

## Family Health Optima Insurance Plan

**Unique Identification No.**IRDA/NL-HLT/SHAI/P-H/V.II/129/14-15

## Policy Schedule

<b>Policy No.</b> : P/111121/01/2017/008654	<b>Previous Policy No.</b> : P/111121/01/2016/007320
<b>Customer Code</b> : AA0003288204	<b>Issuing Office Code</b> : 111121
<b>Customer Name</b> : Mr.R.SELVARASU	<b>Issuing Office Name</b> : Area Office - Parry's
<b>Proposer's Code</b> : 5025143	<b>Address</b> : "Dare House Annexe" New No.148, 4th Floor, Moore Street, George Town, Chennai - 600001
<b>Proposer's Name</b> : Mr.R.SELVARASU	
<b>Address</b> : NO: 73, GROUND FLOOR, ELANGO STREET, SAKTHINAGAR, PADI, CHENNAI-600050. Chennai,Thiruvallur,Tamil Nadu-600050	
<b>Phone No</b> : 9042017121/9500031718/	<b>Phone No</b> : 044-25330402 / 42627776
<b>E-mail id</b> : selvarasu1985@gmail.com	<b>E-mail id</b> : chennai.parrys@starhealth.in
<b>Proposal date</b> : 23/02/2016	<b>Fulfiller Code</b> : SH7950
<b>Date of Inception of first policy</b> : 23-FEB-16	<b>Intermediary Code</b> : BA0000066970  <b>Name</b> : ABHAYKUMAR P JAIN  <b>Phone No</b> : 04442052639/9884287602  <b>E-mail id</b> : abhaylevy@gmail.com
<b>Renewal Year</b> : First Year	
<b>Receipt No</b> : 1184010475	
<b>Receipt Date</b> : 21/02/2017	
<b>Premium</b> : Rs 8375 /- <b>Service Tax</b> : Rs 1256 /-	
<b>Stamp Duty</b> : Re 1 /- <b>Total Premium</b> : Rs 9631 /-	
<b>Total Premium In Words</b> : Rupees Nine Thousand Six Hundred Thirty One Only	
<b>PERIOD OF INSURANCE</b> <b>FROM</b> : 23/02/2017 00:00:00 <b>TO</b> : Midnight Of 22/02/2018	
<b>SCHEME - DESCRIPTION</b> : 2 ADULTS + 1 CHILD <b>BASIC FLOATER SUM INSURED</b> : Rs. 500000 <b>In Words:</b> Five Lakhs Only	
<b>Bonus</b> : Rs 125000	
<b>Limit of coverage</b> : Rs.625000 <b>Recharge Benefit</b> : 150000	

**Details of Insured Persons :**

Sl. No.	Name of the Insured	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	ID Card No	Pre Existing Disease/s
1	SELVARASU.R	M	16/07/1985	31 Yrs 7 Mths	SELF	5025143-1	No PED declared
2	VINODHINI.S	F	04/05/1992	24 Yrs 9 Mths	SPOUSE	5025143-2	
<b>PED : No PED declared</b>							
3	THANUSHREE.S	F	27/05/2015	1 Yrs 8 Mths	DEPENDANT CHILD	5025143-3	No PED declared

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).

Expenses relating to the hospitalisation will be considered 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.

### Sector Classification

Entered By : PREMIA

**IRDAI Regn. No 129**

**Corporate Identity Number** U66010TN2005PLC056649

**Email ID : [info@starhealth.in](mailto:info@starhealth.in)**

This is an electronically generated document(Policy Schedule).  
Consolidated Stamp Duty paid vide  
certificate NO: Adj/CS/277/102437/10

For Star Health and Allied Insurance Company Ltd.

By John

Authorised Signatory

Attached to and forming part of Policy No. P/111121/01/2017/008654

Urban		
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Toll Free No : 1800 425 2255 Email: support@starhealth.in, Fax No: 1800 425 5522.

"Consolidated Stamp duty paid vide G.O. Rt. No.421 dated 06.10.2016"

## Nominee Details

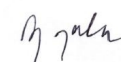
Nominee Details for the proposer					Appointee Details		
S.No.	Name	Relationship with proposer	Age	%	Appointee Name	Age	Relationship with Nominee

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Area Office - Parry's on 21st Day of February 2017.

Entered By : PREMIA

This is an electronically generated document(Policy Schedule).  
Consolidated Stamp Duty paid vide certificate NO: Adj/CS/277/102437/10

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

## Hospitalisation Benefit Policy

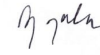
**Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986**

<b>Policy No</b>	P/111121/01/2017/008654	<b>Type Of Policy</b> :	Family Health Optima Insurance-Revised
<b>Issue Office</b>	111121 - Area Office - Parry's		
<b>Address</b>	"Dare House Annexe" New No.148, 4th Floor, Moore Street, George Town, Chennai - 600001		
<b>Toll Free No</b>	044-25330402 / 42627776		
<b>Email</b>	chennai.parrys@starhealth.in		

This is to certify that Mr.R.SELVARASU has paid Rs 9631 (Total Premium In Words : Indian Rupees Nine Thousand Six Hundred Thirty-One Only ) towards Premium for Hospitalization Insurance vide Policy No: P/111121/01/2017/008654 for the Period 23-FEB-17 To 22-FEB-18 issued on 21-FEB-17 .  
Payment received by Cheque/Credit/Debit Card vide collection No:1184010475 1184010475 21-FEB-17

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.

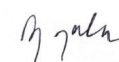


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For Star Health and Allied Insurance Company Ltd.



Authorised Signatory