

Star Group Health Insurance
Unique id : SHAHLGP19028V011819
Policy Schedule

| | |
|--|---|
| Policy No. : P/131212/01/2020/002414 | Previous Policy No. : P/131212/01/2019/001826 |
| Proposer's Code : 10801420 | GSTIN : 37AAJCS4517L1ZX |
| Proposer's Name : THE KRISHNA DISTRICT CO-OPERATIVE CENTRAL BANK LIMITED (RETIRED EMPLOYEES) | SAC Code : 997133/Accident and Health Insurance Services |
| Address : HEAD OFFICE JAGANADHAPURAM, MACHILIPATNAM -521001 Machilipatnam,Krishna,Andhra Pradesh-521001 | Issuing Office Code : 131212 |
| Phone No : 08672-223530/9000090000/NA | Issue Office Name : Branch Office - Machilipatnam |
| Email id : kdccbho.estt@gmail.com | Address : D.No.21/222, 1st floor,Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam - 521001 |
| Proposer GSTIN : - | Phone No : 08672-221551 |
| Receipt No : 1069002663 | Email id : machillipatnam@starhealth.in |
| Receipt Date : 28/02/2020 | Place of Supply : Andhra Pradesh / State Code : 37 |
| Premium : Rs. 19,00,281 | Fulfiller Code : SH34353 |
| CGST @9% : 171,025 /- SGST/UTGST@9%: 171,025 /- | Intermediary Code : BA0000186870 |
| Stamp Duty : Re. 1 | Name : Mr.KOGANTI SRK PRASAD |
| Total Premium : Rs. 22,42,331 | Phone : /9440894977 |
| | Email id : inkoganti@gmail.com |

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|--------------------------|---|
| Total Premium in words | : Indian Rupees Twenty Two Lakhs Forty Two Thousand Three Hundred Thirty One Only |
| Period Of Insurance From | : 28/02/2020 00:00:00 Hrs To Midnight Of : 27/02/2021 23:59:59 |
| Co-insurance | |

Risk Coverage Details

| | |
|------------------------------------|---|
| No. of Employees / Members Covered | 91 |
| No. of Dependents Covered | 81 |
| Total No. of Persons covered | 172 |
| Sum Insured Slab | Rs. 2,00,000/- only |
| Total Sum Insured | Rs. 1,82,00,000/- only |
| Total Sum Insured (in words) | Indian Rupees One Crore Eighty-Two Lakhs Only |

Extensions Offered

Entered by : SH0615
Approved by : BACKDATE
Place :
Date : 02/03/2020

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



Authorised Signatory
Please see overleaf

Attached to and forming part of Policy No : P/131212/01/2020/002414

| | |
|---------------------------------|--|
| 30 days waiting Period | Exclusion no.1 appearing in the policy clause stands deleted |
| 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 |

Special Conditions

| | |
|--|--|
| Family Definition | Family Floater(Employee and Spouse) |
| Room Rent limits including Boarding, Nursing Charges, etc, | <p>Restricted a Maximum of Rs. 3000/- per day</p> <p>If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, and whichever is lower.</p> <p>Treatment in our network hospitals only, However in the case of Medical Emergencies & Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalization.</p> |
| Co-pay | All Pre Existing Diseases claims subject to 20% copay |
| Pre & Post Hospitalisation limits | <p>- Pre Hospitalization - 30 Days</p> <p>- Post Hospitalization - 60 Days.</p> |
| 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.20,000/- per eye. |
| Addition / Deletion of Employees & Dependents | <p>After the inception of the Policy , NO midterm inclusion of any employee & dependents unless he is a new joinee and dependents of the already insured employee unless they are newly married spouse and new born child (only after completion of 5 months of age) 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 & for inclusion of dependents of the already insured employees, the Insured should provide the date of marriage for newly married spouse & date of birth for newly born child.</p> <p>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</p> |

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| | <p>relieving of the employee.</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>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>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 | 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 | | |
|-------|--|--|

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

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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 : SH0615
Approved by : BACKDATE
Place :
Date : 02/03/2020

For and on behalf of
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TAX Invoice

| | |
|--|---|
| Invoice No. : 37K069Y20P000257 | Customer ID : CB0000022786 |
| Invoice Date : 29/02/20 | Policy No : P/131212/01/2020/002414 |
| Recipient | Supplier |
| GSTIN : - | GSTIN : 37AAJCS4517L1ZX |
| Proposer's Name : THE KRISHNA DISTRICT CO-OPERATIVE CENTRAL BANK LIMITED (RETIRED EMPLOYEES) | NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Machilipattnam |
| Address : HEAD OFFICE JAGANADHAPURAM, MACHILIPATNAM -521001 | Address : D.No.21/222, 1st floor,Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam - 521001 |
| City : | City : MACHILIPATTNAM |
| State : Andhra Pradesh | State : Andhra Pradesh |
| Pincode : 521001 | Pincode : 521 001 |
| Client Category : CORP | Place of Supply : 37 - Andhra Pradesh |

| HSN / SAC Code | Description of Service(s) | Total A | Discount B | TaxableValue C = A - B | IGST @ 18% D = C * IGST | CGST @9% E = C *CGST | UT/SGST@9% F = C *UTGST or SGST | CESS@1% G=C*Cess | Total Invoice Value H=C+D+E+F+G |
|----------------|---------------------------|------------|---------------|---------------------------|----------------------------|-------------------------|------------------------------------|---------------------|------------------------------------|
| 997133 | Insurance Services | 1900281 | 0 | 1900281 | | 171025 | 171025 | | Rs. 22,42,331 |

Total Invoice Value (in Figures) : Rs. 22,42,331
 Total Invoice Value (in Words) : Indian Rupees Twenty Two Lakhs Forty Two Thousand Three Hundred Thirty One Only
 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 : SH0615
 Approved by : BACKDATE
 Place :
 Date : 02/03/2020

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


 Authorised Signatory
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INSURED PERSON DETAILS :

No of Persons Covered : 0

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|------------------------------|---------------------|------------|-------------------|--------------------|------------|--------------------|----------------|------------|------------|---------|---------|
| 1 | Ms.K.Parvati | Employee | 01/01/1963 | 57 | 1 | Female | 108014202000000100 | 1 | Others | 200000 | 0 | |
| 2 | Mr.Arja Sai Babu | Employee | 09/11/1955 | 64 | 3 | Male | 108014202000000200 | 2 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Krishna Kumari | Spouse | 06/08/1958 | 61 | 6 | Female | 108014202000000201 | | | | | |
| 3 | Mr.M.S.S.Gopala Prasad | Employee | 15/01/1959 | 61 | 1 | Male | 108014202000000300 | 3 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Venkata Satyavathi | Spouse | 20/01/1957 | 63 | 1 | Female | 108014202000000301 | | | | | |
| 4 | Mr.Pushadapu.Seeta Ramayya | Employee | 26/03/1944 | 75 | 11 | Male | 108014202000000400 | 4 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Bibi Nancharamma | Spouse | 01/01/1946 | 74 | 1 | Female | 108014202000000401 | | | | | |
| 5 | Yarramsetty Mastan Rao | Employee | 26/08/1955 | 64 | 6 | Male | 108014202000000500 | 5 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Naga Durga Mani | Spouse | 12/01/1967 | 53 | 1 | Female | 108014202000000501 | | | | | |
| 6 | Mr.Valasapalli.Satyanarayana | Employee | 30/10/1949 | 70 | 3 | Male | 108014202000000600 | 6 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Valasapalli.Nirmala | Spouse | 05/11/1956 | 63 | 3 | Female | 108014202000000601 | | | | | |
| 7 | Mr.M. Satyanarayana | Employee | 01/07/1945 | 74 | 7 | Male | 108014202000000700 | 7 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.M.Sesha Kumari | Spouse | 08/11/1949 | 70 | 3 | Female | 108014202000000701 | | | | | |
| 8 | Mr.T. Ramarao | Employee | 01/10/1955 | 64 | 4 | Male | 108014202000000800 | 8 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.T.Satyavathi | Spouse | 01/07/1963 | 56 | 7 | Female | 108014202000000801 | | | | | |
| 9 | Mr.K. Pullaiah | Employee | 07/07/1954 | 65 | 7 | Male | 108014202000000900 | 9 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.K.Sobharani | Spouse | 08/07/1968 | 51 | 7 | Female | 108014202000000901 | | | | | |
| 10 | Tatineni Babu Rao | Employee | 06/05/1956 | 63 | 9 | Male | 108014202000001000 | 10 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Tatineni Padmini | Spouse | 01/01/1956 | 64 | 1 | Female | 108014202000001001 | | | | | |
| 11 | B.Dharma Raju | Employee | 02/12/1948 | 71 | 2 | Male | 108014202000001100 | 11 | Others | 200000 | 1 | |
| | | | | | | | ID No | | | | | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|---------------------------------|--------------|------------|------------|-------------|--------|--------------------|--------|------------|------------|---------|---------|
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | | | Remarks | | | |
| | Ms.B.Geetama | Spouse | 01/02/1955 | 65 | 0 | Female | 108014202000001101 | | | | | |
| 12 | A.V.Satyanarayana Rao | Employee | 28/01/1948 | 72 | 0 | Male | 108014202000001200 | 12 | Others | 200000 | 0 | |
| | | | | | | | | | | | | |
| 13 | Atluri Venkateswara Rao | Employee | 01/05/1947 | 72 | 9 | Male | 108014202000001300 | 13 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.A.Venkata Ratnamamba | Spouse | 16/12/1949 | 70 | 2 | Female | 108014202000001301 | | | | | |
| 14 | Ms.Simhadri Lakshmi | Employee | 06/01/1955 | 65 | 1 | Female | 108014202000001400 | 14 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | S.Rejeswara Rao | Spouse | 08/10/1973 | 46 | 4 | Male | 108014202000001401 | | | | | |
| 15 | Mr.Pasumarthi Subba Rao | Employee | 05/10/1954 | 65 | 4 | Male | 108014202000001500 | 15 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.P.Siva Parvathi | Spouse | 01/10/1959 | 60 | 4 | Female | 108014202000001501 | | | | | |
| 16 | Mr.Polavarapu Subba Rao | Employee | 11/04/1942 | 77 | 10 | Male | 108014202000001600 | 16 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.Polavarapu Swatantra Harathi | Spouse | 06/12/1947 | 72 | 2 | Female | 108014202000001601 | | | | | |
| 17 | Mr.Koripalli Krishna Prasad | Employee | 25/05/1955 | 64 | 9 | Male | 108014202000001700 | 17 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.Koripalli Sarada | Spouse | 22/04/1960 | 59 | 10 | Female | 108014202000001701 | | | | | |
| 18 | Mr.Chaparala Subba Rao | Employee | 14/08/1951 | 68 | 6 | Male | 108014202000001800 | 18 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.Chaparala Vijaya Kumari | Spouse | 04/06/1953 | 66 | 8 | Female | 108014202000001801 | | | | | |
| 19 | Mr.Kotari Purna Chandra Rao | Employee | 15/07/1956 | 63 | 7 | Male | 108014202000001900 | 19 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.Lakshmi Narasamma | Spouse | 01/01/1959 | 61 | 1 | Female | 108014202000001901 | | | | | |
| 20 | Mr.K Somaiah | Employee | 01/08/1947 | 72 | 6 | Male | 108014202000002000 | 20 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.K Kasturi Bai | Spouse | 01/01/1954 | 66 | 1 | Female | 108014202000002001 | | | | | |
| 21 | Mr.Kakarla Subhash Chandrabose | Employee | 10/04/1951 | 68 | 10 | Male | 108014202000002100 | 21 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.K.Rukmabai | Spouse | 01/01/1954 | 66 | 1 | Female | 108014202000002101 | | | | | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|-----------------------------------|---------------------|------------|-------------------|--------------------|------------|--------------------|----------------|------------|------------|---------|---------|
| 22 | Mr.Kesana Bhaskara Rao | Employee | 02/04/1950 | 69 | 10 | Male | 108014202000002200 | 22 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.K.Radha | Spouse | 15/05/1960 | 59 | 9 | Female | 108014202000002201 | | | | | |
| 23 | Mr.Pesapati Subrahmanyam | Employee | 04/04/1956 | 63 | 10 | Male | 108014202000002300 | 23 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.P.Rajya Lakshmi | Spouse | 03/06/1963 | 56 | 8 | Female | 108014202000002301 | | | | | |
| 24 | Mr.Thota Veera Babu | Employee | 15/11/1958 | 61 | 3 | Male | 108014202000002400 | 24 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.T.Saroja | Spouse | 15/06/1966 | 53 | 8 | Female | 108014202000002401 | | | | | |
| 25 | Mr.Tumu Naga Satyanarayana | Employee | 15/06/1955 | 64 | 8 | Male | 108014202000002500 | 25 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Tumu Sesha Ratna Manikyam | Spouse | 01/01/1960 | 60 | 1 | Female | 108014202000002501 | | | | | |
| 26 | Mr.Pedarla Poorna Chandra Rao | Employee | 04/03/1955 | 64 | 11 | Male | 108014202000002600 | 26 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Swarajyam | Spouse | 19/06/1961 | 58 | 8 | Female | 108014202000002601 | | | | | |
| 27 | Mr.Gangavarapu.Subba Rao | Employee | 10/11/1949 | 70 | 3 | Male | 108014202000002700 | 27 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.G.Anantha Lakshmi | Spouse | 07/01/1955 | 65 | 1 | Female | 108014202000002701 | | | | | |
| 28 | Mr.Ginjudalli.Subba Rao | Employee | 08/04/1958 | 61 | 10 | Male | 108014202000002800 | 28 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Ginjudalli.Anantha Lakshmi | Spouse | 17/10/1964 | 55 | 4 | Female | 108014202000002801 | | | | | |
| 29 | Ms.S Chamundeswari | Employee | 04/06/1958 | 61 | 8 | Female | 108014202000002900 | 29 | Others | 200000 | 0 | |
| | | | | | | | | | | | | |
| 30 | Mr.Dronamraju Ravindranath Tagore | Employee | 15/06/1958 | 61 | 8 | Male | 108014202000003000 | 30 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Tadepalli Tripura Sundari | Spouse | 05/05/1965 | 54 | 9 | Female | 108014202000003001 | | | | | |
| 31 | Bollepalli.Venkateswara Raju | Employee | 09/10/1959 | 60 | 4 | Male | 108014202000003100 | 31 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.B.Nirmala | Spouse | 04/07/1964 | 55 | 7 | Female | 108014202000003101 | | | | | |
| 32 | Ms.Gude Bharathi | Employee | 28/01/1949 | 71 | 0 | Female | 108014202000003200 | 32 | Others | 200000 | 0 | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|--|---------------------|------------|-------------------|--------------------|------------|--------------------|----------------|------------|------------|---------|---------|
| 33 | Patibandla Bala Narasimha Swamy | Employee | 01/07/1953 | 66 | 7 | Male | 108014202000003300 | 33 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Patibandla Sobha Rani | Spouse | 08/07/1957 | 62 | 7 | Female | 108014202000003301 | | | | | |
| 34 | Ms.M. Subba Lakshmi | Employee | 01/01/1956 | 64 | 1 | Female | 108014202000003400 | 34 | Others | 200000 | 0 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.A.Venkata Bharathi | Spouse | 01/01/1956 | 64 | 1 | Female | 108014202000003501 | | | | | |
| 35 | Mr.Adirala Venkateswara Rao | Employee | 01/07/1951 | 68 | 7 | Male | 108014202000003500 | 35 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Suraneni. Venkata Sessa Surya Satyanarayana Rao | Spouse | 12/06/1956 | 63 | 8 | Male | 108014202000003600 | 36 | Others | 200000 | 0 | |
| 36 | Mr.Suraneni. Venkata Sessa Surya Satyanarayana Rao | Employee | 12/06/1956 | 63 | 8 | Male | 108014202000003600 | 36 | Others | 200000 | 0 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Mr.Talasila.Achyuta Ramaiah | Spouse | 15/07/1958 | 61 | 7 | Male | 108014202000003700 | 37 | Others | 200000 | 0 | |
| 37 | Mr.Talasila.Achyuta Ramaiah | Employee | 15/07/1958 | 61 | 7 | Male | 108014202000003700 | 37 | Others | 200000 | 0 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Mr.Vuppala.Bhiksham | Spouse | 01/01/1950 | 70 | 1 | Male | 108014202000003800 | 38 | Others | 200000 | 1 | |
| 38 | Mr.Vuppala.Bhiksham | Employee | 01/01/1950 | 70 | 1 | Male | 108014202000003800 | 38 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.V.Venkata Subbamma | Spouse | 01/04/1952 | 67 | 10 | Female | 108014202000003801 | | | | | |
| 39 | Mr.Kode Anjaneyulu | Employee | 15/10/1957 | 62 | 4 | Male | 108014202000003900 | 39 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.K.Kanaka Durga | Spouse | 09/07/1965 | 54 | 7 | Female | 108014202000003901 | | | | | |
| 40 | Mr.Mohammed Abdul Allam | Employee | 16/06/1946 | 73 | 8 | Male | 108014202000004000 | 40 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Md.Razia Sultana | Spouse | 01/04/1962 | 57 | 10 | Female | 108014202000004001 | | | | | |
| 41 | Mr.Uppaluri Vijay Kumar | Employee | 01/06/1957 | 62 | 8 | Male | 108014202000004100 | 41 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.U.Nirmala Devi | Spouse | 16/11/1959 | 60 | 3 | Female | 108014202000004101 | | | | | |
| 42 | Mr.Padala Veera Venkata Satyanarayana | Employee | 05/09/1951 | 68 | 5 | Male | 108014202000004200 | 42 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.P.Narasamma | Spouse | 29/08/1957 | 62 | 5 | Female | 108014202000004201 | | | | | |
| 43 | Mr.N Raghavaiah | Employee | 10/07/1945 | 74 | 7 | Male | 108014202000004300 | 43 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Lalitha Kumari | Spouse | 01/01/1955 | 65 | 1 | Female | 108014202000004301 | | | | | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|----------------------------|---------------------|------------|-------------------|--------------------|------------|--------------------|----------------|------------|------------|---------|---------|
| 44 | Mr.D Koteswara Rao | Employee | 10/08/1947 | 72 | 6 | Male | 108014202000004400 | 44 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.D Raja Ratna Kumari | Spouse | 14/05/1951 | 68 | 9 | Female | 108014202000004401 | | | | | |
| 45 | Mr.K Veera Bhadra Rao | Employee | 15/05/1950 | 69 | 9 | Male | 108014202000004500 | 45 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Vijaya Lakshmi | Spouse | 15/05/1952 | 67 | 9 | Female | 108014202000004501 | | | | | |
| 46 | Mr.K Benarajee | Employee | 01/01/1948 | 72 | 1 | Male | 108014202000004600 | 46 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Lakshmi Narasamma | Spouse | 01/01/1954 | 66 | 1 | Female | 108014202000004601 | | | | | |
| 47 | Mr.P Ravindra Babu | Employee | 20/03/1944 | 75 | 11 | Male | 108014202000004700 | 47 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Lakshmi | Spouse | 01/01/1954 | 66 | 1 | Female | 108014202000004701 | | | | | |
| 48 | Mr.V Ram Babu | Employee | 14/04/1957 | 62 | 10 | Male | 108014202000004800 | 48 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Hemalatha | Spouse | 27/06/1964 | 55 | 8 | Female | 108014202000004801 | | | | | |
| 49 | Mr.G Nageswara Rao | Employee | 29/03/1957 | 62 | 10 | Male | 108014202000004900 | 49 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Kanaka Durga | Spouse | 15/08/1960 | 59 | 6 | Female | 108014202000004901 | | | | | |
| 50 | Mr.P Gandhi | Employee | 15/01/1948 | 72 | 1 | Male | 108014202000005000 | 50 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Ratnamamba | Spouse | 06/05/1949 | 70 | 9 | Female | 108014202000005001 | | | | | |
| 51 | Mr.K Ranga Rao | Employee | 10/06/1948 | 71 | 8 | Male | 108014202000005100 | 51 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Jayapradha | Spouse | 01/01/1957 | 63 | 1 | Female | 108014202000005101 | | | | | |
| 52 | Mr.Boppana Mohandas Gandhi | Employee | 08/03/1951 | 68 | 11 | Male | 108014202000005200 | 52 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.B Lakshmi Devi | Spouse | 15/06/1960 | 59 | 8 | Female | 108014202000005201 | | | | | |
| 53 | Mr.Mareedu Jagan Mohan Rao | Employee | 04/04/1950 | 69 | 10 | Male | 108014202000005300 | 53 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Mareedu Syamala Devi | Spouse | 12/08/1957 | 62 | 6 | Female | 108014202000005301 | | | | | |
| 54 | Mr.Pamarthi Satyanarayana | Employee | 07/03/1958 | 61 | 11 | Male | 108014202000005400 | 54 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|-----------------------------------|---------------------|------------|-------------------|--------------------|------------|--------------------|----------------|------------|------------|---------|---------|
| | Ms.Pamarthi Lakshmi Rama | Spouse | 26/06/1960 | 59 | 8 | Female | 108014202000005401 | | | | | |
| 55 | Ms.Veerla Suguna Kumari | Employee | 31/05/1952 | 67 | 8 | Female | 108014202000005500 | 55 | Others | 200000 | 0 | |
| | | | | | | | | | | | | |
| 56 | Mr.Nalluri Koteswararo | Employee | 07/01/1948 | 72 | 1 | Male | 108014202000005600 | 56 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.N Ramatulasi | Spouse | 01/01/1956 | 64 | 1 | Female | 108014202000005601 | | | | | |
| 57 | Mr.Yanala Saideswararao | Employee | 01/01/1956 | 64 | 1 | Male | 108014202000005700 | 57 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Y Suryakumar | Spouse | 15/05/1963 | 56 | 9 | Female | 108014202000005701 | | | | | |
| 58 | Ms.Parupalli. Padmaja | Employee | 01/01/1956 | 64 | 1 | Female | 108014202000005800 | 58 | Others | 200000 | 0 | |
| | | | | | | | | | | | | |
| 59 | Mr.P.Vinobha | Employee | 15/06/1954 | 65 | 8 | Male | 108014202000005900 | 59 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.P.Girija | Spouse | 27/09/1962 | 57 | 5 | Female | 108014202000005901 | | | | | |
| 60 | Mr.Anne Gopala Rao | Employee | 04/01/1948 | 72 | 1 | Male | 108014202000006000 | 60 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Anne Rangamma | Spouse | 10/08/1956 | 63 | 6 | Female | 108014202000006001 | | | | | |
| 61 | Mr.Chalasanani Poorna Chandra Rao | Employee | 15/06/1943 | 76 | 8 | Male | 108014202000006100 | 61 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Chalasanani Govardhana | Spouse | 15/09/1945 | 74 | 5 | Female | 108014202000006101 | | | | | |
| 62 | Mr.Dayaka Satya Bhavana Rushi | Employee | 16/04/1956 | 63 | 10 | Male | 108014202000006200 | 62 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Bhagya Lakshmi | Spouse | 19/08/1960 | 59 | 6 | Female | 108014202000006201 | | | | | |
| 63 | Mr.Mandava Veera Prasad | Employee | 01/07/1951 | 68 | 7 | Male | 108014202000006300 | 63 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Mandava Vani Sree | Spouse | 21/03/1959 | 60 | 11 | Female | 108014202000006301 | | | | | |
| 64 | Mr.S R S D V Prasad | Employee | 08/06/1951 | 68 | 8 | Male | 108014202000006400 | 64 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.S Ramadevi | Spouse | 26/09/1966 | 53 | 5 | Female | 108014202000006401 | | | | | |
| 65 | Ms.Valluru Bhagya Leela | Employee | 14/06/1954 | 65 | 8 | Female | 108014202000006500 | 65 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|----------------------------------|---------------------|------------|-------------------|--------------------|------------|--------------------|----------------|------------|------------|---------|---------|
| | Mr.Anne Mallimkarjuna Rao | Spouse | 10/01/1956 | 64 | 1 | Male | 108014202000006501 | | | | | |
| 66 | Mr.Veeramachaneni Ratna Prasad | Employee | 26/08/1958 | 61 | 6 | Male | 108014202000006600 | 66 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.V. Seetha Maha Lakshmi | Spouse | 01/07/1956 | 63 | 7 | Female | 108014202000006601 | | | | | |
| 67 | Mr.Alla Bhavani Prasad | Employee | 12/06/1953 | 66 | 8 | Male | 108014202000006700 | 67 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Alla Aruna Kumari | Spouse | 10/05/1958 | 61 | 9 | Female | 108014202000006701 | | | | | |
| 68 | Mr.Vuyyuru Venkata Krishna Reddy | Employee | 10/04/1952 | 67 | 10 | Male | 108014202000006800 | 68 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Kumuda Vani | Spouse | 25/09/1957 | 62 | 5 | Female | 108014202000006801 | | | | | |
| 69 | Mr.Devineni.Chandra Sekhar | Employee | 25/07/1958 | 61 | 7 | Male | 108014202000006900 | 69 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Devineni.Sudha Rani | Spouse | 27/07/1961 | 58 | 7 | Female | 108014202000006901 | | | | | |
| 70 | Mr.Busanaboyina.Venkateswara Rao | Employee | 06/10/1955 | 64 | 4 | Male | 108014202000007000 | 70 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Busanaboyina.Satya Veni | Spouse | 26/04/1967 | 52 | 10 | Female | 108014202000007001 | | | | | |
| 71 | Mr.M.V.V.Sambasiva Rao | Employee | 01/05/1947 | 72 | 9 | Male | 108014202000007100 | 71 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.M.Saroja | Spouse | 18/03/1953 | 66 | 11 | Female | 108014202000007101 | | | | | |
| 72 | Mr.Chelukuri Ramakoteswara Rao | Employee | 17/08/1952 | 67 | 6 | Male | 108014202000007200 | 72 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Ch.Lakshmi | Spouse | 12/10/1959 | 60 | 4 | Female | 108014202000007201 | | | | | |
| 73 | Mr.Atluri Premachand | Employee | 29/03/1954 | 65 | 10 | Male | 108014202000007300 | 73 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.A.Lakshmi Vara Kumari | Spouse | 14/04/1958 | 61 | 10 | Female | 108014202000007301 | | | | | |
| 74 | Mr.Kanakamedala Seshagiri Rao | Employee | 15/02/1942 | 78 | 0 | Male | 108014202000007400 | 74 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.K Andhra Bharathi | Spouse | 19/11/1943 | 76 | 3 | Female | 108014202000007401 | | | | | |
| 75 | Mr.Nerusu Venkata Krishna Rao | Employee | 01/07/1956 | 63 | 7 | Male | 108014202000007500 | 75 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | | Spouse | | | | | 108014202000007501 | | | | | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|-----------------------------------|---------------------|------------|-------------------|--------------------|------------|--------------------|----------------|------------|------------|---------|---------|
| | Ms.N.Vijaya Lakshmi | | 01/01/1961 | 59 | 1 | Female | | | | | | |
| 76 | M Bhaskarrao | Employee | 24/07/1958 | 61 | 7 | Male | 108014202000007600 | 76 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.M Rama Devi | Spouse | 29/05/1962 | 57 | 8 | Female | 108014202000007601 | | | | | |
| 77 | Mr.T Sreeramulu | Employee | 28/10/1957 | 62 | 3 | Male | 108014202000007700 | 77 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.T Sita Maha Lakshmi | Spouse | 30/03/1966 | 53 | 10 | Female | 108014202000007701 | | | | | |
| 78 | Mr.Katragadda Subhas Chandra Bose | Employee | 15/03/1947 | 72 | 11 | Male | 108014202000007800 | 78 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.K Kanakadurga | Spouse | 01/01/1952 | 68 | 1 | Female | 108014202000007801 | | | | | |
| 79 | Mr.Yannam Harinadh Babu | Employee | 01/07/1944 | 75 | 7 | Male | 108014202000007900 | 79 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Y Sri Devi | Spouse | 04/01/1946 | 74 | 1 | Female | 108014202000007901 | | | | | |
| 80 | Mr.Munnangi Chandra Mouli | Employee | 15/10/1945 | 74 | 4 | Male | 108014202000008000 | 80 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.M Rama Devi | Spouse | 11/04/1953 | 66 | 10 | Female | 108014202000008001 | | | | | |
| 81 | Mr.Yeruva Jagadeeswara Rao | Employee | 12/12/1951 | 68 | 2 | Male | 108014202000008100 | 81 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Y Vijaya Lakshmi | Spouse | 10/12/1956 | 63 | 2 | Female | 108014202000008101 | | | | | |
| 82 | Mr.Kondapavuluri.Basavarao | Employee | 20/01/1946 | 74 | 1 | Male | 108014202000008200 | 82 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.K.Bharata Lakshmi | Spouse | 01/01/1950 | 70 | 1 | Female | 108014202000008201 | | | | | |
| 83 | Ms.Parvathaneni Jaya Lakshmi | Employee | 01/01/1947 | 73 | 1 | Female | 108014202000008300 | 83 | Others | 200000 | 0 | |
| | | | | | | | | | | | | |
| 84 | Mr.Saggurthi Anjaneyulu | Employee | 07/01/1958 | 62 | 1 | Male | 108014202000008400 | 84 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.Saggurthi Laxmi | Spouse | 01/01/1970 | 50 | 1 | Female | 108014202000008401 | | | | | |
| 85 | Mr.Venkateswara Rao Talari | Employee | 07/02/1945 | 75 | 0 | Male | 108014202000008500 | 85 | Others | 200000 | 1 | |
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Remarks | | | | |
| | Ms.T.Sobanambha | Spouse | 01/01/1951 | 69 | 1 | Female | 108014202000008501 | | | | | |
| 86 | Mr.Vemuri Channarao | Employee | 16/06/1945 | 74 | 8 | Male | 108014202000008600 | 86 | Others | 200000 | 1 | |

| S.No | Name of Employee | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | Emp Id | Occupation | Floater SI | No Dep. | Remarks |
|------|-----------------------------|--------------|------------|------------|-------------|--------|--------------------|--------|------------|------------|---------|---------|
| | Dependant Details | Relationship | DOB | Age in Yrs | Age in Mths | Sex | ID No | | Remarks | | | |
| | Ms.Vemuri Bharitha Lakshmi | Spouse | 04/04/1953 | 66 | 10 | Female | 108014202000008601 | | | | | |
| 87 | Mr.M Rama Mohan Rao | Employee | 05/06/1954 | 65 | 8 | Male | 108014202000008700 | 87 | Others | 200000 | 1 | |
| | Ms.M Naga Mani | Spouse | 15/07/1960 | 59 | 7 | Female | 108014202000008701 | | | | | |
| 88 | Mr.Kantheti Rajarao | Employee | 15/03/1952 | 67 | 11 | Male | 108014202000008800 | 88 | Others | 200000 | 1 | |
| | Ms.K Pullamma | Spouse | 15/06/1956 | 63 | 8 | Female | 108014202000008801 | | | | | |
| 89 | Mr.Anumolu Bhaskara Rao | Employee | 10/01/1955 | 65 | 1 | Male | 108014202000008900 | 89 | Others | 200000 | 1 | |
| | Ms.A Ravindra Kumari | Spouse | 27/02/1964 | 56 | 0 | Female | 108014202000008901 | | | | | |
| 90 | Mr.Mandava Venkateswara Rao | Employee | 10/06/1950 | 69 | 8 | Male | 108014202000009000 | 90 | Others | 200000 | 1 | |
| | Ms.M.Swarnalatha | Spouse | 12/08/1960 | 59 | 6 | Female | 108014202000009001 | | | | | |
| 91 | Mr.Alla.Sanjeevareddy | Employee | 15/03/1955 | 64 | 11 | Male | 108014202000009100 | 91 | Others | 200000 | 1 | |
| | Ms.Devagiramma | Spouse | 01/01/1962 | 58 | 1 | Female | 108014202000009101 | | | | | |

"Consolidated Stamp duty paid vide Proceeding No : GSO5/4476/2019 Dated 31/7/2019"

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

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 - Machilipatnam on 29th Day of February 2020 .

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, 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.

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 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. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

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

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.

Company means Star Health and Allied Insurance Company Limited

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 excluding any form of cosmetic surgery/implants.

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

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

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

Hospital/Nursing Home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under 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.

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

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 centre 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.

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 means ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or was diagnosed and/or received medical advice /treatment within 48 months prior to insured person's first policy with the Company.

Pre Hospitalization means Medical Expenses incurred immediately before the Insured Person is Hospitalised, 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 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. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. 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 4 mentioned below.
3. During the first two years of continuous operation of Insurance Policy, any expenses on
 - 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

Note : If these are pre-existing at the time of proposal, they will be covered subject to exclusion number 4 mentioned below

4. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed under this Group Health Insurance policy since inception of the first policy with the Company.

Note : In the event of this Star Group Health Insurance Policy not being renewed or when the Individual member of the group leaves the group on account of resignation / retirement / termination or otherwise, such individual member has the option to migrate to any individual health insurance policy on indemnity basis offered by the Company. In such an event the continuity of benefits with respect to waiting periods under exclusions 1, 2, 3 and 4 will be given in the individual health insurance policy according to the number of years covered continuously under this Star Group Health Insurance

5. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases)

6. Congenital External diseases/condition defects or anomalies

7. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)

8. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states, Psychiatric, mental and behavioral disorders, Venereal disease and Sexually transmitted diseases, intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing

9. 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)

Policy Wordings

10. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
11. All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. It is however made clear that such of those who are positive for HIV (Human Immuno Deficiency Virus) would be entitled for expenses incurred for treatment, other than for opportunistic infections and for treatment of HIV/AIDS, provided at the time of first commencement of insurance under this policy, their CD4 count is not less than 350.
12. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment and all types of treatment for infertility and its complications thereof.
13. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for genetic and endocrine disorders, treatment for sleep apnea
14. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no14
15. Expenses incurred on Lasik Laser or Refractive Error Correction and its complications all treatment for disorders of eye requiring intra-vitreous injections and related procedures.
16. Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
17. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
18. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
19. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy. Immunotherapy without proper indication.
20. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
21. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
22. Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.
23. 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.

24. Other expenses as detailed under "Other Excluded Expenses"

4. CONDITIONS:

1. 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 any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

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

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

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

4. 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

Documents to be submitted in support of claim are -

For Reimbursement claims:

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

Claims of Out Patient Consultations / treatments (wherever applicable) will be settled on a reimbursement basis on production of cash receipts in original and supporting medical records.

For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- 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.
- f. This form is submitted to the Company

Policy Wordings

- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- i. In case of emergency hospitalization information to be given within 24 hours of hospitalization
- j. Cashless facility can be availed only in networked Hospitals
- k. 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.

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

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

5. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.

6. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation / non disclosure at the time of proposal / at the time of claim, whether by the Insured Person/s or by any other person acting on his behalf.

7. Renewal: The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.

8. Cancellation: The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the proposer / group administrator, by sending the proposer / group administrator 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured person, then the insurance cover in respect of such insured person will cease immediately. The proposer / group administrator may at any time cancel this policy and in such event the Company shall allow refund only for those insured person / family who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given 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 |

9. 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

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

The date of expiry of certificate of insurance or

The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule or

The Insured person ceases to be a resident of India or

From the date the Certificate of Insurance is cancelled either by the Company or Insured Person(s)

11. 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 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 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 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.

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

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

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

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

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

14. Important Note:

- a. 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 for anti fraud policy of the company for necessary compliance by all stake holders

15. 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.

16. Notices

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

17. 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

18. Grievances:

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

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

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 Insured Person is located

List of Insurance Ombudsman

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

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| <p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in</p> | <p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p> |
| <p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011- 23239633/23237532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p> | <p>State of Delhi</p> |
| <p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyards, 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>GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in</p> | <p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p> |
| <p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi- Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040- 23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p> | <p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p> |
| <p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor,</p> | <p>State of Rajasthan.</p> |

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| Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in | |
| KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in | States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands. |
| LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in | 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. |
| MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022- 26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in | States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |
| NOIDA 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 | 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. |

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|---|---|
| <p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.Tel:0612- 2680952 Email:- bimalokpal.patna@gbic.co.in</p> | <p>States of Bihar and Jharkhand.</p> |
| <p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@gbic.co.in</p> | <p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p> |

| Sl.No. | Other Excluded Expenses | |
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| TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS | | |
| 1 | HAIR REMOVAL CREAM | Not Payable |
| 2 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable |
| 3 | BABY FOOD | Not Payable |
| 4 | BABY UTILITES CHARGES | Not Payable |
| 5 | BABY SET | Not Payable |
| 6 | BABY BOTTLES | Not Payable |
| 7 | BRUSH | Not Payable |
| 8 | COSY TOWEL | Not Payable |
| 9 | HAND WASH | Not Payable |
| 10 | MOISTURISER PASTE BRUSH | Not Payable |
| 11 | POWDER | Not Payable |
| 12 | RAZOR | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine |
| 16 | BUDS | Not Payable |

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| 17 | BARBER CHARGES | Not Payable |
| 18 | CAPS | Not Payable |
| 19 | COLD PACK/HOT PACK | Not Payable |
| 20 | CARRY BAGS | Not Payable |
| 21 | CRADLE CHARGES | Not Payable |
| 22 | COMB | Not Payable |
| 23 | DISPOSABLES RAZORS CHARGES (for site preparations) | Payable |
| 24 | EAU-DE-COLOGNE / ROOM FRESHNERS | Not Payable |
| 25 | EYE PAD | Not Payable |
| 26 | EYE SHEILD | Not Payable |
| 27 | EMAIL / INTERNET CHARGES | Not Payable |
| 28 | FOOD CHARGES (OTHER THAN PATIENTs DIET PROVIDED BY HOSPITAL) | Not Payable |
| 29 | FOOT COVER | Not Payable |
| 30 | GOWN | Not Payable |
| 31 | LEGGINGS | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 32 | LAUNDRY CHARGES | Not Payable |
| 33 | MINERAL WATER | Not Payable |
| 34 | OIL CHARGES | Not Payable |
| 35 | SANITARY PAD | Not Payable |
| 36 | SLIPPERS | Not Payable |
| 37 | TELEPHONE CHARGES | Not Payable |
| 38 | TISSUE PAPER | Not Payable |
| 39 | TOOTH PASTE | Not Payable |
| 40 | TOOTH BRUSH | Not Payable |
| 41 | GUEST SERVICES | Not Payable |
| 42 | BED PAN | Not Payable |
| 43 | BED UNDER PAD CHARGES | Not Payable |
| 44 | CAMERA COVER | Not Payable |
| 45 | CLINIPLAST | Not Payable |
| 46 | CREPE BANDAGE | Not Payable/Payable by the patient |
| 47 | CURAPORE | Not Payable |
| 48 | DIAPER OF ANY TYPE | Not Payable |
| 49 | DVD, CD CHARGES | Not Payable (However if CD is specifically sought by Insurer/TPA then payable) |
| 50 | EYELET COLLAR | Not Payable |

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| 51 | FACE MASK | Not Payable |
| 52 | FLEXI MASK | Not Payable |
| 53 | GAUSE SOFT | Not Payable |
| 54 | GAUZE | Not Payable |
| 55 | HAND HOLDER | Not Payable |
| 56 | HANSAPLAST/ ADHESIVE BANDAGES | Not Payable |
| 57 | INFANT FOOD | Not Payable |
| 58 | SLINGS | Reasonable costs for one sling in case of upper arm fractures should be considered |

ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES

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| 59 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES | Not Payable |
| 60 | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC., | Not Payable |
| 61 | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION | Not Payable |
| 62 | HORMONE REPLACEMENT THERAPY | Not Payable |
| 63 | HOME VISIT CHARGES | Not Payable |
| 64 | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE | Not Payable |
| 65 | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY | Not Payable |
| 66 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Not Payable |
| 67 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Not Payable |
| 68 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Not Payable |
| 69 | DONOR SCREENING CHARGES | Not Payable |
| 70 | ADMISSION/REGISTRATION CHARGES | Not Payable |
| 71 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | Not Payable |
| 72 | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not Payable |
| 73 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not Payable except to the extent provided under exclusion no.11 |
| 74 | STEM CELL IMPLANTATION/ SURGERY and Storage | Not Payable except Bone Marrow Transplantation where covered by policy |

ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS

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| 75 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges, not payable separately |
| 76 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 77 | MICROSCOPE COVER | Payable under OT Charges, not separately. |
| 78 | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER | Payable under OT Charges, not separately |
| 79 | SURGICAL DRILL | Payable under OT Charges, not separately |
| 80 | EYE KIT | Payable under OT Charges, not separately |
| 81 | EYE DRAPE | Payable under OT Charges, not separately |
| 82 | X-RAY FILM | Payable under Radiology Charges, not as consumable |
| 83 | SPUTUM CUP | Payable under Investigation charges, not as consumable |
| 84 | BOYLES APPARATUS CHARGES | Part of OT charges, not separately |
| 85 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 86 | Antiseptic or disinfectant lotions | Not Payable-Part of Dressing Charges |
| 87 | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Not Payable-Part of Dressing Charges |
| 88 | COTTON | Not Payable-Part of Dressing Charges |
| 89 | COTTON BANDAGE | Not Payable-Part of Dressing Charges |
| 90 | MICROPORE/ SURGICAL TAPE | Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 91 | BLADE | Not Payable |
| 92 | APRON | Not Payable-Part of Hospital Services/Disposable linen to be part of OT/ICU charges |
| 93 | TORNIQUET | Not Payable(service is charged by hospitals, consumables cannot be separately charged) |
| 94 | ORTHOBUNDLE, GYNAEC BUNDLE | Part of Dressing Charges |
| 95 | URINE CONTAINER | Not Payable |

ELEMENTS OF ROOM CHARGE

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| 96 | LUXURY TAX | Actual tax levied by government is payable. Part of room charge for sub limits |
| 97 | HVAC | Part of room charge not payable separately |
| 98 | HOUSE KEEPING CHARGES | Part of room charge not payable separately |
| 99 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge not payable separately |
| 100 | TELEVISION & AIR CONDITIONER CHARGES | Payable under room charges not if separately levied |
| 101 | SURCHARGES | Part of room charge not payable separately |
| 102 | ATTENDANT CHARGES | Not Payable-Part of Room Charges |
| 103 | IM IV INJECTION CHARGES | Part of nursing charges, not payable |
| 104 | CLEAN SHEET | Part of Laundry/Housekeeping not payable separately |

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| 105 | EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable |
| 106 | BLANKET/WARMER BLANKET | Not payable-part of room charges |
| ADMINISTRATIVE OR NON-MEDICAL CHARGES | | |
| 107 | ADMISSION KIT | Not Payable |
| 108 | BIRTH CERTIFICATE | Not Payable |
| 109 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable |
| 110 | CERTIFICATE CHARGES | Not Payable |
| 111 | COURIER CHARGES | Not Payable |
| 112 | CONVENYANCE CHARGES | Not Payable |
| 113 | DIABETIC CHART CHARGES | Not Payable |
| 114 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | Not Payable |
| 115 | DISCHARGE PROCEDURE CHARGES | Not Payable |
| 116 | DAILY CHART CHARGES | Not Payable |
| 117 | ENTRANCE PASS / VISITORS PASS CHARGES | Not Payable |
| 118 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | To be claimed by patient under Post Hosp where admissible |
| 119 | FILE OPENING CHARGES | Not Payable |
| 120 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable |
| 121 | MEDICAL CERTIFICATE | Not Payable |
| 122 | MAINTAINANCE CHARGES | Not Payable |
| 123 | MEDICAL RECORDS | Not Payable |
| 124 | PREPARATION CHARGES | Not Payable |
| 125 | PHOTOCOPIES CHARGES | Not Payable |
| 126 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 127 | WASHING CHARGES | Not Payable |
| 128 | MEDICINE BOX | Not Payable |
| 129 | MORTUARY CHARGES | Payable upto 24 hrs, shifting charges not payable |
| 130 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | Not Payable |
| EXTERNAL DURABLE DEVICES | | |
| 131 | WALKING AIDS CHARGES | Not Payable |
| 132 | BIPAP MACHINE | Not Payable |
| 133 | COMMODE | Not Payable |

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| 134 | CPAP/ CAPD EQUIPMENTS | Device not Payable |
| 135 | INFUSION PUMP - COST | Device not Payable |
| 136 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 137 | PULSEOXYMETER CHARGES | Device not Payable |
| 138 | SPACER | Not Payable |
| 139 | SPIROMETRE | Device not Payable |
| 140 | SPO2 PROBE | Not Payable |
| 141 | NEBULIZER KIT | Not Payable |
| 142 | STEAM INHALER | Not Payable |
| 143 | ARMSLING | Not Payable |
| 144 | THERMOMETER | Not Payable (paid by patient) |
| 145 | CERVICAL COLLAR | Not Payable |
| 146 | SPLINT | Not Payable |
| 147 | DIABETIC FOOT WEAR | Not Payable |
| 148 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 149 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable |
| 150 | LUMBO SACRAL BELT | Essential and should be paid specifically for cases who have undergone surgery of lumbar spine. |
| 151 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs.200/day |
| 152 | AMBULANCE COLLAR | Not Payable |
| 153 | AMBULANCE EQUIPMENT | Not Payable |
| 154 | MICROSHEILD | Not Payable |
| 155 | ABDOMINAL BINDER | Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |

ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION

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| 156 | BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital |
| 157 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES | Post hospitalization nursing charges not payable |
| 158 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES | Patient Diet provided by hospital is payable |
| 159 | SUGAR FREE Tablets | Payable-Sugar free variants of admissible medicines are not EXCLUDED |
| 160 | CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE) | Payable when prescribed |

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| 161 | Digestion gels | Payable when prescribed |
| 162 | ECG ELECTRODES | Upto 5 electrodes are required for every case visiting OT or ICU, For longer stay in ICU, may require a change and at least one set every second day must be payable. |
| 163 | GLOVES | Sterilized Gloves payable/unsterilized gloves not payable |
| 164 | HIV KIT | Payable - payable pre operative screening |
| 165 | LISTERINE/ ANTISEPTIC MOUTHWASH | Payable when prescribed |
| 166 | LOZENGES | Payable when prescribed |
| 167 | MOUTH PAINT | Payable when prescribed |
| 168 | NEBULISATION KIT | If used during hospitalization is payable reasonably |
| 169 | NOVARAPID | Payable when prescribed |
| 170 | VOLINI GEL/ ANALGESIC GEL | Payable when prescribed |
| 171 | ZYTEE GEL | Payable when prescribed |
| 172 | VACCINATION CHARGES | Routine Vaccination not payable/Post Bite Vaccination payable |
| PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE | | |
| 173 | AHD | Not Payable-Part of Hospital's internal Cost |
| 174 | ALCOHOL SWABES | Not Payable-Part of Hospital's internal Cost |
| 175 | SCRUB SOLUTION/STERILLIUM | Not Payable-Part of Hospital's internal Cost |
| OTHERS | | |
| 176 | VACCINE CHARGES FOR BABY | Not Payable |
| 177 | AESTHETIC TREATMENT / SURGERY | Not Payable |
| 178 | TPA CHARGES | Not Payable |
| 179 | VISCO BELT CHARGES | Not Payable |
| 180 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 181 | EXAMINATION GLOVES | Not Payable |
| 182 | KIDNEY TRAY | Not Payable |
| 183 | MASK | Not Payable |
| 184 | OUNCE GLASS | Not Payable |
| 185 | OUTSTATION CONSULTANTS/ SURGEONS FEES | Not Payable |
| 186 | OXYGEN MASK | Not Payable |

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| 187 | PAPER GLOVES | Not Payable |
| 188 | PELVIC TRACTION BELT | Should be payable in case of PIVD requiring traction as this is generally not reused |
| 189 | REFERAL DOCTORS FEES | Not Payable |
| 190 | ACCU CHECK (Glucometry/ Strips) | Not Payable pre hospitalization or post hospitalization/ Reports and Charts required/Device not payable |
| 191 | PAN CAN | Not Payable |
| 192 | SOFNET | Not Payable |
| 193 | TROLLY COVER | Not Payable |
| 194 | UROMETER, URINE JUG | Not Payable |
| 195 | AMBULANCE | Payable-Ambulance from home to hospital or interhospital shifts is payable/RTA as specific requirement is payable |
| 196 | TEGADERM/ VASOFIX SAFETY | Payable-maximum of 3 in 48 hrs and then 1 in 24 hrs |
| 197 | URINE BAG | Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs |
| 198 | SOFTOVAC | Not Payable |
| 199 | STOCKINGS | Essential for case like CABG etc, where it should be paid |