



## 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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### CLASSIC GROUP HEALTH INSURANCE

Unique Identification No. : IRDAI/HLT/SHAI/P-H(G)/V.I/6/2017-18

The proposal, declaration and other documents if any given by the proposer forms 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/s** 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 during the period stated in the schedule for medical/surgical treatment at any **Nursing Home / Hospital** in India as an in-patient, the Company will indemnify the Insured Person/s the amount of such expenses as are reasonably and necessarily incurred, up-to the limits mentioned in the schedule but not exceeding the **sum insured** in aggregate in any one period stated in the schedule hereto

#### 1. Coverage

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home at 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, cost of pacemaker, stent, similar expenses. With regard to coronary stenting, the company will pay such amount up to the extent of 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.
- D) Emergency ambulance charges up-to a sum 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 Rs. 5000/- per hospitalization. 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
- G) **Patient Care:** The cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable upto Rs 400/- for each completed day up-to 5 days per occurrence and 14 days per policy period. No payment will be made for the first day.

This benefit is applicable only for insured persons above 60 years of age and becomes payable only upon a valid claim for hospitalization.

**H) Hospital Cash:** Cash Benefit of Rs 1000/-for each completed day of hospitalization subject to a maximum of 7 days per occurrence and 14 days per policy period, is payable. Provided however there is a valid claim for hospitalization. For the purpose of cash benefit the days of admission and discharge will not be taken into account.

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

**Note:** Benefits given under G and H above are optional and effective only if specifically opted for and shown in the Policy Schedule.

Where Package rates are charged by the hospitals the Post-Hospitalization benefit will be calculated after taking the room, boarding and nursing charges at Rs 5000/- per day.

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 to the day-care treatments detailed elsewhere in the policy.

The expenses incurred on treatment of cataract are payable up-to the limits mentioned hereunder :

Sum Insured	Limit for Cataract Surgery
Up to Rs.2,00,000/-	Rs.12,000/- per person per policy period
Rs.3,00,000/- to Rs.5,00,000/-	Rs.20,000/- per eye per person and not exceeding Rs.30,000/- per policy period
Above Rs.5,00,000/-	Rs.30,000/- per eye per person and not exceeding Rs.40,000/- per policy period

Expenses relating to hospitalization will be considered in proportion to the eligible room rent stated in the policy or actual whichever is less

**Company's liability in respect of all claims admitted during the period of insurance shall not exceed the sum insured per person mentioned in the schedule.**

## 2. DEFINITIONS

**Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means

**Attendant** means any person other than a relative of the Insured Person who is engaged for the sole purpose of attending to the Insured Person

**Any one illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been 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.

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

**Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

**Day** means a period of 24 consecutive hours.

**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.

**Group Administrator** means the proposer mentioned in the policy schedule

**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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- 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;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully quipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**Insured Person** means the name/s of persons shown in the schedule of the Policy who are covered under this policy, for whom the insurance is proposed, appropriate premium is paid.

**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.

**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.

**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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

**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 center or other provider that is not part of the network

**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 with the company

**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

**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.

**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.

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

**Sum Insured:** means the sum insured opted for and for which the premium is paid.

**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.

### 3. Waiting periods

- i. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
- ii. 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:-
  - A. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
  - B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - C. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
  - D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
  - E. 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 and Genitourinary tract calculi.
  - F. All types of Hernia,
  - G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
  - H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
  - J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
  - K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  - L. Varicose veins and Varicose ulcers
  - M. All types of transplant and related surgeries.
  - N. Congenital Internal disease / defect

If these are pre-existing at the time of proposal they will be covered subject to waiting period (iii) below.
- iii. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with the company.

### 4. Exclusions

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
2. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)

3. Congenital External Condition / Defects / Anomalies
4. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
5. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
6. Psychiatric, mental and behavioral disorders.
7. Intentional self injury
8. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
9. Venereal Disease and Sexually Transmitted Diseases,
10. 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)
11. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
12. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Trophic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or HIV / 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.
13. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
14. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
15. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
16. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
17. 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 no17.
18. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
19. 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.
20. 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.
21. Unconventional, Untested, Unproven, Experimental therapies.
22. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
23. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
24. All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex.
25. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
26. Cost of spectacles and contact lens, hearing aids, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related hospitalization expenses
27. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
28. Any hospitalizations which are not Medically Necessary
29. Other excluded expenses as detailed in the website [www.starhealth.in](http://www.starhealth.in)

## 5. 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.  
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

3. 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.

Documents to be submitted in support of claim are

**For Reimbursement claims:**

- a. Original claim form duly completed and signed,
- 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, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. Copy of PAN card where ever applicable

**For Cashless Treatment:**

- a. Call the 24 hour help-line for assistance : 1800-425-2255 / 1800-102-4477
- b. Inform the Customer 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 is submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. Cashless facility can be availed only in networked Hospitals
- j. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
- k. Prescriptions and receipts for Pre and Post-Hospitalization

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

Please note that 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 possible reimbursement.

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), 2002, 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 extent regulation requires payment based on some other prescribed interest rate.

4. 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.
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 Insured Person or by any other person acting on his behalf.
6. **Renewal:** The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.

In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.

The insured persons covered under this group policy will be granted cover under Indemnity based Individual Health Policy. In respect of persons who have been covered continuously for a period of one year under this group policy with the Company, waiting period under 3(i) shall be waived.

In respect of persons who have been covered continuously for a period of two years under this group policy with the Company, waiting period under 3(i) and 3(ii) shall be waived.

In respect of persons who have been covered continuously for a period a four years under this group policy with the Company, waiting period under 3(i), 3(ii) and 3(iii) shall be waived.

7. **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.
8. **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.



9. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the insured entity, by sending the insured entity 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured beneficiary, then the insurance cover in respect of such insured beneficiary and his / her family will cease immediately. The insured entity may at any time cancel this policy and in such event the Company shall allow refund only for those insured beneficiary who have not made claim as on the date of cancellation, 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 annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

10. **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:

1. Upon the death of the Insured Person
2. Upon exhaustion of the sum insured

11. **Role of Group Administrator / Proposer**

The Group administrator shall play a facilitative role between the Insurer and the Insured Person. Such role includes

1. Furnish to the Company detailed list of Insured Person/s for preparation of ID cards
2. Distribute ID cards received from the Company
3. To facilitate Insured Person / s in availing cashless facility
4. To make payment of premium on or before the stipulated time.

12. **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.

13. 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.

14. **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 with may result in the claim being denied.
- c. Settlement of claims under the Policy are 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.

15. **Group Discount** depending on the size of the Group is as per scales below;

No of members in the Group	% Of discount on premium (excluding Add-on cover premium and Service Tax)
Up to 500 persons	Nil
501-1000	2.5%
1001-3000	5.0%
3001-7000	7.5%
7001-10000	10.0%
> 10000	12.0%

Note: The Group Discount is allowable only to Groups where the claims experience is less than 80%. The Group Discount will be allowed only on the Basic premium and not on the premium in respect of Add-on covers. The discount is not cumulative. The applicable scale of discount is to be reckoned in accordance with the group size at the inception of the policy.

Increase / decrease in the Group size following additions/deletions will not alter Group discount. Inclusions of persons into the Group can be made on payment of additional premium on pro-rata basis.

Refund for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.

- Package Charges:** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the hospital).
- 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
- 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.

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.

4. **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

5. **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 044-28288821 during normal business hours. or Send e-mail to grievances@starhealth.in. Senior Citizens may call 044-28288897

## 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 -23230858Email: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.



## LIST OF OMBUDSMAN

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, Maharajgang, 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 Buddha 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, Bulandshehar, Etah, Kanooj, 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.

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