the terms and conditions, you may seek cancellation of the policy and in such an event, we shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, if any, stamp duty charges, and proportionate risk premium for the period on cover, provided no claim has been made until such cancellation.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorized Signatory

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum Insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges etc.

Should you need any assistance, our customer care will be delighted to assist you ,whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.

Page 1 of



# Star Health Assure Insurance Policy Unique Identification No. SHAHLIP23131V022223 POLICY SCHEDULE

| Health Insurance                   | The Health Institute POLICY  | SCHEDULE   | Health Institution   |
|------------------------------------|--|--|--|
| Policy No. :                       | 11240722075900 Vertani is Carne insurance  | Previous Policy No   | Health Personal & Constitution of Springlish   |
| Customer Code :                    | PI0005085189   | GSTIN  | : 37AAJCS4517L1ZX  |
| Customer Name                      | ISAKALAPALLI SWARNA LATHA  | SAC Code is carine i insurance   | : 997133 / Accident and Health<br>Insurance Services   |
| Proposer Code :                    | PI0005085189 Health Insurance Spread   | Issuing Office Code  | : 613031 instruction   |
| Proposer Name :                    | ISAKALAPALLI SWARNA LATHA  | Issuing Office Name  | : Branch Office - Parvathipuram  |
| Proposer Address:                  | D.NO-8-1-19, PYDI STREET,<br>PARVATHIPUTAM  Parvathi Puram Mandal Andhra  Pradesh 535501   | Issuing Office Address   | : 4TH FLOOR, PSN ESTATES<br>LTB ROAD, NR. RTC COMPLEX<br>PARVATHIPURAM<br>Vizianagaram Mandal Andhra<br>Pradesh 535002   |
| Phone No :                         | 73XXXXXX51   | Phone No   | Personal & carins Insurance The Modification   |
| E-mail Id                          | udXXXXXXXXXXXXX@gmail.com  | E-mail Id  | The Health International   |
| Proposer GSTIN :                   | NO   | Place of Supply  | : Andhra Pradesh   |
| Proposal date :                    | 22-Feb-2024 Health Insurance Insurance Insurance   | Fulfiller Code   | : SH71532  |
| Date of Inception: of first policy | ner Specialis  | Health Personal & Carlos Presonal & Carlos Preso | Assaminance International Inte |
| Policy Category :                  | New Mealth   | Intermediary   | : BA0000764325   |
| Collection No :                    | 613031/RV/2024/0110274985  | Code Spensonal & Carlor  | The Health Insurance The Health Insurance  |
| Collection Date :                  | 22-Feb-2024  | Health Insurance The Health In | A = =   wealth   |
| Premium                            | Rs. 14,592/-   | Name   | : GULLA RAJESH   |
| CGST @ 9%                          | Rs. 1,313/-  | Phone No   | :9550755039/955075503  |
| SGST @ 9% :                        | Rs. 1,313/alth   | E-mail Id  | :rajeshgulla846@gmail.   |
| Health Insurance                   | Health Insurance Specimen  | Personal & Caring Insurance The Health Insurance   | COM  |
| Total Premium :                    | Rs. 17,218/-   | The Health Insuran   | Health Personal & Carms   Industrial & Indust |
| Stamp Duty :                       | Re. 1/ Health Insurance The He | A - = =   worth  | records & Caring Insurance The trop  |
| Total Premium In                   | Words : Rupees Seventeen thou<br>eighteen only   | sand two hundred   | Figure 1 Health Indurance Presents & Cartes Indurance Presents & Cartes Indurance Presents Indurance Present |
| PERIOD OF INSURA                   | NCE : From : 22-Feb-2024 23:55   | To: Midnight Of 2  | 1-Feb-2025 Policy Term :1 Year   |
| Installment Facility               | Option: Yes Premium Payment Free   | quency:Quarterly In  | nstallment Amount Rs. : 4,303/-  |
| Policy Type : FLOATI               | ER Health Insurance  | Scheme Description: 2  | A+1C   |
| Basic Floater Sum I                | nsured : Rs. 5,00,000/-  | Bonus : Rs. 0/-  | Personal 6 Carins   Insurance The Health Inc.  |
| Sum Insured In Wo                  | rds: Rupees Five lakhs only  | Health Insurance   | Too House for the last transfer of the last transfe |
| Optional Cover (De                 | ductible): No  | Deductible : Rs. 0/-   | Personal & Carrier Insura  |
| Optional Cover (De                 | ductible): No  | Deductible : Rs. 0/-   | Health Personal & Carlo  |

Entered by : CUSTPORTAL Approved by : PORTAL IRDAI Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

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#### Attached to and forming part of Policy No: 11240722075900

#### **Details of Insured Persons:**

| SI.<br>no. | Name of the Insured                | Gender      | Date of Birth | Age in<br>Yrs | Relationship with Proposer           | ID Card No   | Inception date 22-Feb-2024 |  |
|------------|------------------------------------|-------------|---------------|---------------|--------------------------------------|--------------|----------------------------|--|
| 1          | ISAKALAPALLI SWARNA LATHA          | Female      | 22-Jan-1983   | 41            | Self                                 | PI0005085189 |                            |  |
| Pre E      | xisting Disease : No PED De        | clared      | A FEE Health  |               | h Insurance Specialist               |              | Healt Insur                |  |
| 2          | SRIRAMAVALASA UDAYA<br>BALACHANDRA | Male ce     | 23-Aug-1980   | 43            | Spouse<br>Health<br>Hearth           | ME0442898846 | 22-Feb-2024                |  |
| Pre E      | xisting Disease : No PED De        | clared      | A TAR HO      | alth ance     | Personal & Cartho Indiana Specialist |              | STAR COTTON                |  |
| nsurance   | AASHRAYA GRACE<br>SRIRAMAVALASA    | Female ance | 21-Apr-2017   | 6             | Daughter                             | ME0442898847 | 22-Feb-2024                |  |
| Pre E      | xisting Disease : No PED De        | clared      | A _===        | dilens        | Personal & Carton   Insurance        | HELDER CO.   | CSTAR                      |  |

#### **Installment Schedule:**

| Installment Cycle No           | Installment Payment Amount  | Installment Due Date       | Installment Status |  |  |
|--------------------------------|-----------------------------|----------------------------|--------------------|--|--|
| 1 personal & carina            | 4,303                       | Health 22-Feb-2024         | Paid Paid          |  |  |
| caring insurance 2 The Holling | 4,305 Health                | 22-May-2024                | Pending            |  |  |
| 3                              | Health Per 4,305 per Health | 22-Aug-2024 Health Insuran | Pending            |  |  |
| 4 Personal & Carl              | 4,305                       | 22-Nov-2024                | Pending            |  |  |

The following Conditions shall apply

- i. Grace Period of 7 days would be given to pay the instalment premium due for the policy
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

#### **Nominee Details:**

| The II | Nominee De   | tails for the Pro          | pose | Appointee Details |                                  |                                |                           |  |
|--------|--|----------------------------|------|-------------------|----------------------------------|--------------------------------|---------------------------|--|
| S.No   | Name Personal & Carina   Insurance Personal & Carina   Insurance Personal & Carina   Insurance Personal & Carina   Insurance | Relationship with proposer |      | % of the claim    | Appointee Name                   | Appointee<br>Age               | Relationship with nominee |  |
| 1      | S.Udaya<br>Balachandra   | Spouse Indiana             | 43   | 100               | Health Insurance Presents Carins | to Health Insurance sportalist | A Health Mean Mark        |  |

#### **Sector Classification:**

| Urban | Health Insurance | The Health Insurance Specialist | Urban | Personal & Carine Insurance The Hoalff Insurance | A SEE N |
|-------|------------------|---------------------------------|-------|--|---------|
|       |                  |                                 |       |  |         |

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO: GSO5/6610/2023 DT:13/10/2023"

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Please check whether the details given by you about the insured person(s) in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

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).

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 Email: support@starhealth.in, Fax No: 1800 425 5522.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Parvathipuram on 22nd Day of February 2024.

: CUSTPORTAL Entered by Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

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#### **Hospitalisation Benefit Policy**

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

Policy No : 11240722075900 Type of Policy : Assure Insurance-2021

Issue Office: 613031-Branch Office - Parvathipuram

Address : 4TH FLOOR, PSN ESTATES

LTB ROAD, NR. RTC COMPLEX

PARVATHIPURAM

Vizianagaram Mandal Andhra Pradesh 535002

Tel / Fax

Email A

This is to certify that ISAKALAPALLI SWARNA LATHA has paid Rs 4,303/- (Total Premium: Indian Rupees Four thousand three hundred three only) towards Premium for Hospitalization Insurance vide Policy No: 11240722075900 for the Period 22-Feb-2024 To 21-Feb-2025 issued on 22-Feb-2024.

Payment received by Payment Gateway vide Receipt No: 613031/RV/2024/0110274985/1 Receipt Date: 22-Feb-2024

**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.

Date: 22-Feb-2024 For and on behalf of

Place: Branch Office - Parvathipuram Star Health and Allied Insurance Company Ltd.

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

**Authorised Signatory** 

Email ID: info@starhealth.in

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For Star Health and Allied Insurance Company Ltd.

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#### Star Health and Allied Insurance Company Limited Customer Identity Card

Policy No: 11240722075900

|                                    | A                | and one a second |                                |
|------------------------------------|------------------|------------------|--------------------------------|
| Name                               | DOB Health       | Gender           | Customer id                    |
| ISAKALAPALLI SWARNA<br>LATHA       | 22-Jan-1983      | Female           | Health Industrial PI0005085189 |
| SRIRAMAVALASA UDAYA<br>BALACHANDRA | 23-Aug-1980      | Male             | ME0442898846                   |
| AASHRAYA GRACE<br>SRIRAMAVALASA    | 21-Apr-2017 insu | Female Female    | ME0442898847                   |

Valid From: 22-Feb-2024 Agent/Broker/TE Code: BA0000764325

Office Code: 613031 TA/SSM/SM Code: SH71532

IRDAI Regn.No:129

: CUSTPORTAL

Entered by

Approved by : PORTAL

#### Emergency Help Line No.1800 425 2255/1800 102 4477

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

#### Please quote the Customer Id No. for assistance

- This Card is valid until otherwise Cancelled.
- This ID Card is invalid, if the insurance cover is not in force.
- Immediate Intimation to 'Star' through above Tel Nos. is a must in case of Hospitalisation.

At the time of hospitalisation, kindly submit any Government approved photo ID Card.

Corporate Identity Number: L66010TN2005PLC056649

\*This is a temporary ID card issued along with the policy. Original ID card will be dispatched shortly.

For Star Health and Allied Insurance Company Ltd.

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### **Tax Invoice**



| Invoice No.               | : 372402I001054            | 1342               |                     | Customer 1                                  | D :        | PI0005085189                         | th Insurance Specific          | Α.                            |                |
|---------------------------|----------------------------|--------------------|---------------------|---|------------|--------------------------------------|--------------------------------|-------------------------------|----------------|
| Invoice Date              | : 22-Feb-2024              |                    | - 丁五龍               | Policy No.                                  | personal & | 1124072207590                        | 0                              | <b>1</b>                      | TAR H          |
| e and the second          | Recipient                  | t                  |                     | Illistración                                |            | Suppl                                | ier                            |                               | verson" on sid |
| GSTIN                     | Personal                   | a Caring ) III     |                     | GSTIN ~                                     | ==         | 37AAJCS4517L1                        | ZX <sub>1</sub> Insurance Spus | ,                             |                |
| Name Personal & Cur       | : ISAKALAPALLI S           | SWARNA LATH        | A                   | Name<br>Insurance                           | HE REALLY  | Star Health and<br>Branch Office - F | A                              |                               | d -            |
| Address                   | : D.NO-8-1-19, P           | YDI STREET,        | The Health Insurant | Address                                     | A .        | 4TH FLOOR, PSN                       | ESTATES                        | Insurance II                  | e Health       |
| - Acta                    | PARVATHIPUTA               | Murance Specialist | A                   | - 1   | 5          | LTB ROAD, NR. I                      | RTC COMPLE                     | ΣX                            | A              |
| Health Personal I         | rance Specialist           |                    | <b>STA</b>          | Health<br>Insurance                         | The Hos    | PARVATHIPURAN                        | 1                              |                               | Parsonal & C   |
| City                      | : Parvathi Puram<br>Mandal | Pin Code :         | 535501              | City  | <          | Vizianagaram<br>Mandal Health        | Pin Code                       | : 535002                      | A _            |
| State neurance The Health | : Andhra Pradesh           | Client : Category  | IND Pers            | State Health Insurance Insurance Specialist |            | Andhra Pradesh                       | Place of supply                | Andhra<br>Health<br>Insurance | Pradesh        |

|                   |                              | Total     | Discount Taxable Value |           | IGST @<br>18%   | CGST @ 9%       | UT/SGST @<br>9%             | CESS @<br>1%     | Total Invoice<br>Value  |  |
|-------------------|------------------------------|-----------|------------------------|-----------|-----------------|-----------------|-----------------------------|------------------|-------------------------|--|
| HSN / SAC<br>Code | Description of<br>Service(s) | A         | В                      | C = A - B | D = C *<br>IGST | E = C *<br>CGST | F = C *<br>UTGST or<br>SGST | G= C *<br>Cess   | H = C + D +<br>E+ F + G |  |
| 997133            | Insurance<br>Services        | 14,592.00 | Hei Ons                | 14,592.00 | 0               | 1,313.00        | 1,313.00                    | Personal & Carin | 17,218.00               |  |

**Total Invoice Value (in Figures)** : Rs. 17,218/-

Total Invoice Value (in Words) : Rupees Seventeen thousand two hundred eighteen only

Amount of Tax Subject to reverse Charge : No

#### Important Note:

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Approved by : PORTAL

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

#### E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn.No.129 Corporate Identity Number L66010TN2005PLC056649 Email ID: stargst@starhealth.in

For Star Health and Allied Insurance Company Ltd.

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| Name Of the Product | Health Health  | Star Health Assure Insurance Policy |
|---------------------|--|-------------------------------------|
| Product UIN No.     | personal a carine (interpretation of the second of the sec | SHAHLIP23131V022223                 |

|   | Health Insurance Spacially  | Sur                               | nmary o  | f Impor  | ant Ben           | efits Health   | ce The H                                       | ealth (nsu)                   |  | 1                           | Health   |
|---|---|-----------------------------------|--|--|-------------------|--|--|-------------------------------|--|-----------------------------|--|
| S.No  | Particulars of Coverage / Benefits  | ealth                             | Personal & Car   | Health<br>Insurance<br>Specialist  | Bene              | fit Limits (   | in Rs.)  | STAF                          | Health<br>Insurance  | Petsonal 8 The Health Insul | Refer to<br>Policy<br>clause No.   |
|   | Sum Insured (in Rs.)  | 5,00,000                          | 10,00,000  | 15,00,000  | 20,00,000         | 25,00,000  | 50,00,000                                      | 75,00,000                     | 1,00,00,000  | 2,00,00,000                 |  |
| torins in the Special | Room Category  *Associated Medical expenses which vary based on the room occupied by the insured person will be considered in proportion to the room rent stated in the policy schedule or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room rent. | Up to 1% of Sum Insured per day   | Personal Professional Professio | Any ept suite or health insurance and scaring and scar |                   | mauranos specificados specifica | Health<br>Insurance<br>Graffit                 | personal &                    | Health Lasurance Annex Specialist  / room  Health Lasurance Lasura | THO HOLLIN                  | Health Insurance Specialist  B. 1  Health Insurance Specialist  Health Ins |
| 2   | Surgeon, Anesthetist, Medical Practitioner,<br>Consultants, Specialist Fees   | 1ce Specialist                    | 1  | <b>音基</b> 程 #  | ealth<br>courance | Actual   | Health<br>Insurance<br>Insurance<br>Specialist | The Health                    | nema il Sur  | ₹.                          | B. 2   |
| raphal & C  | Anesthesia, blood, oxygen, operation theatre<br>charges, ICU Charges, Surgical Appliances,<br>Medicines and Drugs   | Health<br>Insurance<br>Specialist | Toe Ho   | personal & Carino  | ialist            | Actual   | Health<br>Insurance                            | THOMAS                        | Personal & Carling Into  | alth<br>surance<br>filst    | B. 3   |
| 4   | Health pay care procedures  | FAR HER                           | nuh  | Personal & Carin   | All Day Care      | Procedures   | are Covere                                     | ed 🔨                          | STAR   | Health<br>Insurance         | The Health 4 rance   |
| 5   | Coverage for Non-medical Items (Consumables)  | sonal & Caring Ins                | ist In   |  |                   | Actual   | 「真麗 Heal                                       | th<br>rance                   | Health Insurance S   | pecialist                   | B. 5   |
| 6   | Emergency Road Ambulance  |                                   | <  | A-TA   | Health            | Actual   | Insurance Special                              | sī                            | A  |                             | B. 6   |
| 7   | Air Ambulance   |                                   | xpenses incurr   | ed towards th  | e cost of air a   | mbulance serv  | rice up to 10%                                 | of sum insure                 | ed per policy y  | ear Health<br>Insurance     | The B. 7 Insur   |
| 8   | Pre-Hospitalization Expenses  | Personal & Caring                 | Insurance  | Up to  | 60 days prid      | or to the dat  | te of hospita                                  | alization                     | The Health Insuran   | ce Specialist               | В. 8   |
| 9   | Post-Hospitalization Expenses   | 10                                | į  | Up to 180 d  | ays from the      | e date of dis  | scharge fron                                   | n the hospit                  | al   |                             | B. 9   |
| 10  | Domiciliary Hospitalization   |                                   | Coverage for   | medical tre  | atment (Inc       | luding AYU   | SH) for a pe                                   | riod exceed                   | ing three da   | ys Health Insurance         | B. 10  |
| 11  | Organ Donor Expenses  | personal & Car                    | Specialist   |  | Up to             | the Sum I  | nsured   | Health<br>Insurance           | The Health Ins   | urance Specim               | B. 11  |
| 12  | Health Checkup Assure  Individual SI  Floater SI  | 1,500<br>2,500                    | 2,000<br>5,000   | 4,000<br>8,000   | 5,000<br>10,000   | 5,000  | 5,000<br>10,000                                | 8,000<br>15,000               | 8,000<br>15,000  | 8,000<br>15,000             | B. 12  |
| 13  | Home Care Treatment   | Pa                                | yable up to :  | 10% of the   | sum insured       | I subject to   | maximum c                                      | f Rs.5 lakhs                  | in a policy  | year                        | B. 13  |
| 14  | Delivery Expenses manus Specified   | Expense                           | es for a Deliv   |  |                   | oy Caesarea<br>% of the Su   |  |                               | e-natal and p  | post natal                  | B. 14  |
| 15  | In Utero Fetal Surgery/Intervention   | Expense                           | es incurred f  |  |                   | Surgeries a  |  |                               | waiting per  | iod of 24                   | В. 15  |
| 16  | Assisted Reproduction Treatment- Limit of Liability in a policy year (Rs.)  | 1,00,000                          | 2,00,000   | 2,00,000   | 2,00,000          | 2,00,000   | 4,00,000                                       | 4,00,000                      | 4,00,000   | 4,00,000                    | Health B. 16   |
| 17  | Hospitalization expenses for treatment of New Born<br>Baby- Limit Per Policy Period (Rs.)   | 2,00,000                          | 2,00,000   | 2,00,000   | 2,00,000          | 2,00,000   | 4,00,000                                       | 4,00,000                      | 4,00,000   | 4,00,000                    | B. 17  |
| 18  | Treatment for Chronic Severe Refractory Asthma  | _                                 | Payable (  | up to 10% o  | f sum insur       | ed not exce  | eding Rs.5 I                                   | akhs per po                   | licy period  | A TA                        | B. 18  |
| 19  | Compassionate travel  | Expense                           |  |  |                   |  |  | ily member(<br>ospital is loc | other than tated   | the travel                  | B. 19  |
| 20  | Repatriation of Mortal Remains  |                                   |  |  | t of embalm       |  | fin charges)                                   |                               | mortal rema<br>dence of the  |                             | B. 20  |
| 21  | Treatment in Valuable service providers network   | Health 1% of S                    | Sum Insured  | subject to   | a maximum         | of Rs.5,000  | 0/- per polic                                  | y period is p                 | payable as lu  | ımp sum                     | B. 21  |
| 22  | Shared accommodation  | Rs.1,00                           | 0/- per day  | will be paya   |                   | continuous<br>d accommo  |  | eted period                   | of 24 hours  | of stay in                  | B. 22  |
| 23  | Insurance AYUSH Treatment   |                                   | Persons  | a carins Insuran   | Payable u         | up to the su   | m insured.                                     | AT                            | 是夏 Health  | Post House                  | В. 23  |
| 24  | Second Medical Opinion  | Health<br>insurance               | The Health In  | di an  | e_medica          | lopinion@st  | arhealth.in.                                   | parsona<br>Persona            | surance Specialist   |                             | B. 24  |
| 25  | Coverage for Modern Treatment   |                                   |  | - 5 =  | Up                | oto sum insu   | ired   |                               |  |                             | B. 25  |
| 26  | Health Insurance Too Cumulative Bonus   | The insure                        | d person wil   |  |                   | tive bonus o<br>um upto 10   |  |                               | m insured fo   | r each claim                | B. 26  |
| 27  | Automatic Restoration of Sum Insured  | The policy                        | / provides a   | utomatic res   |                   | sum insured<br>100% each   |  | ed number                     | of times and   | maximum                     | B. 27  |
| 28  | Rehabilitation and Pain Management  | Up to th                          | e sub-limit  | (or) maximu  | im up to 20       | % of the su  | m insured v                                    | vhichever is                  | less, per po   | licy year.                  | B. 28  |

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| 29               | Star Wellness Program   | This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. |                             |                          |                     |  |  |  |  |  |  |
|------------------|---|---|-----------------------------|--------------------------|---------------------|--|--|--|--|--|--|
| 30               | Co-payment 10% of each and every claim amount for fresh as well as renewal policies for insured person whose age at the time of entry is 61 years and above   |   |                             |                          |                     |  |  |  |  |  |  |
|                  | Personal & Carins Personal & Carins Personal & Carins   | Sum Insured   | Aggregate Deductible Option | Discount offered         | Health<br>Insurance |  |  |  |  |  |  |
| Health<br>Insura | This Health insurance   | Up to Rs. 20 lakhs  | Rs. 50,000/-                | He 45%                   | nce Specialist      |  |  |  |  |  |  |
| 31               | Optional Cover to choose deductible   | op to Rs. 20 lakiis   | Rs. 1,00,000/-              | Insurance Specialist 55% | B. 31               |  |  |  |  |  |  |
|                  | Personal & Carinet Insurance Personal & Personal | Above Rs. 20 lakhs  | Rs. 50,000/-                | 35%                      | Health<br>Insurance |  |  |  |  |  |  |
| Caring In        | The Health Institute  | Personal Personal Insurance Specialist  | Rs. 1,00,000/-              | 50%                      | surance Specialis   |  |  |  |  |  |  |

Note: The above information is only indicative. For complete details of the Terms & Conditions kindly read the policy wordings attached.

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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**Annexure 3A** 

Forming part of Policy Number: 11240722075900

#### Covering Flu Vaccination Approved by ICMR under Health Check Up benefit

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following cover without charging additional premium till 31.03.2024:

Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.

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For Star Health and Allied Insurance Company Ltd.

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