



विद्या परं दैवतम्

# IIM

भारतीय प्रबंध संस्थान विशाखपट्टणम

Indian Institute of Management Visakhapatnam

## REQUEST FOR PROPOSAL FOR PROVIDING GROUP MEDICAL INSURANCE AND PERSONAL ACCIDENT INSURANCE COVERAGE FOR EMPLOYEES

Tender No.	<b>IIMV/Admin/Tender/HI&amp;PA/2020-21/006</b>
Validity of Bid	<b>30 days from the date of Opening of Bid</b>
Insurance Coverage Commencement Date	<b>1st April 2021</b>
Duration	<b>One Year, maybe extended further based on performance of the agency, requirement of the Institute and decision of the Competent Authority.</b>

### SCHEDULE OF EVENTS

S.No.	Particulars	Date	Time
1	Publishing of Tender	25-02-2021	-
2	Last date to seek Clarifications by the Insurer	04-03-2021	15:30 Hrs
3	Issue of clarifications by the Institute	05-03-2021	--
4	Last date for Submission of bids	18-03-2021	15:00 Hrs
5	Technical Bid Opening	18-03-2021	15:30 Hrs
6	Financial Bid Opening	Will be informed separately to the Technically qualified bidders	

## INTRODUCTION

Indian Institute of Management Visakhapatnam (IIMV) belongs to the prestigious IIM family of business schools. It is a new generation IIM, set up by the Government of India in September 2015. The Indian Institutes of Management Act 2017 declares IIMs as Institutions of National Importance, empowered to attain standards of global excellence in management, management research and allied areas of knowledge. IIM Visakhapatnam is located in its temporary, but state-of-the-art facility in the salubrious Andhra University campus in the 'City of Destiny', Visakhapatnam. The Institute has begun the process for building a permanent, full-fledged, world-class campus on approx. 230 acres of land in the (relative) vicinity of the upcoming green-field international airport, about 25 kilometres from the present (temporary/transit) campus. The first phase of the new facility is expected to be functional by Dec 2021.

### 1. SCOPE OF WORK

Indian Institute of Management Visakhapatnam (IIMV) invites proposals from IRDAI registered well established Insurance Companies [both PSUs and Private Insurers] having adequate experience in dealing with the Health Insurance and Personal Accident Insurance for providing Coverage for its employees and students, as per the details mentioned in 'POLICY 1' (Annexure-V), 'POLICY 2' (Annexure-VI).

### 2. Bidder's Eligibility Criteria (Mandatory Provisions):

It is mandatory for the potential bidders to ensure that the following minimum eligibility criteria is met in order to participate in the process:

1. Should have been registered with IRDA under the Health Insurance category.
2. Should have an operational Registered/Branch office in Visakhapatnam, Andhra Pradesh, India. Bids should be submitted from the Visakhapatnam Branch only.
3. Bidder should have PAN and a valid registration under GST.
4. Bidder should have experience of providing Health Insurance and Personal Accident Insurance to large corporate bodies/educational institutions during last Three years.
5. The agency should not have been blacklisted by Central/State Govt/PSU at any point of time, nor is any criminal case registered / pending against the agency or its owner/partners anywhere in India.

### 3. Clarification and Amendment to the RFP

The Bidder may seek clarifications on any clause of the RFP document up to date mentioned in the 'Schedule of events' in page 1. Any request for clarification must be sent by e-mail to [sao@iimv.ac.in](mailto:sao@iimv.ac.in) with subject "GHI & GPA". The Institute will respond through e-mail and if necessary, should the Institute deem necessary, it may amend the RFP as a result of any clarification.

At any time before the submission of Proposals, the Institute may amend the RFP by issuing an addendum and hosting it on Institute's website only. No separate communication will be sent to the bidders in this regard. The addendum will be binding on all the bidders. To give bidders reasonable time, in which to take an amendment into account in their proposals, the Institute may, if the amendment is substantial, extend the deadline for the submission of Proposals.

#### 4. Submission of Bids

The Bidders are required to submit TWO separate sealed envelopes, marked as 'Technical Bid' and 'Financial Bid',

**A. Technical Bid:** Should contain the following documents

1. Bid submission letter as per Annexure-I
2. Technical Bid as per Annexure-II and all supporting documents as mentioned thereon.
3. RFP Document signed and stamped on each page including annexures, as a token of acceptance of all the conditions.

All these documents shall be duly attested by an authorised signatory, stamped, serially numbered and bounded firmly in the same order. They should be put in one envelope cover, properly sealed and labelled "Technical Bid – Tender for Insurance".

Bids without above documents will be treated as incomplete and are liable for rejection.

**B. Financial Bid:** The duly filled in 'Financial Bid' as per format in Annexure – III, should be placed in another envelope cover, properly sealed and labelled "Financial Bid – Tender for Insurance".

These two envelopes (Technical Bid and Financial Bid) should be placed in an outer envelope, sealed properly and labelled "**Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2020-21/006**". The address and contact details of the bidder should be clearly written on the outer envelope.

The bid shall be submitted at the following address through Post/Courier/by Hand so as to reach us by the last date and time indicated in the 'Schedule of events' on Page 1. Bids received after the closing date and time shall not be accepted and summarily rejected.

**Senior Administrative Officer  
Indian Institute of Management Visakhapatnam  
Andhra Bank School of Business Building, Andhra University Campus  
Visakhapatnam – 530 003**

#### 5. Rejection of Bids

The Institute reserves the right to reject the Bid if,

- The Bid is incomplete as per the RFP requirements
- Any conditions/deviations stated by the Bidder in the Bid documents
- Required information is not submitted as per the format given
- Any information submitted by the Bidder is found to be untrue / fake / false
- The Bidder does not provide, within the time specified by the Institute, the supplementary information/clarification/documents/details sought by the Institute for evaluation of the Bid.
- Improperly sealed, disclosing of financial values in technical bids or bids with open envelopes etc shall be rejected.
- Bidders does not submit signed RFP of all pages, accepting and agreeing to provide all the coverages as per existing policy.
- Any other reason which the Institute may deem appropriate for rejection of the Bid.

The Institute shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Institute may abort the entire process at any stage, thereby without incurring any liability to the affected bidder(s) or any obligation to inform the affected bidder(s) of the grounds for Institute's action.

Any effort by the firm to influence IIMV in the process of IIMV's Bid evaluation; Bid comparison; and contract award decision may result into the rejection of their Bid.

The deadline for submission of the Proposals is mentioned in "Schedule of Events" on Page -1 of the document. Proposals received after the specified time on the last date shall not be eligible for consideration and shall be summarily rejected.

## **6. Evaluation of bids**

Technical Evaluation: The Technical bids of shall be opened first, and all documents shall be verified as per the eligibility criteria. The bidders meeting the eligibility criteria shall be declared as Technically qualified.

Financial Evaluation: The Financial Bids of only the Technically qualified bidders shall only be opened and evaluated.

Please note the following:

- I. IIMV shall not be bound to accept the lowest bid and reserves the right to reject any or all the bids without assigning any reason or cancel the entire process of tendering.
- II. The bidder or his representative may attend the opening of the financial bids as per details sent in corresponding e-mail to the shortlisted bidders. The representatives attending the bid opening shall produce a letter for the same from their employer/authorised authority, as per Format-A.
- III. The institute reserves the right to call for more documents or details from the bidder during the process of evaluation.
- IV. The bidder with lowest value quoted for premium under 'Grand Total' will be considered as successful bidder.

## **7. Award of Contract**

- I. The successful bidder will be awarded both the insurance policies on a whole bouquet basis.
- II. IIMV reserves the right to select an external Third-Party Administrator for claims under Group Medical Insurance of its choice.

## **8. Indemnity:**

The contractor shall indemnify and hold harmless at all times, the Institute and its representatives, against all losses and claims for injuries and or damages to any person or property. The bidder shall abide by and observe all laws and regulations of the land, or the time being in force, and shall keep the Institute indemnified against all penalties and liabilities for any kind of breach of any such statute, ordinance, law, regulation or rule enforced by any rightful authority and legal entity.

## **9. Compliance with the Institute rules and Regulations:**

The selected bidder shall comply with all norms stipulated by the Institute regarding maintenance of discipline, decorum, etiquette, safety, security and hygiene at and around the workplace. Strict compliance with all guidelines and procedures etc. issued by the MHA, MHRD, Local Authorities or Institute in relation to the COVID-19 pandemic or any other such contingencies or exigencies shall be duly observed while entering and during the stay at the office, while interacting with the faculty, staff, students etc.

## **10. Arbitration:**

In the event of any question, dispute or difference arising under this tender and/or in connection therewith, except as regards decisions, the process in respect of which is specifically and explicitly provided under this tender, the same shall be referred to an

arbitrator appointed in accordance with the law for the time being in force by the Competent Authority and the decision of the Arbitrator shall be final and binding on both parties of this tender. The costs of arbitration shall be shared equally.

**11. Force Majeure:**

If at any time, during the continuance of the agreement/contract, the performance in whole or in part, by the firm, of any obligation specified in the agreement/contract, is prevented, restricted, delayed or interfered, by reason of war or hostility, act of the public enemy, civil commotion, sabotage, act of State or direction from statutory authority, explosion, epidemic, quarantine restriction, fire, floods, natural calamities or any act of GOD, (hereinafter referred to as event), the firm/agency may be excused from performance of its obligation provided that notice of happenings of any such event is given by the firm to IIMV within two calendar days from the date of occurrence thereof. Provided further that the obligations under the Agreement shall be resumed by the firm, as soon as practicable, after such event comes to an end or ceases to exist. The decision of IIMV as to whether the obligations may be so resumed (and the time frame within which the obligations may be resumed) or not, shall be final and conclusive.

However, the Force Majeure events mentioned above will not in any way cause extension of the period of the Contract.

**12. Jurisdiction:**

All disputes arising, if any, under this tender/contract shall be subjected to the jurisdiction of courts of Visakhapatnam, Andhra Pradesh only.

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**(to be printed on bidder's letterhead)**

**LETTER OF SUBMISSION OF TENDER**

The Senior Administrative Officer  
Indian Institute of Management Visakhapatnam  
Andhra Bank School of Business Building  
Andhra University Campus, Visakhapatnam- 530 003

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:  
IIMV/Admin/Tender/HI&PA/2020-21/006

Dear Sir,

Subject to the conditions given in the tender documents, I/We hereby submit Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2020-21/006 for IIM Visakhapatnam at the rates specified in the Financial Bid (Annexure - III of the tender document). I/We hereby certify that I/We have read all the terms and conditions of the tender document and agree to abide by them unconditionally.

Declaration

I/we \_\_\_\_\_, the undersigned being authorized signatory for \_\_\_\_\_ for submission of "Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2020-21/006" hereby declare that all the documents submitted and details furnished are true and correct to the best of my knowledge. I understand that if at any time, during or after the tender process or after award of contract, the documents or the details submitted are found to be false/ manipulated/ fabricated with a mal-a-fide intention, the bid will be summarily rejected/contract be nullified and suitable action as deemed fit be initiated against our firm/company/agency.

Name of the Bidder (firm/Co./agency): \_\_\_\_\_

Address of Registered/branch office in Visakhapatnam: \_\_\_\_\_

Authorized person's Name and designation: \_\_\_\_\_

Contact No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date:

Signature:

Place:

(Company Seal)

Full name:

NOTE: All correspondence from this office shall be addressed to the above address and e-mail id only.

**Annexure-II****TECHNICAL BID**

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:  
IIMV/Admin/Tender/HI&PA/2020-21/006

<b>S. No.</b>	<b>Criteria item</b>	<b>Details</b>	<b>Documents to be attached (Attested photocopies)</b>
1	Should have been registered with IRDA under the Health Insurance category.	Regn No.: _____	Copy of Certificate of registration with IRDA
2	Should have an operational Registered/Branch office in Visakhapatnam, Andhra Pradesh, India.	YES/NO	Valid proof of office address in Visakhapatnam
3	Bidder should have PAN and a valid registration under GST.		Copies of GSTN and PAN
4	Bidder should have experience of providing Health Insurance and Personal Accident Insurance to large corporate bodies/educational institutions during last Three years.		Copies of work orders/ agreements and work completion certificates
5	The agency should not have been blacklisted by Central/State Govt/PSU at any point of time, nor is any criminal case registered / pending against the agency or its owner/partners anywhere in India.		A declaration to be submitted in original (Annexure-IV).

Note:

1. The bid without any of these documents shall be treated as incomplete. The bids with documents NOT matching with above eligibility criteria and incomplete documents will be declared as 'Not eligible'.
2. All the above documents should be clearly stamped and signed by the authorized signatory of the bidder
3. All supporting documents in support of above clauses shall be produced along with Technical Bid documents.
4. All documents shall be serially numbered.
5. Bids with any conditions will be rejected.

Date:

Signature:

Place:

Full name:

(Company Seal)

**FINANCIAL BID**

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/Hi&PA/2020-21/006

Name of the Insurer:					
S.No.	Type	Sum Insured	Annual Premium	GST	Total Premium
1	GMC for Staff	Rs. 5,00,000 [Floater]			
2	GMC for Faculty	Rs. 10,00,000 [Floater]			
3	GPA for all employees	5 times of Annual CTC			
<b>Grand Total</b>					

Note: Terms and conditions:

1. Bids with any conditions will be rejected.
2. The value quoted is all inclusive and firm throughout the contract period.
3. In case of equal values quoted by the bidders, the bidder with more number of years of service in providing GMC and GPA services to the Higher Educational Institutions will be declared as successful bidder.

Refer the data in Annexures as under:

1. Annexure – V: POLICY 1 (GMC)
2. Annexure – VI: POLICY 2 (GPA)
3. Annexure – VII: Demography data for GMC
4. Annexure – VIII: Demography data for GPA
5. Annexure – IX: Claims dump (available at <https://www.iimv.ac.in/tender-notice>)
6. Annexure – X: Claims Summary for Employees
7. Annexure – XI: 2020 GMC Policy Copy
8. Annexure – XII: 2020 GPA Policy Copy

Name of the Bidder (firm/Co./agency): \_\_\_\_\_

Address of Registered/branch office in Visakhapatnam: \_\_\_\_\_

Authorized person's Name and designation: \_\_\_\_\_

Contact No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date:

Signature:

Place:

(Company Seal)

Full name:



**(to be printed on Agency's letterhead)**

**Non-Blacklisting declaration**

To:

The Senior Administrative Officer  
Indian Institute of Management Visakhapatnam  
Andhra Bank School of Business Building  
Andhra University Campus  
Visakhapatnam 530 003

Subject: Non-Blacklisting declaration in connection with IIM Visakhapatnam Tender Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2020-21/006.

Dear Sir,

This is to notify you that our Firm/Company/Organization intends to submit a proposal in response to invitation for Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2020-21/006.

In accordance with the above we declare that:

- a.** We are not involved in any major litigation that may have an impact of affecting or compromising the delivery of services as required under this assignment.
  
- b.** We are not blacklisted by any Central/ State Government/ agency of Central/ State Government of India or any other country in the world/ Public Sector Undertaking/ any Regulatory Authorities in India or any other country in the world for any kind of fraudulent activities.

Sincerely,

Date:

Signature:

Place:

Full name:

(Company Seal)

**POLICY - 1**

<b>1. Group Medclaim Insurance (Employees)</b>	
Insured	Indian Institute of Management Visakhapatnam
Insured's Communication Address	Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003
Current Insurer	Star Health and Allied Insurance Co Ltd
Policy Period	01-04-2021 to 31-03-2022
Claim as on 17-Feb-2021	Refer attached Claims Dump & Summary
No of Employees at Inception	41
No. of Lives at Inception	126
Inception Premium (Inclusive of taxes)	INR 11,01,333
No. of Employees for Renewal	48
No. of Lives for the Renewal	160
Coverages	As is basis (Refer Annexure - XI for existing policy)
Family Definition	Self + Spouse + Dependent Family members
Policy Type (Floater/Non-Floater)	Floater
Age Band	As per attached active list
Sum Insured	As per attached active list

**POLICY - 2**

<b>2. Group Personal Accident (Employees)</b>	
Insured	Indian Institute of Management Visakhapatnam
Insured's Communication Address	Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003
Current Insurer	Star Health and Allied Insurance Co Ltd
Policy Period	01-04-2021 to 31-03-2022
Claim as on 17-Feb-2021	No claims
No of Employees at Inception	41
No. of Lives at Inception	41
Inception Premium (Inclusive of taxes)	INR 2,28, 480
No. of Employees for Renewal	48
No. of Lives for the Renewal	48
	As per demography
Coverages	As is basis (Refer Annexure – XII for existing policy)
Sum Insured per employee	5 Times of Annual CTC

**Format – A**

**(to be printed on Agency's letterhead)**

**LETTER OF AUTHORISATION FOR ATTENDING TECHNICAL BID OPENING**

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:  
IIMV/Admin/Tender/HI&PA/2020-21/006

The undermentioned person is hereby authorized to attend the bid opening for the tender mentioned above on behalf of \_\_\_\_\_  
on \_\_\_\_\_.

Name: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

Officer authorized to sign the bid documents on behalf of the bidder.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Office seal:

Note:

1. Only one representative will be permitted to attend bid opening. Alternate representative will be permitted when regular representative is not able to attend.
2. Permission for entry to the hall where bids are opened may be refused in case authorization as prescribed above is not received.

S.No	Emp/Dependents Name	DoJ	DOB(DMY)	AGE	M/F	Relationship	SI	Top-up	Annual CTC (INR)
1	Employee 1	21-09-2017	08-08-1957	63	M	Self	5,00,000		7,36,800
	Dependent 1		01-01-1962	59	F	Spouse			
2	Employee 2	06-03-2018	27-02-1955	65	M	Self	5,00,000		12,49,680
	Dependent 1		09-07-1961	59	F	Spouse			
	Dependent 2		02-04-1994	26	F	Daughter			
3	Employee 3	27-08-2020	20-06-1985	35	M	Self	5,00,000		9,82,140
	Dependent 1		02-10-2017	3	F	Daughter			
	Dependent 2		06-07-1988	32	F	Wife			
	Dependent 3		12-01-1959	62	M	Father			
	Dependent 4		17-03-1969	51	F	Mother			
4	Employee 4	06-08-2018	17-04-1990	30	M	Self	5,00,000		10,55,628
	Dependent 1		28-05-1971	49	F	Mother			
	Dependent 2		30-07-1972	48	M	Uncle			
5	Employee 5	01-11-2017	30-04-1985	35	M	Self	5,00,000	5,00,000	21,67,692
	Dependent 1		07-04-1990	30	F	Spouse			
	Dependent 2		03-12-2016	4	M	Son			
6	Employee 6	29-11-2017	10-06-1972	48	M	Self	5,00,000	5,00,000	28,10,880
	Dependent 1		10-08-1983	37	F	Spouse			
	Dependent 2		02-06-2003	17	F	Daughter			
	Dependent 3		22-09-2006	14	M	Son			
	Dependent 4		07-07-1945	75	M	Father			
	Dependent 5		09-01-1954	67	F	Mother			
7	Employee 7	06-12-2017	10-11-1984	36	F	Self	5,00,000	5,00,000	21,67,692
	Dependent 1		05-09-1985	35	M	Spouse			
8	Employee 8	11-12-2017	09-11-1976	44	M	Self	5,00,000	5,00,000	21,67,692

	Dependent 1		08-05-1983	37	F	Spouse			
	Dependent 2		10-02-2007	14	F	Daughter			
	Dependent 3		17-08-1947	73	M	Father			
	Dependent 4		07-08-1955	65	F	Mother			
9	Employee 9	21-12-2017	07-07-1984	36	M	Self	5,00,000	5,00,000	21,67,692
	Dependent 1			63	M	Father			
	Dependent 2			59	F	Mother			
	Dependent 3			33	F	Spouse			
	Dependent 4			2	F	Daughter			
10	Employee 10	29-12-2017	13-09-1985	35	F	Self	5,00,000	5,00,000	21,67,692
11	Employee 11	20-04-2018	27-08-1988	32	M	Self	5,00,000	5,00,000	17,87,844
	Dependent 1		27-11-1957	63	M	Father			
	Dependent 2		31-08-1959	61	F	Mother			
	Dependent 3		14-04-1990	30	F	Spouse			
12	Employee 12	13-06-2018	02-01-1975	46	F	Self	5,00,000	5,00,000	20,59,164
	Dependent 1		01-08-1944	76	F	Mother			
13	Employee 13	08-01-2019	02-10-1984	36	M	Self	5,00,000	5,00,000	24,31,032
	Dependent 1		03-02-1949	72	M	Father			
	Dependent 2		20-08-1958	62	F	Mother			
	Dependent 3		16-07-1994	26	F	Spouse			
14	Employee 14	18-01-2019	10-09-1976	44	M	Self	5,00,000	5,00,000	27,31,080
	Dependent 1		07-10-1981	39	F	Spouse			
	Dependent 2		27-10-2017	3	F	Daughter			
	Dependent 3		07-01-1950	71	F	Mother			
15	Employee 15	01-03-2019	11-08-1985	35	F	Self	5,00,000	5,00,000	17,87,844
	Dependent 1		12-04-1984	36	M	Spouse			

16	Employee 16	23-08-2019	20-06-1972	48	M	Self	5,00,000	5,00,000	27,31,080
	Dependent 1			11	M	Son			
	Dependent 2			7	M	Son			
17	Employee 17	07-10-2019	04-05-1977	43	F	Self	5,00,000	5,00,000	17,87,844
	Dependent 1		30-09-2006	14	M	Son			
	Dependent 2		10-03-2011	9	F	Daughter			
	Dependent 3		20-05-1950	70	F	Mother			
18	Employee 18	14-10-2019	18-02-1988	33	M	Self	5,00,000	5,00,000	17,38,368
	Dependent 1		14-10-1987	33	F	Spouse			
	Dependent 2		01-01-1960	61	M	Father			
	Dependent 3		27-04-1965	55	F	Mother			
19	Employee 19	01-11-2019	07-03-1991	29	M	Self	5,00,000	5,00,000	17,38,368
	Dependent 1		04-07-1990	30	F	Spouse			
20	Employee 20	07-11-2019	09-11-1981	39	M	Self	5,00,000	5,00,000	22,29,936
21	Employee 21	18-11-2019	29-04-1981	39	F	Self	5,00,000	5,00,000	23,65,596
22	Employee 22	18-11-2019	07-10-1989	31	F	Self	5,00,000	5,00,000	12,03,708
23	Employee 23	06-04-2020	04-07-1978	42	M	Self	5,00,000	5,00,000	26,52,876
	Dependent 1		06-07-1979	41	F	Spouse			
	Dependent 2		05-11-2011	9	F	Daughter			
	Dependent 3		14-01-1949	72	M	Father			
	Dependent 4		31-01-1954	67	F	Mother			
24	Employee 24	31-08-2020	20-06-1987	33	M	Self	5,00,000	5,00,000	25,01,256
	Dependent 1		20-06-1987	33	F	Wife			
	Dependent 2		13-12-2016	4	M	Son			

	Dependent 3		18-09-1954	66	M	Father			
	Dependent 4		15-04-1963	57	F	Mother			
25	Employee 25	07-10-2020	01-08-1965	55	M	Self	5,00,000	5,00,000	25,77,864
	Dependent 1		24-08-1971	49	F	Wife			
26	Employee 26	17-12-2020	05-08-1970	50	M	Self	5,00,000	5,00,000	26,52,876
	Dependent 1		01-10-1975	45	F	Wife			
	Dependent 2		16-03-2002	18	F	Daughter			
	Dependent 3		21-04-1943	77	M	Father			
	Dependent 4		02-12-1944	76	F	Mother			
27	Employee 27	08-01-2021	11-03-1988	32	F	Self	5,00,000	5,00,000	12,02,112
	Dependent 1		10-07-1983	37	M	Husband			
	Dependent 2		20-08-2017	3	F	Daughter			
28	Employee 28	18-01-2021	08-08-1989	31	M	Self	5,00,000	5,00,000	12,02,112
	Dependent 1		06-01-1990	31	F	Wife			
	Dependent 2		01-01-1948	73	M	Father			
	Dependent 3		01-01-1950	71	F	Mother			
29	Employee 29	25-01-2021	19-08-1990	30	M	Self	5,00,000	5,00,000	12,37,224
30	Employee 30	01-02-2021	23-10-1981	39	M	Self	5,00,000	5,00,000	12,03,708
	Dependent 1		02-06-1990	30	F	Wife			
	Dependent 2		30-11-2013	7	F	Daughter			
	Dependent 3		07-05-2016	4	M	Son			
31	Employee 31	22-02-2021	27-07-1989	31	M	Self	5,00,000	5,00,000	12,02,112
32	Employee 32	24-02-2021	30-09-1982	38	M	Self	5,00,000	5,00,000	12,02,112
	Dependent 1		03-01-1958	63	M	Father			



	Dependent 2		25-01-1958	63	F	Mother			
	Dependent 3		20-02-1983	38	F	Wife			
	Dependent 4		06-10-2020	0	M	Son			
33	Employee 33	22-03-2017	11-06-1962	58	M	Self	5,00,000	5,00,000	31,59,000
34	Employee 34	01-11-2018	30-08-1973	47	M	Self	5,00,000		14,00,016
	Dependent 1			36	F	Spouse			
	Dependent 2			8	M	Son			
35	Employee 35	25-02-2016	01-09-1966	54	M	Self	5,00,000	-	24,16,668
	Dependent 1		10-04-1968	52	F	Spouse			
	Dependent 2			83	M	Father			
	Dependent 3			76	F	Mother			
36	Employee 36	21-09-2015	18-06-1988	32	M	Self	5,00,000		6,10,260
	Dependent 1		25-06-1991	29	F	Spouse			
	Dependent 2		30-10-2019	1	M	Son			
	Dependent 3		04-03-1969	51	M	Father			
	Dependent 4		08-04-1973	47	F	Mother			
	Dependent 5		04-06-1990	30	F	Sister			
37	Employee 37	21-09-2015	01-07-1985	35	M	Self	5,00,000		6,10,260
	Dependent 1		01-06-1992	28	F	Spouse			
	Dependent 2		18-11-2012	8	M	Son			
	Dependent 3		18-11-2016	4	M	Son			
38	Employee 38	07-06-2018	21-12-1991	29	F	Self	5,00,000		10,98,636
	Dependent 1		27-09-1991	29	M	Spouse			
	Dependent 2		25-06-1969	51	F	Mother			
	Dependent 3		23-06-1961	59	M	Father			
39	Employee 39	09-09-2016	11-02-1990	31	M	Self	5,00,000		9,26,268

	Dependent 1		31-07-1997	23	F	Spouse			
40	Employee 40	16-08-2018	08-09-1993	27	F	Self	5,00,000		6,10,260
	Dependent 1		17-06-1963	57	M	Father			
	Dependent 2		18-08-1968	52	F	Mother			
	Dependent 3		29-01-1993	28	M	Spouse			
41	Employee 41	25-10-2015	08-12-1973	47	F	Self	5,00,000		6,10,260
	Dependent 1		22-09-1966	54	M	Spouse			
	Dependent 2		29-11-2004	16	M	Son			
	Dependent 3		01-10-2007	13	M	Son			
42	Employee 42	04-10-2018	21-04-1992	28	M	Self	5,00,000	-	10,68,312
	Dependent 1		10-07-1949	71	M	Father			
	Dependent 2		01-04-1956	64	F	Mother			
43	Employee 43	10-05-2018	18-07-1979	41	M	Self	5,00,000		8,51,256
	Dependent 1		09-01-1947	74					
	Dependent 2		26-10-1955	65					
44	Employee 44	17-08-2016	30-06-1992	28	M	Self	5,00,000		7,01,232
	Dependent 1		01-09-1955	65					
	Dependent 2		01-01-1968	53					
45	Employee 45	08-12-2017	08-01-1986	35	F	Self	5,00,000		7,01,232
	Dependent 1		22-07-1953	67					
	Dependent 2		29-03-1953	67					
46	Employee 46	12-10-2015	16-02-1972	49	M	Self	5,00,000		16,58,568
	Dependent 1			68	F	Mother			
	Dependent 2			38	F	Wife			
	Dependent 3			16	F	Daughter			

	Dependent 4			7	M	Son			
47	Employee 47	20-01-2016	14-10-1976	44	M	Self	5,00,000		7,61,880
	Dependent 1		30-01-1982	39	F	Spouse			
	Dependent 2		15-06-2020	0	M	Son			
	Dependent 3		15-06-2020	0	F	Daughter			
48	Employee 48	18-09-2015	25-12-1980	40	M	Self	5,00,000		6,10,260
	Dependent 1		05-07-1958	62	M	Father			
	Dependent 2		29-09-1982	38	F	Spouse			
	Dependent 3		30-03-2015	5	M	Son			
	Dependent 4		18-12-2018	2	F	Daughter			

S.No	Emp/Dependents Name	DoJ	DOB(DMY)	AGE	M/F	Relationship	SI	Top-up	Annual CTC (INR)
1	Employee 1	21-09-2017	08-08-1957	63	M	Self	5,00,000		7,36,800
2	Employee 2	06-03-2018	27-02-1955	65	M	Self	5,00,000		12,49,680
3	Employee 3	27-08-2020	20-06-1985	35	M	Self	5,00,000		9,82,140
4	Employee 4	06-08-2018	17-04-1990	30	M	Self	5,00,000		10,55,628
5	Employee 5	01-11-2017	30-04-1985	35	M	Self	5,00,000	5,00,000	21,67,692
6	Employee 6	29-11-2017	10-06-1972	48	M	Self	5,00,000	5,00,000	28,10,880
7	Employee 7	06-12-2017	10-11-1984	36	F	Self	5,00,000	5,00,000	21,67,692
8	Employee 8	11-12-2017	09-11-1976	44	M	Self	5,00,000	5,00,000	21,67,692
9	Employee 9	21-12-2017	07-07-1984	36	M	Self	5,00,000	5,00,000	21,67,692
10	Employee 10	29-12-2017	13-09-1985	35	F	Self	5,00,000	5,00,000	21,67,692
11	Employee 11	20-04-2018	27-08-1988	32	M	Self	5,00,000	5,00,000	17,87,844
12	Employee 12	13-06-2018	02-01-1975	46	F	Self	5,00,000	5,00,000	20,59,164
13	Employee 13	08-01-2019	02-10-1984	36	M	Self	5,00,000	5,00,000	24,31,032
14	Employee 14	18-01-2019	10-09-1976	44	M	Self	5,00,000	5,00,000	27,31,080
15	Employee 15	01-03-2019	11-08-1985	35	F	Self	5,00,000	5,00,000	17,87,844
16	Employee 16	23-08-2019	20-06-1972	48	M	Self	5,00,000	5,00,000	27,31,080

17	Employee 17	07-10-2019	04-05-1977	43	F	Self	5,00,000	5,00,000	17,87,844
18	Employee 18	14-10-2019	18-02-1988	33	M	Self	5,00,000	5,00,000	17,38,368
19	Employee 19	01-11-2019	07-03-1991	29	M	Self	5,00,000	5,00,000	17,38,368
20	Employee 20	07-11-2019	09-11-1981	39	M	Self	5,00,000	5,00,000	22,29,936
21	Employee 21	18-11-2019	29-04-1981	39	F	Self	5,00,000	5,00,000	23,65,596
22	Employee 22	18-11-2019	07-10-1989	31	F	Self	5,00,000	5,00,000	12,03,708
23	Employee 23	06-04-2020	04-07-1978	42	M	Self	5,00,000	5,00,000	26,52,876
24	Employee 24	31-08-2020	20-06-1987	33	M	Self	5,00,000	5,00,000	25,01,256
25	Employee 25	07-10-2020	01-08-1965	55	M	Self	5,00,000	5,00,000	25,77,864
26	Employee 26	17-12-2020	05-08-1970	50	M	Self	5,00,000	5,00,000	26,52,876
27	Employee 27	08-01-2021	11-03-1988	32	F	Self	5,00,000	5,00,000	12,02,112
28	Employee 28	18-01-2021	08-08-1989	31	M	Self	5,00,000	5,00,000	12,02,112
29	Employee 29	25-01-2021	19-08-1990	30	M	Self	5,00,000	5,00,000	12,37,224
30	Employee 30	01-02-2021	23-10-1981	39	M	Self	5,00,000	5,00,000	12,03,708
31	Employee 31	22-02-2021	27-07-1989	31	M	Self	5,00,000	5,00,000	12,02,112
32	Employee 32	24-02-2021	30-09-1982	38	M	Self	5,00,000	5,00,000	12,02,112
33	Employee 33	22-03-2017	11-06-1962	58	M	Self	5,00,000	5,00,000	31,59,000

34	Employee 34	01-11-2018	30-08-1973	47	M	Self	5,00,000		14,00,016
35	Employee 35	25-02-2016	01-09-1966	54	M	Self	5,00,000	-	24,16,668
36	Employee 36	21-09-2015	18-06-1988	32	M	Self	5,00,000		6,10,260
37	Employee 37	21-09-2015	01-07-1985	35	M	Self	5,00,000		6,10,260
38	Employee 38	07-06-2018	21-12-1991	29	F	Self	5,00,000		10,98,636
39	Employee 39	09-09-2016	11-02-1990	31	M	Self	5,00,000		9,26,268
40	Employee 40	16-08-2018	08-09-1993	27	F	Self	5,00,000		6,10,260
41	Employee 41	25-10-2015	08-12-1973	47	F	Self	5,00,000		6,10,260
42	Employee 42	04-10-2018	21-04-1992	28	M	Self	5,00,000	-	10,68,312
43	Employee 43	10-05-2018	18-07-1979	41	M	Self	5,00,000		8,51,256
44	Employee 44	17-08-2016	30-06-1992	28	M	Self	5,00,000		7,01,232
45	Employee 45	08-12-2017	08-01-1986	35	F	Self	5,00,000		7,01,232
46	Employee 46	12-10-2015	16-02-1972	49	M	Self	5,00,000		16,58,568
47	Employee 47	20-01-2016	14-10-1976	44	M	Self	5,00,000		7,61,880
48	Employee 48	18-09-2015	25-12-1980	40	M	Self	5,00,000		6,10,260



# Star Health and Allied Insurance company Limited

## Claims Analysis Report

Annexure -X

Policy Period : 01 April 2020 to 31 March 2021

MIS Report as on : 17 February 2021

### Claims Summary

Claim Type	No of Claims	Value	% Claims	% Value
Cashless	5	448,315	83.3%	84.1%
Reimbursement	0	13,874	0.0%	2.6%
In Process	1	70,739	16.7%	13.3%
<b>Total</b>	<b>6</b>	<b>532,928</b>	<b>100.0%</b>	<b>100.0%</b>

### Premium Summary

First Time Premium	233,333
Deletion Premium	-27,668
Addition Premium	764,551
<b>Total</b>	<b>970,216</b>

### Claims Ratio

Incurred Ratio on Gross Premium %	54.9%
Incurred Ratio on Gross Premium - Our Share % (If Applicable)	0.0%
Earned Premium	858,575
Incurred Ratio on Earned Premium %	65.0%
Incurred Ratio on Earned Premium - Our Share % ( If Applicable)	

### Morbidity Ratio

No of Lives Insured	150
No of Claims	6
Incidence Rate	4.0%
No of Lives Inception	126
Addition	24
Deletion	-8
Current Lives	142

### Distribution Across Age

Age Band	No of Claims	Paid Amount	% Claims	% Value
0-5	2	199,370	40.0%	43.14%
36-40	1	50,000	20.0%	10.82%
41-45	1	179,201	20.0%	38.77%
>70	1	33,618	20.0%	7.27%

<b>Total</b>	<b>5</b>	<b>462,189</b>	<b>100.0%</b>	<b>100.00%</b>

### Distribution Across Beneficiary

Beneficiary	No of Claims	Value	% Claims	% Value
SELF	1	179,201	20.0%	38.8%
SPOUSE	1	50,000	20.0%	10.8%
CHILD	2	199,370	40.0%	43.1%
PARENTS & IN-LAWS	1	33,618	20.0%	7.3%
<b>Total</b>	<b>5</b>	<b>462,189</b>	<b>100.0%</b>	<b>100.00%</b>

### Amount Band wise Analysis

Amount Band	No of Claims	Value	% Claims	% Value
Rs.1,00,001/- to Rs.1,50,000/-	1	101,228	20.0%	21.9%
Rs.1,50,001/- to Rs.2,00,000/-	1	179,201	20.0%	38.8%
Rs.10,001/- to Rs.25,000/-	1	33,618	20.0%	7.3%
RS.25,001/- to RS.50,000/-	1	50,000	20.0%	10.8%
Rs.50,001/- to Rs.1,00,000/-	1	98,142	20.0%	21.2%
<b>Total</b>	<b>5</b>	<b>462,189</b>	<b>100.0%</b>	<b>100.00%</b>

### Ailment Profile

ICD Group	No of Claims	Value	% Claims	% Value
Diseases of the digestive system	1	179,201	20.0%	38.8%
Pregnancy, childbirth and the puerperium	3	249,370	60.0%	54.0%
Endocrine, nutritional and metabolic diseases	1	33,618	20.0%	7.3%
<b>Total</b>	<b>5</b>	<b>462,189</b>	<b>100.0%</b>	<b>100.00%</b>

### Repeated Utilization Report for Employees

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No of Claims	No of Employees	Value	% Claims	% Value
1	1	179,201	100.0%	100.0%
<b>Total</b>	<b>1</b>	<b>179,201</b>	<b>100.0%</b>	<b>100.0%</b>

### Repeated Utilization Report for Dependents

No of Claims	No of Employees	Value	% Claims	% Value
1	4	282,988	100.0%	100.0%
<b>Grand Total</b>	<b>4</b>	<b>282,988</b>	<b>100.0%</b>	<b>100.0%</b>

### Top 10 Hospitals

Hospital Name & City	No of Claims	Value	% Claims	% Value
Queen`s NRI Hospital, VISAKHAPATNAM	3	249,370	60.0%	54.0%
Care Hospital, VISAKHAPATNAM	1	179,201	20.0%	38.8%
Maax Super Speciality Hospital, SHIMOGA	1	33,618	20.0%	7.3%

*All Reports are Based on Settled Claims except Claims summary & Claims Ratio  
Amount is in INR.....*

**Star Group Health Insurance**  
**Unique id : SHAHLGP19028V011819**  
**Policy Schedule**

Policy No.	Previous Policy No.
Proposer's Code Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM Visakhapatnam, Visakhapatnam, Andhra Pradesh-530003 Phone No : 0891-2824444/8500259818/ Email id : 37AAAAI9622D1ZT Proposer GSTIN	GSTIN : 37AAJCS4517L1ZX SAC Code : 997133/Accident and Health Insurance Services Issuing Office Code : 131300 Issue Office Name : Branch Office - Visakhapatnam Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003 Phone No Email id Place of Supply Fulfiller Code
Collection No : 1054000265,1054001849,1054007749 Collection Date : 06/10/2020,08/09/2020,19/04/2020	<b>Intermediary Code</b> : <b>Name</b> : <b>Phone</b> : <b>Email id</b> :

Total Premium in words	:
Period Of Insurance From	: 01/04/2020 00:00 Hrs To Midnight Of : 31/03/2021 23:59:59
<b>Co-insurance</b>	

**Risk Coverage Details**

No. of Employees / Members Covered	
No. of Dependents Covered	
Total No. of Persons covered	
Sum Insured Slab	Rs. Various Sum Insured as per list attached
Total Sum Insured	Rs. 3,25,00,000/- only
Total Sum Insured (in words)	Indian Rupees Three Crores Twenty-Five Lakhs Only

**Extensions Offered**

30 days waiting Period	Exclusion no.1 appearing in the policy clause stands deleted
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Entered by :  
Approved by :  
Place :  
Date :

For and on behalf of  
Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory  
Please see overleaf

First Year Exclusion	Exclusion no.2 appearing in the policy clause stands deleted
First Two Year Exclusion	Exclusion no.3 appearing in the policy clause stands deleted
Pre-existing Diseases Exclusion	Exclusion no.4 appearing in the policy clause stands deleted
Delivery Expenses	Covered subject to limits provided in the special conditions
New Born Baby cover	New born baby is covered from day one up to the end of the policy period provided the mother is covered under the policy up to the extent provided in the special conditions.
Waiting Period for Delivery	Waiting period of 9 months for Delivery is hereby waived.

### Special Conditions

Family Definition	Family Floater(Employee, Spouse, Children, Parents, Parent in Laws and Others)
Room Rent limits including Boarding, Nursing Charges, etc,	<p>Room Rent limits including Boarding, Nursing Charges :</p> <p>Restricted to 1% of Sum Insured subject to a Maximum of Rs. 8000/- for normal &amp; ICU on actual.</p> <p>If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.</p> <p>Treatment in our network hospitals only, However in the case of Medical Emergencies &amp; Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation.</p>
Maternity Benefits limits	<p>Maternity Benefits limits :</p> <p>Normal - Rs. 40000 Caesarean - Rs. 50000</p> <p>Maternity benefits, applicable only for the Employee or Dependent spouse</p> <p>This policy is extended to cover the child delivery expenses incurred by the insured up to the limits indicated in the special conditions. In consequence thereof, exclusion no.12 stands amended as follows:</p> <p>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:</p> <p>Family planning treatment and all types of treatment for infertility and its complications thereof.</p>

Entered by :  
Approved by :  
Place :  
Date :

For and on behalf of  
Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory  
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Day 1 cover for New born baby coverage limit	The benefit payable hereunder shall be up to full floater sum insured.
Pre & Post Hospitalisation limits	Pre Hospitalisation - 30 Days and Post Hospitalisation-60 Days.
Ambulance Expenses limits	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.
Sub Limits	Sublimits only for Cataract Rs.25,000/- per eye.
Addition / Deletion of Employees & Dependents	<p>After the inception of the Policy , NO midterm inclusion of any employee &amp; dependants unless he is a new joinee and dependents of the already insured employee unless they are newly married spouse and new born child and such inclusion is also subject to payment of additional premium on pro rata basis. For newly joined employees, the Insured shall provide the date of joining &amp; for inclusion of dependents of the already insured employees, the Insured should provide the date of marriage for newly married spouse &amp; date of birth for newly born child.</p> <p>We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium.</p> <p>The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month.</p> <p>Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy . All Addition / deletion / Correction of the persons to be done subject to additional premium if there is a change in the group size.</p>
Other conditions	<p>We shall issue photo ID cards in respect of all the covered persons and we require the passport size/stamp size photo for the same.</p> <p>AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.</p> <p>All Day Care Procedures covered</p>
Other conditions	The Cover for Children is only for dependent children. In the case of female children, the cover will cease once they become earning member or on getting married. In the case of dependent Male Children, the cover will cease once they become earning member.

Entered by :  
Approved by :  
Place :  
Date :

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



Authorised Signatory  
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	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 30 years
Other conditions	The insured shall pay the second installment premium of Rs.7,00,000/- plus applicable GST on 30.06.2020 or when the claim amount on already paid premium (excluding GST) reaches 100%, whichever is earlier, failing which policy will cease to operate
Other conditions	All Other Terms & Conditions Subject to printed Policy (Star Group Health Insurance Policy) Clauses attached.
The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee.	
Claims will be settled through Inhouse claims team.	

**Sector Classification :**

Urban		
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**Renewability:** 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 cover for the persons covered earlier under the group policy will be granted only as per standard retail policies. However, in respect of persons who have been covered continuously for a period of one year under the group policy with our Company, we shall waive the 30 days waiting period and First year exclusions. In respect of persons who have been covered continuously for a period of two years under the group policy with our Company, we shall waive the 30 days waiting period, First year exclusions and First two year exclusions.**

**In respect of persons who have been continuously covered for a period a four years under the group policy with our Company, we shall grant cover for Pre Existing diseases also.**

**Condition precedent:** In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 or 1800 102 4477, 044 2826 3300 (chargeable), or email: support@starhealth.in or fax - 1800 425 5522.

STAR value added unique services : Web enabled service for Policy details and health tips  
Inhouse Cashless facility for treatment at network hospitals across india.  
24\*7 customer care center  
Free General Physician advice

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Entered by :  
Approved by :  
Place :  
Date :

For and on behalf of  
Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory  
Please see overleaf

**Policy Clause**  
**Star Group Health Insurance**  
**Unique id : SHAHLGP19028V011819**

The declaration and other documents if any 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 in the schedule but not exceeding the **sum insured** stated in the schedule hereto.

**1. Coverage**

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the schedule
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) Anesthesia, blood, oxygen, operation theatre charges, ICU Charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses
- D) Emergency ambulance charges up to the limits mentioned in the schedule 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 and Post-Hospitalization medical expenses up to the limits mentioned in the schedule
- F) **AYUSH Treatment:** Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.
- G) **Coverage for Modern Treatments:** The expenses payable during the entire policy period for treatment of the following diseases / conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below

	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy (Sublimits including pre & Post Hospitalization)	Immunotherapy -Monoclonal Antibody to be given as injection	Intra Vitreal injections
Sum Insured Rs.	Limit per person, per policy period for each diseases / Condition Rs.					
Up to Rs.1,00,000	12500	5000	25000	12500	25000/	5000
From Rs.1,00,000/- to Rs.2,00,000/-	25000	10000	50000	25000	50000/	10000
From Rs.2,00,000/- to Rs. 3,00,000/-	37500	15000	75000	37500	75000/	15000
From Rs.3,00,000/- To 4,00,000/-	100000	40000	200000/	100000	200000/	40000
From Rs.4,00,000/- to Rs.5,00,000/-	125000	50000	250000	125000	250000	50000
From Rs.5,00,000/- to Rs.7,50,000/-	125000	50000	250000	125000	275000	60000
From Rs.7,50,000/- to Rs.10,00,000/-	150000	100000	300000	200000	400000	75000
From Rs.10,00,000/- to Rs.15,00,000/-	175000	125000	400000	250000	500000	100000
From Rs.15,00,000/- to Rs.20,00,000/-	200000	150000	450000	275000	550000	125000
From Rs.20,00,000/- to Rs.25,00,000/-	200000	150000	500000	300000	600000	150000
From Rs.25,00,000/- to Rs.50,00,000/-	225000	175000	600000	400000	750000	175000
From Rs.50,00,0000/- to Rs.75,00,000/-	250000	200000	700000	500000	900000	200000
From Rs.75,00,000/- to Rs.1,00,00,000/-	300000	200000	750000	600000	1000000	200000

Sum Insured Rs.	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty, Vaporisation of the prostate(Green laser treatment or holmium laser treatment),IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
	Limit per person, per policy period for each diseases / Condition Rs.			
Up to Rs.1,00,000	25000	25000	Up to Sum Insured	25000
From Rs.1,00,000/- to Rs.2,00,000/-	50000	50000		50000
From Rs.2,00,000/- to Rs. 3,00,000/-	75000	75000		75000
From Rs.3,00,000/- To 4,00,000/-	200000	175000		200000
From Rs.4,00,000/- to Rs.5,00,000/-	250000	200000		250000
From Rs.5,00,000/- to Rs.7,50,000/-	275000	275000		275000
From Rs.7,50,000/- to Rs.10,00,000/-	300000	225000		400000
From Rs.10,00,000/- to Rs.15,00,000/-	400000	250000		500000
From Rs.15,00,000/- to Rs.20,00,000/-	450000	275000		550000
From Rs.20,00,000/- to Rs.25,00,000/-	500000	300000		600000
From Rs.25,00,000/- to Rs.50,00,000/-	600000	350000		750000
From Rs.50,00,000/- to Rs.75,00,000/-	700000	375000		900000
From Rs.75,00,000/- to Rs.1,00,00,000/-	750000	400000		1000000

Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for the day care treatments / procedures taken in the Hospital / Nursing Home where the Insured is discharged on the same day. The company's liability for specified ailment / surgical procedure is up to the limits mentioned in the schedule.

**Expenses relating to hospitalization will be considered in proportion to the room rent limit stated in the policy schedule.**



**Co-payment: Claims payable subject to copayment as stated in the schedule.**

## **2. DEFINITIONS**

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

**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.

**Associated medical expenses** means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics.

**AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital or
2. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
3. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

**AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**AYUSH Treatment** refers to the medical and / or hospitalization treatments given under `Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

**Basic Sum Insured** wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the basic sum insured is the amount shown against each individual / family unit respectively

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

**Condition Precedent** means the 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

**Co-payment** is 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.

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

- a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and
  - b. Which would have otherwise required a 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 a fully equipped 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 personnel.

**Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

**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 30 years

**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** means the policy shall be void and all premium paid hereon shall forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact

**Family** means :-

- a. Insured Person / Beneficiary,
- b. Spouse and

c. Dependent Children not exceeding 2 numbers

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

**Group Administrator / Proposer** means the person/organization who has signed in the proposal form / declaration form and named in the Policy Schedule. He may or may not be insured under the policy

**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 equipped 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.

**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.

**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.

**ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**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.

**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

**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.

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

**Intensive Care Unit means** an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

**Medical Advise** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription

**Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Medically Necessary** means 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

**Maternity expense** shall include a) Medical Expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization b) expenses towards the lawful medical termination of pregnancy during the Policy Period.

**Medical Practitioner** is 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

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

**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.

**Newborn baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

**Out-patient treatment** is 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 medial practitioner. The insured is not admitted as a day care or in-patient.

**Pre-Existing Disease** Pre existing disease means any condition, ailment, injury or disease

- i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
- or
- ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

**Pre Hospitalization** means Medical Expenses incurred during pre defined number of days preceding the hospitalization of the insured Person, provided that

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b. 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:

- a. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- b. 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.

**Single Standard A/C** means a single occupancy air-conditioned room with attached wash room and a couch for the attendant. The room may have a television and /or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include Deluxe room or a suite

**Sum Insured** wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the sum insured is the amount shown against each individual / family unit respectively

**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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

### **3. 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. Pre-Existing Diseases : -Code Excl 01**

- A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- D. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

#### **2. Specified disease / procedure waiting period -Code Excl 02**

- A. Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.  
List of specific diseases/procedures
  - i. Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi
  - ii. All types of management for kidney and genitourinary tract calculi
  - iii. All Diseases of Prostate
  - iv. All types of Hernia
  - v. Hydrocele
  - vi. Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted)
  - vii. Pilonidal sinus and Fistula / Fissure in ano,
  - viii. Piles
  - ix. Sinusitis and related disorders

Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until

the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

List of specific diseases/procedures

- a) 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 Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
  - b) Desmoid tumour of anterior abdominal wall.
  - c) 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.
  - d) 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]
  - e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
  - f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - g) Any transplant and related surgery
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- F. List of specific diseases/procedures
- i. During the first year of operation of the Insurance cover, the expenses on 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., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 3 mentioned below.
  - ii. 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 Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
  - iii. Desmoid tumour of anterior abdominal wall.
  - iv. 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.
  - v. 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]
  - vi. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
  - vii. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - viii. Any transplant and related surgery

**3. 30-day waiting period -Code Excl 03**

- A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**4. Investigation & Evaluation -Code Excl 04**

- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

**5. Rest Cure, rehabilitation and respite care -Code Excl 05**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.

This also includes:

- 1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- 2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**6. Obesity/ Weight Control -Code Excl 06 :** Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

- A. Surgery to be conducted is upon the advice of the Doctor
- B. The surgery/Procedure conducted should be supported by clinical protocols
- C. The member has to be 18 years of age or older and
- D. Body Mass Index (BMI);
  - 1. greater than or equal to 40 or
  - 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - a. Obesity-related cardiomyopathy
    - b. Coronary heart disease
    - c. Severe Sleep Apnea
    - d. Uncontrolled Type2 Diabetes

**7. Change-of-Gender treatments -Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

**8. Cosmetic or plastic Surgery -Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

**9. Hazardous or Adventure sports -Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**10. Breach of law -Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.



11. **Excluded Providers -Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **-Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **-Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **-Code Excl 14**
15. **Refractive Error -Code Excl 15 :** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 diopres.
16. **Unproven Treatments -Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility -Code Excl 17:** Expenses related to sterility and infertility. This includes:
  - a. Any type of contraception, sterilization
  - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - c. Gestational Surrogacy
  - d. Reversal of sterilization
18. **Maternity -Code Excl 18 :**
  - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
19. Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA. **-Code Excl 19.**
20. Congenital External diseases/condition defects or anomalies **-Code Excl 20.**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states **-Code Excl 21.**
22. Intentional self injury. **-Code Excl 22.**
23. Venereal disease and Sexually transmitted diseases (Other than HIV) **-Code Excl 23.**
24. 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) **-Code Excl 24.**
25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials. **-Code Excl 25.**
26. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies. **-Code Excl 26.**
27. Unconventional, untested, experimental therapies. **-Code Excl 27.**
28. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy Immunotherapy without proper indication. **-Code Excl 28.**
29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted. **-Code Excl 29.**
30. All treatment for Priapism and erectile dysfunctions **-Code Excl 30.**
31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases). **-Code Excl 31.**
32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable). **-Code Excl 32.**
33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders **-Code Excl 33.**
34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **-Code Excl 34.**
35. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. **-Code Excl 35.**
36. Any hospitalizations which are not Medically Necessary **-Code Excl 36.**
37. Other Excluded Expenses as detailed in the website " [www.starheath.in](http://www.starheath.in)" **Code- Excl 37.**
38. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes. **-Code Excl 38.**
39. Naturopathy Treatment **-Code Excl 40.**
- 4. Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the

policy contract.

## 5. **CONDITIONS:**

### 1. **Claiming Settlement:**

A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

B. **Documents for Cashless Treatment:**

- 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-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. 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.
- 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. For details of Networked Hospitals, the insured may visit [www.starhealth.in](http://www.starhealth.in) or contact the nearest branch.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

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

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.

C. **For Reimbursement claims** : Time limit for submission of

Sl.no.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	within 15 days after date of discharge from hospital

D. **Notification of Claim** : Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

**Note:** Conditions C and D 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.

E. **Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital
- 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. Copy of PAN card

Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto

**F. Provision of Penal Interest:**

- a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India.

**G. Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**H. Multiple Policies**

- 1. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- 2. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- 3. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- 4. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

- 1. **Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.
- 2. The Insured Person 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
- 3. All claims under this policy shall be payable in Indian currency.

4. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except acknowledged 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 admission 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.

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. Addition / Deletion

1. **Addition : Enrolment of new insured persons / beneficiary** will be made during the period of insurance stated in the master policy schedule. The period of insurance for such newly enrolled insured person / beneficiary will be for a period of one year as stated in the certificate of insurance issued to the insured person / beneficiary.

2. **Deletion of insured persons / beneficiary** from the Group can be made and refund will be effected on pro-rata basis from the date of request for deletion of the insured person(s) / beneficiary subject to NO claim being made in respect of that insured person(s) / beneficiary or his/her family member(s).

7. **Disclosure to information norms:** The policy shall become 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 by the policy holder.

8. **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. Fax no: 044-28302200, Toll free no: 1800-425-2255, Toll free fax no: 1800-425-5522 Email: [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.

9. **Territorial Limit :** All medical/surgical treatments under this policy shall have to be taken in India.

10. **Fraud:** If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

**11. Cancellation:**

a) The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

b) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

**12. Renewal :** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
5. Coverage is not available during the grace period.
6. 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.
  - a. The insured person/s 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, exclusion Code Excl - 01 shall be waived.
  - b. In respect of persons who have been covered continuously for a period of two years under this group policy with the Company, exclusions Code Excl-01 and Code Excl-02 shall be waived
  - c. In respect of persons who have been covered continuously for a period of four years under this group policy with the Company, exclusions Code Excl-01, Code Excl-02 and Code Excl-03 shall be waived.

- 13. Automatic Termination:** The insurance under this policy with respect to each relevant insured person / family shall terminate immediately on the earlier of the following events:
1. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
  2. Upon exhaustion of the sum insured

**14. 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.

- 15. 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.

- 16. Automatic Termination of Individual Certificate of Insurance.** The Certificate of Insurance will terminate on the earliest of the following dates:

1. The date of expiry of certificate of insurance or
2. The date the Insured Person / beneficiary is no longer eligible to be within the classification of Insured Person(s) described in the Policy Schedule or
3. The Insured person / beneficiary ceases to be a resident of India or
4. From the date the Certificate of Insurance is cancelled either by the Company

- 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. Withdrawal of the policy**

1. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
2. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

**19. Important Note:**

- a. Where the policy is on floater basis the sum insured and sub-limits float amongst family members covered
- b. The Policy Schedule, Certificate of Insurance and 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. The Special Conditions if any stated in the Schedule supersede these policy wordings.
- c. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
- d. The attention of the policy holder / Insured Person 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

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

The Group administrator / Proposer 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 Individual Certificate and ID cards
- 2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).
- 3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.
- 4) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy at premium as applicable for such individual insurance. In such event :-
  - a. Members who have been covered continuously for a period of one year under this Star Group Health Insurance Policy with the Company, 30 days waiting period and First year exclusions shall be waived.
  - b. Members who have been covered continuously for a period of two years under this Star Group Health Insurance Policy with the Company, 30 days waiting period, First year exclusions and First two year exclusions / First two year waiting period shall be waived.
  - c. In respect of members who have been covered continuously for a period a four years under this Star Group Health Insurance Policy with the Company, 30 days waiting period, First year, First two year exclusions, 48 months waiting period with reference to Pre Existing diseases shall be waived.

**21. Customer Service** If at any time the Insured Person requires any clarification or assistance, the insured may contact the office of the Company at the address specified above, during normal business hours.

**22. Grievances:** Incase of any grievance the insured person may contact the Company through **Website:** [www.starhealth.in](http://www.starhealth.in)

**Toll free:** 1800 425 2255/1800 104 2277: Senior Citizens may call at 044-28243923

**E-mail:** [grievances@starhealth.in](mailto:grievances@starhealth.in)

**Fax:** 04428319100

**Courier:** No 1 New Tank Street, Vallurvar Kottam High Road Nungambakkam Chennai 600034

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.



If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-28243921  
For updated details of grievance officer, kindly refer the link. <https://www.starhealth.in/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://ligms.irda.gov.in/>

**List of Insurance Ombudsman**

<b>Office Details</b>	<b>Jurisdiction of Office Union Territory, District)</b>
<p><b>AHMEDABAD - Shri Kuldip Singh</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@ecoi.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<p><b>BENGALURU - Smt. Neerja Shah</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@ecoi.co.in</p>	Karnataka.
<p><b>BHOPAL - Shri Guru Saran Shrivastava</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@ecoi.co.in</p>	Madhya Pradesh, Chattisgarh.
<p><b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	Orissa.
<p><b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<p><b>CHENNAI - Shri M. Vasantha Krishna</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@ecoi.co.in</p>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<p><b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	Delhi.
<p><b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<p><b>HYDERABAD - Shri I. Suresh Babu</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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

<p><b>JAIPUR - Smt. Sandhya Baliga</b>  Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor,  Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email:  Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p><b>ERNAKULAM - Ms. Poonam Bodra</b>  Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin  Shipyards, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 /  2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p><b>KOLKATA - Shri P. K. Rath</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@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>

**TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE**

<b>Policy No.</b>	<b>Previous Policy No.</b>
Proposer's Code	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM	SAC Code : 997133/Accident and Health Insurance Services
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM Visakhapatnam, Visakhapatnam, Andhra Pradesh-530003	Issuing Office Code : 131300
	Issuing Office Name : Branch Office - Visakhapatnam
	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
Phone No	Phone No
E-mail Id	E-mail Id
Proposer GSTIN : 37AAAAI9622D1ZT	Place of Supply
Receipt No : 1054001859,1054001860	Fulfiller Code
Receipt Date. : 20/06/2020,20/06/2020	<b>Name</b> <b>Phone No</b> <b>E-mail Id</b>
<b>Total Premium In Words</b>	
<b>PERIOD OF INSURANCE From : 01/04/2020 To : Midnight Of 31/03/2021</b>	

**RISK COVERAGE DETAILS**

No Of Persons Covered	
<b>Accident Care Group - Named</b>	
TABLE COVER	SUM INSURED
TABLE 1 Death Only Benefits	Rs.0/-
TABLE 2 Death PTD and PPD	Rs.228889300/-
TABLE 3 Death,PTD,PPD and TTD	Rs.63000000/-
TABLE 4 Death and PTD Only	Rs.0/-
Total Sum Insured	:RS.291889300 /-

**NOTE:**

PTD-Permanent Total Disablement  
PPD-Permanent Partial Disablement  
TTD-Temporary Total Disablement

Total Sum Insured In Words : Rupees Twenty-Nine Crores Eighteen Lakhs Eighty-Nine Thousand Three Hundred Only

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.

**SPECIAL EXCLUSION:** Any claims relating to nuclear , chemical and biological terrorism is excluded from the scope of the Policy.

**Condition Precedent :** In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 5522.

**Special Conditions:**

- Table III - Weekly Benefits are payable only during the period of hospitalisation for grievous injuries due to accidents and reasonable period of convalescence thereafter

TEMPORARY TOTAL DISABILITY : 1% of Sum Insured subject to a maximum of Rs. 5,000/- per week upto 100 weeks

Terrorism covered excluding Nuclear, Chemical and Biological.

Entered by  
Approved by

Place :  
Receipt Date.

For Star Health and Allied Insurance Company Ltd.

**IRDAI Regn. No 129**

**Corporate Identity Number U66010TN2005PLC056649**

**Email ID : info@starhealth.in**

Authorised Signatory

2 At the time of claim, proof of gainful income is mandatory for all employees.

The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month.

Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy . All Addition / deletion / Correction of the persons to be done subject to additional premium if there is a change in the group size.

All Other Terms & Conditions Subject to printed Policy (Accident care Insurance policy - Group) Clause attached.

3 The insured shall pay the second installment premium of Rs.1,45,220/- /plus applicable GST on 30.06.2020 or when the claim amount on already paid premium (excluding GST) reaches 100%, whichever is earlier, failing which policy will cease to operate

It is hereby declared and agreed that in the event of any claim for the 'Death' of an employee covered under the policy,the benefits shall become payable to the employer i.e.,the Insured against the discharge.Such payment will discharge the company (Insurer) from its obligation under the policy in respect of such claims

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per Printed Policy Clauses attached.

**Sector Classification :**

Urban		
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Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action.

**"Consolidated Stamp duty paid vide Proceeding No : GSO5/435/2020 Dated 31/7/2020"**

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Branch Office - Visakhapatnam on 30th Day of September 2020 .

Entered by  
Approved by

Place :  
Receipt  
Date.

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

**TAX Invoice**

Invoice No. :	Customer ID :
Invoice Date :	Policy No :
Recipient	Supplier
GSTIN : 37AAAAI9622D1ZT	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM	NAME : Star Health and Allied Insurance Co Ltd - &CP_ISSUE_DIVN_NAME
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
City :	City : VISAKHAPATNAM
State : Andhra Pradesh	State : Andhra Pradesh
Pincode : 530003	Pincode : 530 016
Client Category : CORP	Place of Supply : 37 - Andhra Pradesh

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	H = C + D + E+ F
99173	Insurance Services							

Total Invoice Value (in Figures) :

Total Invoice Value (in Words) :

Amount of Tax Subject to reverse Charge : No

**Important Note:**

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

**E. & O.E**This is a digitally signed document and hence no physical signature is required**IRDAI Regn. No 129 Corporate Identity Number U66010TN2005PLC056649 Email ID : stargst@starhealth.in**Entered by  
Approved byPlace :  
Receipt  
Date.

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

## Group Accident Insurance Policy

The Company by this Policy agrees, subject to the terms, conditions and exclusions as set out and the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

### 1. Definitions

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

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

**Age** means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

**Clinic** means a medical establishment where patients are given medical treatment or advice

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

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

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

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on the insured person does not have his / her independent sources of income.

**Grievous Injury** means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

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

**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.

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

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

**Necessary and Reasonable Medical Expenses** 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

**Notification of claims** the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

**Nuclear, chemical, 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.

**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:

- a. Has qualified nursing staff under its employment round the clock;
- b. 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;
- c. Has qualified medical practitioner(s) in charge round the clock.

- d.Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e.Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**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

**Permanent Partial Disablement** means Medical Practitioner certified total loss or loss of use of specific body part as detailed under "Permanent Partial Disablement - Benefit 3 " following accidental injury to the insured person

**Permanent Total Disablement** means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

**Policy** means the Policy Wordings, the Policy Schedule and any other endorsements if any. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon

**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.

**Proposal Form / Declaration Form** means any initial or subsequent declaration made by Policy Holder / Insured

**Relative** means spouse, children, parents, siblings or in-laws

**Risk Group** : Risk Group I- Persons engaged primarily in administrative functions

Risk Group II - Persons engaged in manual work other than what is specifically provided for under Group III

Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard.

**Standard type aircraft/Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

**Sum insured** means the amount of insurance for which the premium is paid.

**Temporary Total Disablement** means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident

**Important** : It is mandatory that the insured should choose at-least one of the following benefits:-

**1.Accidental Death - Benefit 1**

**2.Permanent Total Disablement - Benefit 2**

### **SCOPE OF COVER**

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different section hereunder, and as specified in the Schedule to the Policy.

Geographical Scope: The insurance cover applies Worldwide unless otherwise stated

#### **Accidental Death - Benefit 1**

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and 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 provided in "Benefit 1" under "Schedule of Benefits"

#### **Permanent Total Disablement - Benefit 2**

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:

a)The disablement occurs within 12 Calendar months from the date of the Accident.

b)The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.



Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

**Permanent Partial Disablement - Benefit 3**

If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 3" under "Schedule of Benefits", depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
- b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

**Temporary Total Disablement (Weekly Compensation) - Benefit 4:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement

In no case shall the compensation exceed the sum insured for this benefit.

The payment shall be made only after the termination of such disablement.

All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy

**Special Conditions (applicable to Benefits)**

1. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical functions, the degree of disablement given in the Schedule of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
3. Where a claim for 100% of the Sum Insured is admitted / admissible the coverage under the policy ceases for such relevant person.
4. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person if the group policy is renewed
5. In the event of Permanent Disablement, the Insured Person will be under obligation:
  - a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
  - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.

**Exclusions (applicable to all Benefits)**

- (a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured.
- (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.
- (c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule)

**1.AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS**

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the schedule during the policy period Either

- a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury

Or

in case of Death

b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

This lump sum amount is payable in addition to the sum insured

**2. TRAVEL EXPENSES FOR ONE RELATIVE:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the schedule for the transport expenses to one relative of the Insured Person.

This amount is payable in addition to the sum insured

**3. PURCHASE OF BLOOD:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy.

This amount is payable in addition to the sum insured

**4. TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred on freight charges for importing medicines to India, provided that:

- a. There is an admissible claim under the policy.
- b. The medicines, formulations or alternatives of the imported medicines are not available in India, and
- c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.
- d. The medicines which are imported should be permissible under Government Regulation
- e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.
- f. Prescription of the treating doctor with confirmation that the medicine is not available in India

This amount is payable in addition to the sum insured

**5. MEDICAL EXPENSES FOLLOWING AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. There is an admissible claim under Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 / Permanent Partial Disablement - Benefit 3 / Temporary Total Disablement (Weekly Compensation) - Benefit 4
2. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
3. Treatment availed is not an unproven / Experimental Treatment
4. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home)

**6. MEDICAL EXPENSES IRRESPECTIVE OF AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
2. Treatment availed is not an unproven / Experimental Treatment
3. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home).

**7. HOME CONVALESCENCE** Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay 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 up-to the limits mentioned in schedule. No payment will be made for the first day.

This benefit is payable in addition to the sum insured

**8. HOSPITAL CASH BENEFIT:** Following an admissible claim under the policy the Company will pay up to the limits mentioned in the schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24 hours

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

This benefit is payable in addition to the sum insured

**9.VEHICLE AND/OR RESIDENCE MODIFICATION:** The Company will pay upto 10% of the sum insured subject to the limits mentioned in the schedule towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance

This amount is payable in addition to the sum insured

**10.EXTERNAL SUPPORT TO THE INSURED PERSON**

This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheel chair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company

The benefits under this extension is optional and is effective only if there is an admissible claim under the policy for Permanent Total Disablement - Benefit 2

**11.FUNERAL EXPENSES**

Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the schedule towards funeral expenses of the insured person.

Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company

**12.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT TOTAL DISABILITY OF THE INSURED PERSON:**

Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured, as mentioned below:

"If the Insured Person has dependent child/children below the age of 23 years, an amount as stated in the schedule is payable.

**13.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT DISABILITY OF PARENT/S OR GUARDIAN OF THE INSURED PERSON (WHERE THE INSURED PERSON IS A SCHOOL OR COLLEGE STUDENT)**

Following Accidental Death / Permanent Total Disability of the parent or guardian (named in the schedule) of the insured person, the Company will pay Educational Benefit as stated in the Schedule as compensation

This benefit is payable in addition to the sum insured.

**Note: Claim is payable only either under optional benefit 12 or 13 but not under both**

**14.OUT PATIENT MEDICAL EXPENSES DUE TO GRIEVOUS INJURY**

This insurance is extended to pay necessary and reasonable Out Patient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

**Note :** Medical expenses incurred / expended are during the policy tenure and are payable only if the policy is in force.

**GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY):**

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

1.Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

2.Any claim in respect of Pre-existing conditions.

3.Any claim if the insured acts against the advice of a physician.

4.Any claim arising out of Accidents that the Insured Person has caused

a.intentionally or by committing a crime

or

b.as a result of drunkenness or addiction (drugs, alcohol).

or

c.self-endangerment unless in self-defense or to save human life.

5.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.

6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type 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.

7. 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 detainments of all kings princes and people of whatever nation, condition or quality whatsoever.

8. Participation of the Insured Person 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.

9. 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, biological terrorism

10. 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.

11. Participation in Hazardous Sport / Hazardous Activities

12. Any loss of which a contributing cause was 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.

#### **GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY)**

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. Obligations of the Insured Person / Group Administrator / Proposer: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.

This condition is precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in this condition depending upon the merits of the case

2. Notification of Claim : Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.

Documents to be submitted for claims:

Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be

and

#### **For Death Claims:-**

Death Certificate

Post-mortem Certificate, if conducted

FIR (wherever required)

Police Investigation report / Panchanama (wherever required)

Viscera Sample Report / Chemical analysis report (wherever required)

Forensic Laboratory Report (wherever required)

Legal Heir Certificate (wherever required)

Succession Certificate (wherever required)

#### **For Permanent Total Disablement - Benefit 2 and Permanent Partial Disablement - Benefit 3**

Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required

**For Temporary Total Disablement (Weekly Compensation) - Benefit 4**

Certificate from the employer confirming leave of absence from duty (applicable for employer - employee group)

Certificate from the treating doctor that the claimant is fit to resume duty (fitness certificate)

**Travel expenses for one relative**

Proof of expenses incurred (original)

**Vehicle and/or residence modification**

Certificate from the doctor confirming the Disability and the requirement of modification

Estimate from Workshop

Invoice and Cash receipt for having carried the modification

Estimate from civil engineer

Invoice / Cash receipt for completion of the civil work modification

**Purchase of blood:**

Original receipt for purchase of blood (wherever applicable)

**Transportation of imported medicines:**

Prescription of the treating doctor with confirmation that the medicine is not available in India.

Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

For less than 1 year tenure policy	Rate of Premium Retained : Full premium
<b>For 1 Year Tenure Policy</b>	
Period on Risk	Rate of Premium Retained
Up to 1 month	25% of the premium
Exceeding 1 month and up to 3 months	40% of the premium
Exceeding 3 months and up to 6 months	60% of the premium
Exceeding 6 months and up to 9 months	80% of the premium
Exceeding 9 months	Full Premium

<b>For 2 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)</b>			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
<b>For 3 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)</b>			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
<b>For 4 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)</b>			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
<b>For 5 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)</b>			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained

**11.Currency for payments**

All claims payable shall be paid in Indian Rupee only.

**12.Arbitration clause**

If any dispute or difference shall arise under this Policy such dispute or 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 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.Important Note:**

- a)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.
- 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)Where the policy is issued covering the family, the benefits are applicable individually for each person covered
- 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

**14.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.

**15.Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Fax No: 2831 9100 Toll Fax No: 1800 425 5522, Email [info@starhealth.in](mailto:info@starhealth.in)

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

**16.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

**17.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.

**Grievances Department:** Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Phone : 044-28243921, Email [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may call 044-28243923

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 or the residential address or place of the policy holder is located.

<b>List of Ombudsman</b>	
<b>CONTACT DETAILS</b>	<b>JURISDICTION</b>
<p><b>AHMEDABAD</b> 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>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<p><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, 1st Phase, Bengaluru-560 078. Tel.:-080- 26652048/26652049 Email:- bimalokpalbhupal@airtelbroadband.in</p>	Karnataka.
<p><b>BHOPAL</b> 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>	States of Madhya Pradesh and Chattisgarh
<p><b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- ioobbsr@dataone.in</p>	State of Orissa.
<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in</p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<p><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:- insombud@md4.vsnl.net.in</p>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

<p><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</p>	<p>State of Delhi</p>
<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484- 2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p><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</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
<p><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</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p><b>JAIPUR</b> 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><b>KOLKATA</b> 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>
<p><b>LUCKNOW</b></p>	



<p>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><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</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: 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><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</p>	<p>States of Bihar and Jharkhand.</p>
<p><b>PUNE</b> 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>


**Schedule of Benefits**

<b>Benefit</b>	<b>Percentage of the Sum Insured</b>
<b>Accidental Death - Benefit 1</b>	<b>100%</b>
<b>Permanent Total Disablement - Benefit 2</b> Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.	
<b>Permanent Total Disablement - Benefit 3</b> Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm.	