



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,  
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in  
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

### Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) 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 person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.



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### Customer Information Sheet - STAR CANCER BENEFIT

Unique Identification No. : SHAHLIP18041V011718

TITLE	Description	Refer to Policy Clause Number
What am I Covered for	a. Coverage for person diagnosed with Cancer	A
What are the Major Exclusions in the policy	I. Use of intoxicating drugs/alcohol/HIV or AIDS	D(3), D(7)
	II. War, Biological nuclear and chemical contamination and nuclear perils	D(4) and D(6)
	<b>Note: The above is a partial listing of the policy exclusions. Please refer to the policy clause for the full listing</b>	
Waiting Periods	Initial Waiting Period: A waiting period of 180 days from the date of inception of the policy or from the date of inception of renewal policy if renewed in grace period Specific waiting period: Nil Pre-existing diseases – No cover	C
Payment basis	<b>Lump sum basis on occurrence of a covered event.</b>	A
Loss Sharing	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy
Renewal Conditions	Upon payment of lump sum benefit, the policy ceases	E(6)
	Grace period of 30 days for renewing the policy is provided	
Renewal Benefits	No renewal benefits as the policy is benefit based	No renewal benefits applicable for this policy
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	E(12)
Claims	For Cashless Service:	E(3)
	For Reimbursement of claim:	

Policy Servicing / Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre)Ombudsman	E(17) and E(19)
Insured's Rights	Free Look:	E(11)
	Implied renewability	E(6)
	Migration and Portability	E(7)
	Increase in SI during policy term	E(8)
	Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	E(3)
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non disclosure may result in claim not being paid	E(5)
	Disclosure of Material Information during the policy period such as change in occupation	Not Applicable

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail



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## STAR CANCER BENEFIT

Unique Identification No. : SHAHLIP18041V011718

The proposal, declaration and other documents given by the Insured Person 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.

### A. Coverage

If during the period stated in the Schedule the Insured Person is diagnosed with Cancer, the Company will pay to the Insured Person the amount indicated in the Schedule as lump-sum.

Provided however where the cancer diagnosed falls under any of the following category:

- a) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- b) Malignant melanoma that has not caused invasion beyond the epidermis;
- c) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- d) Chronic lymphocytic leukaemia less than Rai stage 3
- e) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- f) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

such lump-sum will be limited to 25% of the sum insured.

#### Note :

1. Payment of a claim is subject to the following specific conditions :
  - a. Cancer diagnosed is the first incidence of cancer.
  - b. Cancer manifests after 180 days following the inception date of the policy.
  - c. Upon payment of lump sum whether 25% of the sum insured or 100% of the sum insured, the policy ceases and shall not be renewable thereafter.
2. Where the Insured person is already insured under any other policy covering Cancer issued by the Company and where a claim has already been admitted, the maximum amount payable under all policies combined will not exceed the amount payable under the policy which pays the largest benefit

### B. Definitions

**Cancer** means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded;

- a) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- b) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- c) All tumors in the presence of HIV infection

**Company** means Star Health and Allied Insurance Company Limited

**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

**Diagnosis** means diagnosis by a registered medical practitioner, supported by clinical, radiological, 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 misrepresentation, mis-description or non-disclosure of any material fact.

**Dependent Child** means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 25 years

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

**Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

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

**Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods

**Sum Insured** means the Sum Insured Opted for and for which the premium is paid.

### C. Waiting Period

A waiting period of 180 days is applicable from date of inception of Star Cancer Benefit.

No claim will become payable if Cancer manifests during the first 180 days of the inception of Star Cancer Benefit.

### D. Exclusions

The Company shall not be liable to make any payments under this policy in respect of:

1. Congenital External Disease/ Defects / Anomaly
2. Cancer caused due to use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
3. 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)
4. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
5. Nuclear, biological or chemical contamination
6. 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 HIV-AIDS.

### E. GENERAL 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. The benefit under this policy will be paid to the Insured Person.

In case of death of the Insured Person payment shall be made to the Nominee or Legal heir of the Insured Person

3. Claim must be filed within 15 days from the date of diagnosis

**Note:** Based on the merits of the case the above said time limit shall be relaxed at discretion of the Company

#### Claim Documents :-

- a. Duly completed claim form,
- b. Pre-admission investigations and treatment papers if applicable
- c. Photo copy Discharge summary from the hospital if applicable
- d. Photo copy of reports for tests done & confirming diagnosis of cancer or ailments as stated under coverage
- e. Photo copy of Receipts from doctors, surgeons, anesthetist, if applicable
- f. Certificate from the treating doctor confirming the diagnosis in original
- g. Copy of PAN card

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2017, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant regulation requires payment based on some other prescribed interest rate.

4. Cancer must be confirmed by registered medical practitioner with necessary specialization in the relevant field and must be supported by clinical, radiological, histological, pathological, histo-pathological and laboratory evidence acceptable by the Company.
5. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Proposer, Insured Person or by any other person acting on his behalf.
6. **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 non cooperation of the insured. Upon payment of lump sum whether 25% of the sum insured or 100%, of the sum insured, the policy ceases and shall not be renewable thereafter.
  1. The actual period of cover will start only from the date of receipt of premium.

2. Renewal premium is subject to change with prior approval from Regulator

A grace period up to 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 waiting periods stated will be available. However no payment shall be made if cancer is contracted during grace period.

7. **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
8. **Enhancement of sum insured:** Sum Insured once opted cannot be enhanced even in the subsequent renewal
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. **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 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

12. **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

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one month	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

13. **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person. .
- ✓ Upon payment of lump sum

14. **Arbitration:** If any dispute or difference shall arise under the contract of insurance such difference shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as it stands now or may be amended from time to time".

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

15. All claims under this policy shall be payable in **Indian currency**.

#### 16. IMPORTANT NOTE

- a) 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.
- b) 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.
- c) Settlement of claims under the Policy is subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML / CFT) policy of the Company. For further details, please visit our website [www.starhealth.in](http://www.starhealth.in)

d) The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders.

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

**18. Notices:** 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 Fax No.: 1800 425 5522, Toll Free No.: 1800 425 2255 / 1800 102 4477, E-Mail : [support@starhealth.in](mailto:support@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.

**19. 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

**20. 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, ValluvarKottam High Road, Nungambakkam, Chennai - 600034. or Call – (044) 28288821 during normal business hours or Send e-mail to: [grievances@starhealth.in](mailto:grievances@starhealth.in)  
Senior Citizens may call: (044) 28288897

In the event of the following grievances:

- a. any partial or total repudiation of claims by the Company;
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. 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 is located.





## LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 -25501201/02/05/06 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 -2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
<b>CHANDIGARH</b> 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: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<b>CHENNAI</b> 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: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI</b> 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	Delhi.
<b>GUWAHATI -</b> 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD -</b> 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	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

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OFFICE DETAILS	JURISDICTION
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 -2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 -22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW</b> 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	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> 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	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
<b>PATNA</b> 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	Bihar, Jharkhand.
<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane exclud- ing Mumbai Metropolitan Region.