

Star Cardiac Care Insurance Policy
UIN: SHAHLIP21023V032021

The proposal and declaration given by the proposer and other documents shall be the basis of this contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured person/s, upon the advice of a duly Qualified Physician/Medical Specialist /**Medical Practitioner** or of duly **Qualified Surgeon** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **in-patient**, the Company will pay to the **Insured Person/s** the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits mentioned but not exceeding the sum insured in aggregate as stated in the schedule hereto.

1. Coverage

Section 1 (Applicable for Accident and Non-cardiac ailments)

- A. Room, Boarding and Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured, subject to a maximum of Rs.5,000/- per day
- B. Surgeon, anesthetist, medical practitioner, consultants, specialist fees.
- C. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy and similar expenses.
- D. Emergency ambulance charges, actual subject to a maximum of Rs. 750/- per hospitalization and overall limit of Rs. 1,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment. Provided however there is an admissible claim under the policy.
- E. Relevant Pre Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of hospitalization, for the disease/illness, injury sustained following an admissible claim under the policy.
- F. Post Hospitalization expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs5,000/- per hospitalization provided such expenses so incurred are in respect of ailment for which the insured person was hospitalized. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken.

The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day

Note :

1. Expenses incurred on treatment of Cataract payable Up to 20,000/- per hospitalization and Up to 30,000/- for the entire policy period.
2. Expenses incurred for treatment of any cardiac conditions shall be payable only under Section 2.
3. This policy is subject to **Co-payment** of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years

Section 2 (Applicable for Cardiac Ailments)

Subject to limits indicated in the schedule, the Company will pay

Under Silver Plan:-

The expenses as listed under A to F above incurred as an inpatient for treatment in respect of all cardiac related complications that necessitate surgery/intervention. .

Under Gold Plan:-

Expenses as listed under A to F above incurred as an inpatient for treatment in respect of all cardiac related complications that necessitates in-patient hospitalization.

Note applicable for Section 2 under both the plans : In so far as stenting is concerned, the company will pay such amount up to the extent of the cost of bare metal stent / drug eluting cobalt chromium stent /drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.

Waiting Period Applicable for Section 2 Under Both The Plans: A waiting period of 90 days from the first commencement of this policy will apply.

Note Applicable For Section 1 And Section 2 Under Both The Plans: Expenses relating to the hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less

Section 3 - Out-Patient Expenses

Expenses reasonably and necessarily incurred at any **Networked Facility** in India herein defined as an Out-patient Treatment, provided policy is in force

The limit of benefit under this Section is Rs.500/- per event subject to a maximum of Rs.1500/- per policy period. This benefit forms part of the Sum Insured.

Section 4 - Personal Accident

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from an Accident caused by external, violent and visible means and if such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule.

Note:

1. Geographical Scope: The insurance cover under Section 4 applies Worldwide
2. The sum insured for this Section is equal to the sum insured opted for Section 1 / 2
3. Any claim under Section 1 / 2 / 3 will not affect the Sum Insured under this section

4. DEFINITIONS

Accident / Accidental means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any One Illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy

CABG means Coronary Artery Bypass Graft

Capital Sum Insured means the sum insured available under Section 4 (Personal Accident)

Cashless Service means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Company means Star Health and Allied Insurance Company Limited

Co-payment means a cost-sharing requirement under a health insurance policy that provides that the policy holder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.

Condition Precedent means a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body

Day Care Treatment means medical treatment and or surgical procedure which is: -

- i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
- ii. Which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner/s in charge;
- iii. has fully equipment operation theatre of its own where surgical procedures are carried out.
- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personal

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact

Grace Period means the specified period of time immediately following the premium due date during which the payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals

Hospitalization means admission in a hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Hospital/Nursing Home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act or complies with all minimum criteria as under:

- i. Has qualified nursing staff under its employment round the clock;
- ii. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. Has qualified medical practitioner(s) in charge round the clock.
- iv. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Insured Person means the name/s of persons shown in the schedule of the Policy

In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

Medical Management means managing complications related to Heart Diseases with appropriate drugs in intensive Care Unit / High Dependency Unit / Wards. This does not include doing any procedure under Anesthesia

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Networked Facility means hospitals, day care centers, clinics, diagnostic centers that the Company has mutually agreed with to provide medical services.

Network Hospital means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility

Non Network Hospital means any hospital, day care centre or other provider that is not part of the network

Nuclear, Chemical and Biological Terrorism shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Out-patient treatment means the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

Post Hospitalization means Medical Expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

Portability means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter

Pre Hospitalization means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that :

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

PTCA means Percutaneous Transluminal Coronary Angioplasty

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

Reasonable and Customary charges. means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

Relaxation Period: means 7 consecutive days immediately following the premium instalment due date during which a payment can be made to continue a policy in force. Policy stands automatically terminated if the due instalment is not received within this 7 days period. Coverage will not be available during this period. There shall be no renewal permissible of such lapsed policy of insurance, by subsequent payment of premium. Only a fresh and separate policy of insurance shall be issued as in any other case of mediclaim contract of insurance.

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Surgery/Surgical Operation means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Unproven/Experimental treatment: means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

5. Waiting Period for Section 1 under Both Plans:

- A. A waiting period of 30 consecutive days shall apply in respect of any diseases contracted by the insured person during the first 30 days from the commencement date of the policy.
- B. A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office : 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600 034. Phone : 044 - 2828 8800

CIN : U66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No : 129

- I. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence. and Congenital Internal disease / defect
- II. Desmoid tumour of anterior abdominal wall, Gall bladder and Pancreatic diseases and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
- III. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
- IV. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
- V. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- VI. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- VII. Any transplant and related surgery

If these are pre-existing at the time of proposal they will be covered subject to the waiting period C below.

- C. A waiting period of 48 consecutive months of continuous coverage from the inception of this policy will apply in respect of pre-existing diseases as defined in the policy.

The waiting periods A, B and C above are subject to Portability Regulations

6. Exclusions Applicable for Section 1:

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by any Insured Person in connection with or in respect of:

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
2. Congenital External Condition / Defects / Anomalies
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Psychiatric, mental and behavioral disorders.

5. Intentional self injury
6. Use of intoxicating substances, substances abuse, drugs / alcohol, smoking and tobacco chewing
7. Venereal Disease and Sexually Transmitted Diseases,
8. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
9. All types of Cosmetic, Aesthetic treatment of any description all treatment for Priapism and erectile dysfunctions, Change of Sex.
10. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
11. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons.
12. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
13. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
14. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedure related hospitalization expenses, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
15. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
16. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
17. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.

7. Common Exclusions applicable for Section 1, Section 2 and Section 3 :

- 1 Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
- 2 Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- 3 All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.

- 4 Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
- 5 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
- 6 Unconventional, Untested, Unproven, Experimental therapies
- 7 Hospital registration charges, admission charges, telephone charges and such other charges
- 8 Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no8.
- 9 Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
- 10 Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
- 11 Hospital record charges and such other charges
- 12 Any hospitalizations which are not Medically Necessary
- 13 Other Excluded Expenses as detailed in the website www.starhealth.in
- 14 Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy
- 15 Cochlear implants and procedure related hospitalization expenses

Exclusions no: 14 and 15 are not applicable for Section 3

8. Exclusions applicable for Section 4 :

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim arising out of Accident of the Insured Person from
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life.

3. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
11. Any loss arising out of the Insured Person's actual or attempted commission of or willful, participation in an illegal act or any violation or attempted violation of the law.
12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

9. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Conditions 2 & 3 are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital

4. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

For Cashless Treatment (Section 1 and Section 2)

- a. Call the 24 hour help-line for assistance - 1800 425 2255 /1800 102 4477
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.
- f. This form should be submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a permissible reimbursement.

In non-network hospitals payment must be made up-front by Insured / Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts

For Reimbursement Claims:

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done

- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. First Information Report in-case of Road Traffic Accident
- i. Copy of PAN card

For Section 4:

For Accidental Death Claims:-

- a. Death Certificate
- b. Post-mortem Certificate, if conducted
- c. FIR (wherever required)
- d. Police Investigation report (wherever required)
- e. Viscera Sample Report (wherever required)
- f. Forensic Science Laboratory report (wherever required)
- g. Legal Heir Certificate
- h. Succession Certificate (wherever required)

Note: The Company reserves the right to call for additional documents wherever required

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

5. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
6. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation /non disclosure at the time of proposal at the time claim, whether by the Insured Person/s or by any other person acting on his behalf
7. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period, the continuity of benefits with reference to waiting period A, B and C under section 1 will be allowed.

- Note:** 1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from Regulator

8. Revision of Sum Insured

Reduction or enhancement of sum insured is permissible only at the time of renewal.

Enhancement of sum insured is subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured including the respective sublimits shall be subject to the following terms

A Waiting period as given below shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.

- a) First 30 days as under 5A
- b) 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under waiting 5B

- c) 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under waiting period under 5C. **However in respect of Section 2 this waiting period will be 90 days**
- d) 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person

9. Modification of the terms of the policy

The company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.

10. Withdrawal of the policy: The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

11. Instalment Premium : If the Insured / proposer chooses to pay the premium in instalments, the following conditions will apply.

- a. It is hereby made clear that in the event of a claim being found admissible / considered for settlement, the Company would automatically deduct the premiums due for all future instalments, until date of expiry of policy from the claim amount payable.
- b. In the event of the claim amount payable is less than the sum total of future instalments payable under the policy, the claim amount will be paid only if the insured remits the entire future instalments immediately. Instalment facility cannot be availed for midterm inclusion of family members.
- c. Insured has relaxation period of 7 consecutive days immediately following the premium instalment due date during which a payment can be made to continue a policy in force. Coverage will not be available during this relaxation period. However the continuity of benefits with reference to waiting periods will be allowed.
- d. Policy stands automatically terminated if the due instalment is not received within the relaxation period of 7 days. There shall be no renewal permissible of such lapsed policy of insurance, by subsequent payment of premium. Only a fresh and separate policy of insurance shall be issued as in any other case of mediclaim contract of insurance
- e. 80D certificate and deduction will be available on instalment premium paid in any mode other than Cash during the year. Certificate will be issued with each amount paid.

12. Free Look Period: A free look period of 15 days from the date of receipt of the policy by the insured is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company may allow refund of premium paid after adjusting the cost of pre-medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look Period is not applicable at the time of renewal of the policy

13. Portability: This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

14. Cancellation: The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last

known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

Cancellation table applicable for Policy Term 1 Year without instalment option	
Period on risk	Rate of premium to be retained
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium

Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Year without instalment option	
Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	47.5% of the policy premium
Exceeding 9 mths up to 12 mths	57.5% of the policy premium
Exceeding 12 mths up to 15 mths	67.5% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	Full of the policy premium
Cancellation table applicable for Policy Term 2 Year with instalment option of Half-yearly premium payment frequency	
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths	100% of the total premium received
Cancellation table applicable for Policy Term 2 Year with instalment option of Quarterly premium payment frequency	
Up to 1 Mth	87.5% of the total premium received
Exceeding 1 mth up to 3mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received
Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths	100% of the total premium received

Cancellation table applicable for Policy Term 3 Year without instalment option	
Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	22.5% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	42.5% of the policy premium
Exceeding 12 mths up to 15 mths	50% of the policy premium
Exceeding 15 mths up to 18 mths	57.5% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	85% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33	Full of the policy premium
Cancellation table applicable for Policy Term 3 Year with instalment option of Half-yearly premium payment frequency	
Up to 1 Mth	45% of the total premium received
Exceeding 1 mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 27 mths	95% of the total premium received
Exceeding 27 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 33 mths	92.5% of the total premium received
Exceeding 33 mths	100% of the total premium received
Cancellation table applicable for Policy Term 3 Year with instalment option of Quarterly premium payment frequency	
Up to 1 mth	87.5% of the total premium received
Exceeding 1 mth up to 3 mths	100% of the total premium received
Exceeding 3 mth up to 4mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received

Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 25 mths	97.5% of the total premium received
Exceeding 25 mths up to 27 mths	100% of the total premium received
Exceeding 27 mths up to 28 mths	97.5% of the total premium received
Exceeding 28 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 31 mths	95% of the total premium received
Exceeding 31 mths up to 33 mths	100% of the total premium received
Exceeding 33 mths up to 34 mths	95% of the total premium received
Exceeding 34 mths	100% of the total premium received

Note : If the premium is paid Monthly, cancellation of policy will be on “No Refund Basis”

15. **Automatic Expiry of the policy.** The insurance under this policy with respect to each relevant insured person shall expire immediately upon death of the insured person or on expiry of the sum insured whichever shall first occur

16. **Arbitration :** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

17. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.

18. IMPORTANT NOTE

a) Where the policy is issued for more than 1 year, the Sum Insured including sublimits, is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year or 3 year cannot be utilized in the 1st year itself. The terms conditions and exceptions that

appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year”

- b) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- c) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
- d) The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

19. Policy disputes:

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusion contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

20. Notice:

Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll free no: 1800-425-2255 /1800 102 4477, Toll free fax no: 1800-425-5522 Email: info@starhealth.in

Notice and instructions will be deemed served 7 days after posting or **immediately** upon receipt in the case of hand delivery, facsimile or e-mail.

21. Customer Service

If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

22. Grievances : In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28243921 during normal business hours or Send email to grievances@starhealth.in Senior Citizens may call 044-28243923

In the event of the following grievances:

- 1 any partial or total repudiation of claims by an insurer;
- 2 any dispute in regard to premium paid or payable in terms of the policy;
- 3 any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- 4 delay in settlement of claims;
- 5 non-issuance of any insurance document to customer after receipt of the premium

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.

List Of Ombudsman

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079-25501201-02-05-06. Email:- bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:-080-26652048/26652049 Email:- bimalokpalbhopal@airtelbroadband.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- ioobbsr@dataone.in</p>	<p>State of Orissa.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office : 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600 034. Phone : 044 - 2828 8800

CIN : U66010TN2005PLC056649 Email : support@starhealth.in Website : www.starhealth.in IRDAI Regn. No : 129

<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239633/23237532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p>	<p>State of Delhi</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p>GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	<p>State of Rajasthan.</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>

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<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Dist: Gautam Budh Nagar, U.P-201301 Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.Tel:0612-2680952 Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>