

IMPORTANT

21/05/2023

To,

SHIV SHANKAR KUMAR,
Vill Post . Bhutahi Near Panchayat bhawan Dist. Sitamarhi
Sitamarhi

Dhankaul Khurd, Sitamarhi, Bihar - **843318**
Mobile : 9934784762.

Dear Customer,

Re: Health Insurance Policy - P/161130/01/2024/032033

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 ab initio.

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,



Authorised 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.

Family Health Optima Insurance Plan
Policy Schedule
Unique Identification No. SHAHLIP23164V072223

Policy No. : P/161130/01/2024/032033		Previous Policy No. :	
Customer Code : AA0029749805		GSTIN : 06AAJCS4517L1Z2	
Customer Name : SHIV SHANKAR KUMAR		SAC Code : 997133/Accident and Health Insurance Services	
Proposer Code : 33433239		Issuing Office Code : 161130	
Proposer Name : SHIV SHANKAR KUMAR		Issuing Office Name : Branch Office - Gurgaon III	
Address : Vill Post . Bhutahi Near Panchayat bhawan Dist. Sitamarhi Sitamarhi Dhankaul Khurd,Sitamarhi,Bihar -843318		Address : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001	
Tel/Mobile : /9934784762/		Tel/Mobile : 0124-4797452	
E-mail id : shivshankarpanjiyar1378@gmail.com		E-mail id : gurgaon3@starhealth.in	
Proposer GSTIN : -		Place of Supply : -	
Proposal date : 20/05/2023		Fulfiller Code : SO161130	
Date of Inception of first policy : 20-MAY-2023		Intermediary Code : OL0000000032 Name : M/S.OFFICE DIRECT - JSPS Tel/Mobile : 8448789517/8448789517 E-mail id : star.jsps@starinsurance.in	
Renewal Year : NEW			
Collection Number & Date : 1439034372 & 20/05/2023			
Base Product Premium : Rs 11456 /- Lifestyle and Habit related discount : Rs 573 /-			
Premium : Rs 10883 /- IGST @18% : Rs 1,959 /-			
Total Premium : Rs 12842 /- Stamp Duty : Re 1 /-			
Total Premium In Words : Rupees Twelve Thousand Eight Hundred Forty Two Only			
Installment Facility Optn :No		Premium Payment Frequency :Annual	
Installment Amount Rs. : 0			

Period of insurance : From : 20/05/2023 10:40	To : Midnight of 19/05/2024
Basic Floater Sum Insured : 500000	
In words : Rupees: Five Lakhs Only	
Bonus: Rs. 0	Limit of Coverage : Rs. 500000
Recharge Benefit : Rs. 150000	
Scheme Description : 2ADULT	
Policy Term : 1 Year	

Details of Insured Persons :

Sl. No.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Pre Existing Disease	Co pay	Inception Date
1	SHIV SHANKAR KUMAR	M	01/03/1978	45	Self	33433239-1			20/05/2023
Pre Existing Disease : No Pre Existing Disease declared									
2	Soni Kumari	F	07/08/1986	36	Spouse	33433239-2			20/05/2023
Pre Existing Disease : No Pre Existing Disease declared									

Nominee Details

Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Age	Relationship with Nominee
1	Soni Kumari	Spouse	37	100			

Entered By : STAR_PORTAL
Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Corporate Identity Number L66010TN2005PLC056649

Attached to and forming part of Policy No. P/161130/01/2024/032033

Sector Classification

Rural		
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Please check whether the details given by you about the insured persons 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 / 1800 102 4477 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 - Gurgaon III on 21st Day of May 2023.

Permanent Exclusion Details

Insured Name	ID Card	Permanent Exclusion Disease
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For Star Health and Allied Insurance Company Ltd.


Authorised Signatory

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 hospitalization, kindly submit any **Government approved photo ID Card.**

Corporate Identity Number: **L66010TN2005PLC056649**



**Star Health and Allied Insurance
Company Limited**

Customer Identity Card

Customer ID No. : 33433239-2

Name : Soni Kumari

Date Of Birth : 07-AUG-86 **Age** : 36 Years

Gender : Female **Office Code** : 161130

Valid From : 20-MAY-23 **TA/SSM/SM Code** : SO161130

Agent/Broker/TE Code : OL0000000032

IRDAI Regn. No:129



**Star Health and Allied Insurance
Company Limited**

Customer Identity Card

Customer ID No. : 33433239-1

Name : SHIV SHANKAR KUMAR

Date Of Birth : 01-MAR-78 **Age** : 45 Years

Gender : Male **Office Code** : 161130

Valid From : 20-MAY-23 **TA/SSM/SM Code** : SO161130

Agent/Broker/TE Code : OL0000000032

IRDAI Regn. No:129

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

Entered By : STAR_PORTAL

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TAX Invoice

Invoice No. : 6B439Y24P0011002	Customer ID : AA0029749805
Invoice Date : 21/05/23	Policy No : P/161130/01/2024/032033
Recipient	Supplier
GSTIN : -	GSTIN : 06AAJCS4517L1Z2
Proposer Name : SHIV SHANKAR KUMAR	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Gurgaon III
Address : Vill Post . Bhutahi Near Panchayat bhawan Dist. Sitamarhi Sitamarhi	Tel/Mobile : Plot no 412/2, K - I Tower M G Road, Sector -14, , Gurgaon -122001
City :	City : GURGAON III
State : Bihar	State : Haryana
Pincode : 843318	Pincode : 122001
Client Category : IND	Place of Supply : 6 - Haryana

HSN / SAC Code	Description of Service(s)	Total A	Discount B	TaxableValue C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C *CGST	UT/SGST@9% F = C *UTGST or SGST	CESS@1% G=C*Cess	Total Invoice Value H=C+D+E+F+G
997133	Insurance Services	11456	573	10883	1959				Rs. 12842

Total Invoice Value (in Figures) : Rs. 12842

Total Invoice Value (in Words) : Rupees: Twelve thousand eight hundred forty-two only

Amount of Tax Subject to reverse Charge : No

Important Note:

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**Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in**

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Approved By : PORTAL

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Name Of the Product					Family Health Optima Insurance plan							
Product UIN No.					SHAHLIP23164V072223							
S.No	Particulars of Coverage / Benefits		Summary of Important Benefits								Refer to Policy clause No.	
			Benefit Limits (in Rs.)									
	Sum Insured (in Rs.)		1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	
1	Room Rent (Per Day) - Up to *Hospitalization expenses will be considered in proportion to the eligible Room Rent		2,000	2,000	5,000	5,000	Single Standard A/C Room				2(A)	
2	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees		Actual								2(B)	
3	Anesthesia, Blood,Oxygen,Operation theatre charges, ICU charges, Medicines and Drugs		Actual								2(C)	
4	Cataract treatment	Limit Per Eye (Up to)	12,000	12,000	25,000	30,000	40,000	50,000	50,000	50,000	50,000	2(E)
		Limit Per policy period (Up to)	12,000	12,000	35,000	45,000	60,000	75,000	75,000	75,000	75,000	
5	Emergency Ambulance	Limit Per hospitalization	750	750	750	750	750	750	750	750	750	2(F)
		Limit Per policy period	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	
6	Air Ambulance		N/A	N/A	N/A	N/A	Covered up to 10% of the Sum Insured per policy period				2(G)	
7	Pre-Hospitalization		60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	2(H)
8	Post-Hospitalization		90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days	2(I)
9	Day Care Treatments / Procedures		All Day Care Procedures								2(D)	
10	Domiciliary Hospitalization		Coverage for a period exceeding three days								2(J)	
11	Organ Donor Expenses (per policy period)		10% of the Sum insured or Rs.1,00,000/- whichever is less								2(K)	
12	Cost of Health Checkup (Available after every claim free year) Up to		N/A	N/A	750	1,000	1,500	2,000	2,500	3,000	3,500	2(L)
13	Coverage for New Born Baby		10% of the Sum Insured or maximum of Rs.50,000/- whichever is less in a policy year (Available if the mother is covered under the policy for a continuous period of 12 months) Note:4. The Exclusion No.1 (Code Excl 01), Exclusion No.2 (Code Excl 02), Exclusion No.3 (Code Excl 03) and the above mentioned sublimit will not apply for treatment related to Congenital Internal disease/defects for the new born								2(M)	
14	Emergency Domestic Medical Evacuation (Per Hospitalization) Up to		5,000	5,000	5,000	5,000	7,500	7,500	7,500	10,000	10,000	2(N)
15	Compassionate Travel Up to		N/A	N/A	N/A	N/A	N/A	5,000	5,000	5,000	5,000	2(O)
16	Repatriation of Mortal Remains (Per Policy Period)		5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	2(P)
17	Treatment in Valuable Service Provider (Lump-Sum benefit)		N/A	N/A	1% of the Sum Insured subject to a maximum of Rs.5,000/- is payable as lumpsum per policy period						2(Q)	
18	Shared Accommodation (BenefitAmount Per Day)		N/A	N/A	800	800	800	800	800	1,000	1,000	2(R)
19	AYUSH Treatment (Ayurveda, Unani, siddha and Homeopathy Systems of medicines) Up to		10,000	10,000	10,000	10,000	15,000	15,000	15,000	20,000	20,000	2(S)
20	Second Medical Opinion		Available from a Doctor in the Company's network of medical practitioners,Mail:"e_medicalopinion@starhealth.in"								2(T)	
21	Assisted Reproduction Treatment (Limit for every block of 36 months and payable on renewal)		N/A	N/A	N/A	N/A	1,00,000	2,00,000	2,00,000	2,00,000	2,00,000	2(U)
22	Automatic Restoration of Sum Insured		N/A	N/A	Available for three times per policy period and 100% of the Sum Insured at each time						2 (V)	
23	Recharge Benefit		N/A	N/A	75,000	1,00,000	1,50,000	1,50,000	1,50,000	1,50,000	1,50,000	2(W)
24	Additional Sum Insured for Road Traffic Accident (Once in a Policy Period)		25% of the Sum Insured subject to a maximum of 5,00,000								2(X)	

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25	BONUS	N/A	N/A	The insured is entitled to Bonus of 25% of expiring Basic Sum Insured and additional 10% of the expiring Sum Insured in the subsequent years	2Z
26	Co-Payment	The Policy is subject to 20% Co-Pay for each and every claim for person whose age at the time of entry is 61 years and above			2(AA)
27	Coverage for Modern Treatment	Covered up to the limits mentioned in the policy clause			2(Y)
28	Installment facility (if Opted)	Available			4(13)
29	Star Wellness Programme	This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities			2 (AB)

N/A = Benefits not available to the respective Sum Insured.

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

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