

Star Group Health Insurance
Unique id : SHAHLGP21214V022021
Policy Schedule

Policy No. : P/131212/01/2022/000607 Proposer's Code : 21841530 Proposer's Name : THE KRISHNA DISTRICT COOPERATIVE CENTRAL BANK LIMITED Address : RETIRED EMPLOYEES, HEAD OFFICE JAGANADHAPURAM, MACHILIPATNAM -521001 Machilipatnam, Krishna, Andhra Pradesh-521001 Phone No : 08672-223530/8672223530/NA Email id : kdccbho.estt@gmail.com Proposer GSTIN : 37AABTT0343E1ZS	Previous Policy No. : P/131212/01/2020/002414 GSTIN : 37AAJCS4517L1ZX SAC Code : 997133/Accident and Health Insurance Services Issuing Office Code : 131212 Issue Office Name : Branch Office - Machilipatnam Address : D.No.21/222, 1st floor, Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam - 521001 Phone No : 08672-221551 Email id : machillipatnam@starhealth.in Place of Supply : Andhra Pradesh / State Code : 37 Fulfiller Code : SH34353
Collection No : 1069000431 Collection Date : 12/05/2021	Intermediary Code : BA0000186870 Name : Mr.KOGANTI SRK PRASAD Phone : /9440894977 Email id : inkoganti@gmail.com
Premium : Rs. 11,15,152 CGST @9% : 100,364 /- SGST/UTGST@9% : 100,364 /- Stamp Duty : Re. 1 Total Premium : Rs. 13,15,880	

Total Premium in words	: Indian Rupees Thirteen Lakhs Fifteen Thousand Eight Hundred Eighty Only
Period Of Insurance From	: 12/05/2021 12:52 Hrs To Midnight Of : 11/05/2022 23:59:59
Co-insurance	

Risk Coverage Details

No. of Employees / Members Covered	125
No. of Dependents Covered	114
Total No. of Persons covered	239
Sum Insured Slab	Rs. 2,00,000/- only
Total Sum Insured	Rs. 2,50,00,000/- only
Total Sum Insured (in words)	Indian Rupees Two Crores Fifty Lakhs Only

Extensions Offered

30 days waiting Period	Exclusion no.1 appearing in the policy clause stands deleted
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Entered by : SH0615
Approved by : SH45165
Place :
Date : 28/05/2021

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



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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>-</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 unless he is a new joinee 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.</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 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</p>

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	<p>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 are covered</p>
Other conditions	<p>Any hospitalisation expenses taken in our excluded Hospitals is not admissible. For detailed list on on the excluded service providers kindly visit our website</p> <p>All Other Terms & Conditions Subject to printed Policy (Star - Group Health Insurance Policy) Clauses attached.</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 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 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.

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P/131212/01/2022/000607

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 : SH45165
Place :
Date : 28/05/2021

For and on behalf of
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TAX Invoice

Invoice No. : 37B069Y22P000349	Customer ID : CB0000039178
Invoice Date : 27/05/21	Policy No : P/131212/01/2022/000607
Recipient	Supplier
GSTIN : 37AABTT0343E1ZS	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : THE KRISHNA DISTRICT COOPERATIVE CENTRAL BANK LIMITED	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Machilipattnam
Address : RETIRED EMPLOYEES, 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	1115152	0	1115152		100364	100364		Rs. 13,15,880

Total Invoice Value (in Figures) : Rs. 13,15,880
 Total Invoice Value (in Words) : Indian Rupees Thirteen Lakhs Fifteen Thousand Eight Hundred Eighty 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 : SH45165
 Place :
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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	Mr.Arja Sai Babu	Employee	09/11/1955	65	6	Male	218415302200000100	1	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Krishna Kumari	Spouse	06/08/1958	62	9	Female	218415302200000101					
2	Mr.Pushadapu.Seeta Ramayya	Employee	26/03/1944	77	1	Male	218415302200000200	2	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Bibi Nancharamma	Spouse	01/01/1946	75	4	Female	218415302200000201					
3	Mr.M.S.S.Gopala Prasad	Employee	15/01/1959	62	3	Male	218415302200000300	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	64	3	Female	218415302200000301					
4	Mr.Kokkiligadda.Nagendra Rao	Employee	01/06/1950	70	11	Male	218415302200000400	4	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Bala	Spouse	05/06/1955	65	11	Female	218415302200000401					
5	Mr.Gajula.Subhash Chandra Bose	Employee	01/07/1948	72	10	Male	218415302200000500	5	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Ramamma	Spouse	05/06/1951	69	11	Female	218415302200000501					
6	Mr.Pushadapu.Lakshmi Narayana	Employee	23/04/1952	69	0	Male	218415302200000600	6	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.P.L.N.Malleswari	Spouse	09/08/1965	55	9	Female	218415302200000601					
7	Mr.Repalle.Venkata Krishnarao	Employee	02/02/1947	74	3	Male	218415302200000700	7	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Lakshmi	Spouse	01/01/1950	71	4	Female	218415302200000701					
8	Mr.Valasapalli Satyanarayana	Employee	30/10/1949	71	6	Male	218415302200000800	8	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.V Nirmala	Spouse	05/11/1956	64	6	Female	218415302200000801					
9	Mr.Pagolu Pandu Ranga Rao	Employee	15/09/1949	71	7	Male	218415302200000900	9	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pagolu Siva Parvathi	Spouse	01/01/1956	65	4	Female	218415302200000901					
10	Mr.Manchiganti Sambaiah	Employee	02/06/1954	66	11	Male	218415302200001000	10	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Manchiganti Siva Kumari	Spouse	02/11/1960	60	6	Female	218415302200001001					

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
11	Mr.Movva Vijaya Kumar	Employee	05/06/1953	67	11	Male	218415302200001100	11	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Movva Anjana Devi	Spouse	01/06/1957	63	11	Female	218415302200001101					
12	Mr.Konasani Samba Siva Rao	Employee	15/07/1947	73	9	Male	218415302200001200	12	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Konasani Ranga Bharathi	Spouse	16/06/1952	68	10	Female	218415302200001201					
13	Mr.Surapaneni Raja Rao	Employee	12/07/1944	76	9	Male	218415302200001300	13	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Katragadda Andallu	Spouse	12/08/1949	71	9	Female	218415302200001301					
14	Mr.Pasumarthi Bapi Raju	Employee	11/11/1953	67	6	Male	218415302200001400	14	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pasumarthi Veera Venkata Sampurna	Spouse	01/01/1960	61	4	Female	218415302200001401					
15	Mr.Vemuri Channarao	Employee	16/06/1945	75	10	Male	218415302200001500	15	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Vemuri Bharatha Lakshmi	Spouse	04/04/1953	68	1	Female	218415302200001501					
16	Mr.M Rama Mohan Rao	Employee	05/06/1954	66	11	Male	218415302200001600	16	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.M Naga Mani	Spouse	15/07/1960	60	9	Female	218415302200001601					
17	Mr.G Rama Koteswara Rao	Employee	15/03/1957	64	1	Male	218415302200001700	17	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.G Lakshmi	Spouse	05/07/1964	56	10	Female	218415302200001701					
18	Mr.Talagadadeevi Basaveswararao	Employee	01/07/1960	60	10	Male	218415302200001800	18	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Talagadadeevi Rajeswari	Spouse	01/09/1965	55	8	Female	218415302200001801					
19	Mr.Polavarapu Subba Rao	Employee	11/04/1942	79	1	Male	218415302200001900	19	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Polavarapu Swatantra Bharathi	Spouse	06/12/1947	73	5	Female	218415302200001901					
20	Mr.Koripalli Krishna Prasad	Employee	25/05/1955	65	11	Male	218415302200002000	20	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Koripalli Sarada	Spouse	22/04/1960	61	0	Female	218415302200002001					
21	Mr.Chaparala Subba Rao	Employee	14/08/1951	69	8	Male	218415302200002100	21	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.Vijaya Kumari	Spouse	04/06/1953	67	11	Female	218415302200002101					
22	Mr.Ghanta Chandra Sekhararao	Employee	10/08/1955	65	9	Male	218415302200002200	22	Others	200000	1	
	Ms.Vimala Kumari	Spouse	01/12/1959	61	5	Female	218415302200002201					
23	Mr.Kotari Purna Chandra Rao	Employee	15/07/1956	64	9	Male	218415302200002300	23	Others	200000	1	
	Ms.Lakshmi Narasamma	Spouse	01/01/1961	60	4	Female	218415302200002301					
24	Mr.Cheruku Srinivasa Rao	Employee	20/11/1951	69	5	Male	218415302200002400	24	Others	200000	0	
25	Mr.Kambham Somaiah	Employee	01/08/1947	73	9	Male	218415302200002500	25	Others	200000	1	
	Ms.K Kasturi	Spouse	01/01/1958	63	4	Female	218415302200002501					
26	Mr.Moturi Madhusudhana Rao	Employee	15/04/1936	85	0	Male	218415302200002600	26	Others	200000	1	
	Ms.Moturi Kasturi Bai	Spouse	01/01/1946	75	4	Female	218415302200002601					
27	Mr.Potluri Venkata Sheshachalam	Employee	15/12/1949	71	4	Male	218415302200002700	27	Others	200000	1	
	Ms.Potluri Rama Kumari	Spouse	16/08/1955	65	8	Female	218415302200002701					
28	Mr.Gangavarapu Subba Rao	Employee	10/11/1949	71	6	Male	218415302200002800	28	Others	200000	1	
	Ms.G Anantha Lakshmi	Spouse	01/07/1955	65	10	Female	218415302200002801					
29	Mr.Sk Hussain Saheb	Employee	15/03/1961	60	1	Male	218415302200002900	29	Others	200000	1	
	Ms.Sk Saidabee	Spouse	01/01/1964	57	4	Female	218415302200002901					
30	Mr.Ginjudalli Subba Rao	Employee	04/08/1958	62	9	Male	218415302200003000	30	Others	200000	1	
	Ms.G Anantha Lakshmi	Spouse	17/10/1964	56	6	Female	218415302200003001					
31	Mr.Banala Satyanarayana	Employee	15/06/1951	69	10	Male	218415302200003100	31	Others	200000	1	
	Ms.B Vijaya Lakshmi	Spouse	07/01/1957	64	4	Female	218415302200003101					
32	Ms.Surisetty Chamundeswari	Employee	04/06/1958	62	11	Female	218415302200003200	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	Mr.T.Durga Rao	Employee	01/01/1951	70	4	Male	218415302200003300	33	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.T.Seetha Mahalakshmi	Spouse	01/01/1956	65	4	Female	218415302200003301					
34	Mr.Dronamraju Ravindranath Tagore	Employee	15/06/1958	62	10	Male	218415302200003400	34	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	56	0	Female	218415302200003401					
35	Mr.Patibandla Bala Narasimha Swamy	Employee	01/07/1953	67	10	Male	218415302200003500	35	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	63	10	Female	218415302200003501					
36	Ms.Gude Bharathi	Employee	20/03/1953	68	1	Female	218415302200003600	36	Others	200000	0	
37	Mr.Puppala Valeswara Rao	Employee	01/07/1952	68	10	Male	218415302200003700	37	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Puppala Venkata Pitchamma	Spouse	01/07/1957	63	10	Female	218415302200003701					
38	Ms.Pedarla Durga Bhavani	Employee	12/01/1962	59	3	Female	218415302200003800	38	Others	200000	0	
39	Mr.Eede Veera Raghavulu	Employee	13/07/1958	62	9	Male	218415302200003900	39	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Eede Ankamma	Spouse	01/01/1963	58	4	Female	218415302200003901					
40	Mr.Mantada Veereswara Rao	Employee	20/05/1953	67	11	Male	218415302200004000	40	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Venkata Ramana	Spouse	01/01/1966	55	4	Female	218415302200004001					
41	Mr.Talasila.Achyuta Ramaiah	Employee	15/07/1958	62	9	Male	218415302200004100	41	Others	200000	0	
42	Mr.Tati Venkata Krishna Rao	Employee	01/03/1959	62	2	Male	218415302200004200	42	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Tati Parvathi	Spouse	10/06/1968	52	11	Female	218415302200004201					
43	Mr.Tarigoppula Venkateswarlu	Employee	06/02/1957	64	3	Male	218415302200004300	43	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Tarigoppula Bhagya	Spouse	01/01/1965	56	4	Female	218415302200004301					

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Lakshmi											
44	Mr.Uppaluri Vijay Kumar	Employee	01/06/1957	63	11	Male	218415302200004400	44	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	61	5	Female	218415302200004401					
45	Mr.Padala Veera Venkata Satyanarayana	Employee	05/09/1951	69	8	Male	218415302200004500	45	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.P.Narasamma	Spouse	29/08/1957	63	8	Female	218415302200004501					
46	Mr.Kode Anjaneyulu	Employee	15/10/1957	63	6	Male	218415302200004600	46	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	55	10	Female	218415302200004601					
47	Mr.Mohammad.Abdul Allam	Employee	16/06/1946	74	10	Male	218415302200004700	47	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Md.Razia Sulthana	Spouse	01/04/1962	59	1	Female	218415302200004701					
48	Mr.Saggurthi Anjaneyulu	Employee	07/01/1958	63	4	Male	218415302200004800	48	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Saggurthi Lakshmi	Spouse	01/01/1966	55	4	Female	218415302200004801					
49	Mr.Yanala.Saideswara Rao	Employee	16/01/1956	65	3	Male	218415302200004900	49	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Suryakumari	Spouse	01/01/1962	59	4	Female	218415302200004901					
50	Mr.Nalluri.Koteswara Rao	Employee	01/07/1948	72	10	Male	218415302200005000	50	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Ramatulisamma	Spouse	25/05/1953	67	11	Female	218415302200005001					
51	Mr.Anne Gopala Rao	Employee	04/01/1948	73	4	Male	218415302200005100	51	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Anne Rangamma	Spouse	10/08/1956	64	9	Female	218415302200005101					
52	Mr.Chalasani Poorna Chandra Rao	Employee	15/06/1943	77	10	Male	218415302200005200	52	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Chalasani Govardhana	Spouse	15/09/1945	75	7	Female	218415302200005201					
53	Mr.Veeramachaneni Ratna Prasad	Employee	26/08/1958	62	8	Male	218415302200005300	53	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	64	10	Female	218415302200005301					

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
54	Mr.Mandava Veera Prasad	Employee	01/07/1951	69	10	Male	218415302200005400	54	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	62	1	Female	218415302200005401					
55	Mr.S R S D V Prasad	Employee	08/06/1951	69	11	Male	218415302200005500	55	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.S Ramadevi	Spouse	19/07/1966	54	9	Female	218415302200005501					
56	Mr.Vuyyuru Venkata Krishna Reddy	Employee	10/04/1952	69	1	Male	218415302200005600	56	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Kumuda Vani	Spouse	25/09/1959	61	7	Female	218415302200005601					
57	Ms.Valluru Bhagya Leela	Employee	14/06/1954	66	10	Female	218415302200005700	57	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Anne Mallimkarjuna Rao	Spouse	10/01/1956	65	4	Male	218415302200005701					
58	Mr.Dayaka Satya Bhavana Rushi	Employee	16/04/1956	65	0	Male	218415302200005800	58	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Bhagya Lakshmi	Spouse	19/08/1960	60	8	Female	218415302200005801					
59	Mr.Alla Bhavani Prasad	Employee	12/06/1953	67	11	Male	218415302200005900	59	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	63	0	Female	218415302200005901					
60	Mr.P.Vinobha	Employee	15/06/1954	66	10	Male	218415302200006000	60	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.P.Girija	Spouse	27/09/1962	58	7	Female	218415302200006001					
61	Mr.Kodali Benerji	Employee	01/01/1948	73	4	Male	218415302200006100	61	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K V Lakshmi Narasamma	Spouse	01/01/1954	67	4	Female	218415302200006101					
62	Mr.Chelukuri Ramakoteswara Rao	Employee	17/08/1952	68	8	Male	218415302200006200	62	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Ch.Lakshmi	Spouse	12/10/1959	61	6	Female	218415302200006201					
63	Mr.Atluri Premachand	Employee	29/03/1954	67	1	Male	218415302200006300	63	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	63	0	Female	218415302200006301					
64	Mr.Kanakamedala Seshagiri Rao	Employee	15/02/1942	79	2	Male	218415302200006400	64	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.K Andhra Bharathi	Spouse	19/11/1943	77	5	Female	218415302200006401					
65	Mr.Nerusu Venkata Krishna Rao	Employee	01/07/1956	64	10	Male	218415302200006500	65	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.N.Vijaya Lakshmi	Spouse	01/01/1961	60	4	Female	218415302200006501					
66	Mr.Bayya Lingaiah	Employee	02/01/1950	71	4	Male	218415302200006600	66	Others	200000	0	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
67	Mr.Pederla Nageswara Rao	Employee	15/02/1950	71	2	Male	218415302200006700	67	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.P.Vijayalakshmi	Spouse	01/01/1955	66	4	Female	218415302200006701					
68	Mr.Tumu Naga Satyanarayana	Employee	15/06/1955	65	10	Male	218415302200006800	68	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	61	4	Female	218415302200006801					
69	Mr.T Sreeramulu	Employee	28/10/1957	63	6	Male	218415302200006900	69	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	55	1	Female	218415302200006901					
70	Mr.Katragadda Subhas Chandra Bose	Employee	15/03/1947	74	1	Male	218415302200007000	70	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K Kanakadurga	Spouse	01/01/1952	69	4	Female	218415302200007001					
71	Mr.Kantheti Raja Rao	Employee	15/03/1952	69	1	Male	218415302200007100	71	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Kantheti Pullamma	Spouse	01/01/1956	65	4	Female	218415302200007101					
72	Mr.Anumolu Bhaskara Rao	Employee	10/01/1955	66	4	Male	218415302200007200	72	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Anumolu Ravindra Kumari	Spouse	01/01/1966	55	4	Female	218415302200007201					
73	Mr.Pagadala Raghavaiah	Employee	16/07/1951	69	9	Male	218415302200007300	73	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pagadala Bharathi	Spouse	04/04/1953	68	1	Female	218415302200007301					
74	Mr.Puram.Veerabhadra Nagendra Prasad	Employee	15/06/1959	61	10	Male	218415302200007400	74	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
							218415302200007401					

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.Puram.Siva Kumari	Spouse	01/01/1962	59	4	Female						
75	Mr.Burugula.Viswanadha Rao	Employee	15/09/1953	67	7	Male	218415302200007500	75	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Burugula.Parvathi	Spouse	26/06/1957	63	10	Female	218415302200007501					
76	Mr.Yannam Harinadh Babu	Employee	01/07/1944	76	10	Male	218415302200007600	76	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	75	4	Female	218415302200007601					
77	Mr.Munnangi Chandra Mouli	Employee	15/10/1945	75	6	Male	218415302200007700	77	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	68	1	Female	218415302200007701					
78	Mr.Yeruva Jagadeeswara Rao	Employee	12/12/1951	69	5	Male	218415302200007800	78	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	64	5	Female	218415302200007801					
79	Mr.Tatikonda Bramhaiah	Employee	15/06/1952	68	10	Male	218415302200007900	79	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Tatikonda Sree Lakshmi	Spouse	02/07/1983	37	10	Female	218415302200007901					
80	Mr.Syed Jabibulla	Employee	15/03/1958	63	1	Male	218415302200008000	80	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Syed Heera Begum	Spouse	15/03/1968	53	1	Female	218415302200008001					
81	Mr.Pasumarthi Subbarao	Employee	05/10/1954	66	7	Male	218415302200008100	81	Others	200000	0	
82	Mr.Potluri Sri Ranganayakulu	Employee	12/12/1950	70	5	Male	218415302200008200	82	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.P Usharani	Spouse	01/01/1958	63	4	Female	218415302200008201					
83	Mr.Kondpavuluri Basavarao	Employee	20/01/1946	75	3	Male	218415302200008300	83	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K Bharatha Lakshmi	Spouse	01/01/1951	70	4	Female	218415302200008301					
84	Ms.Parvathaneni Jaya Lakshmi	Employee	01/01/1947	74	4	Female	218415302200008400	84	Others	200000	0	
85	Mr.Alla Sanjeevareddy	Employee	15/03/1955	66	1	Male	218415302200008500	85	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.Devagiramma	Spouse	01/01/1962	59	4	Male	218415302200008501					
86	Mr.M.Satyanarayana	Employee	01/07/1945	75	10	Male	218415302200008600	86	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	71	6	Female	218415302200008601					
87	Mr.T.Ramarao	Employee	01/10/1955	65	7	Male	218415302200008700	87	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.T.Satyavathi	Spouse	01/07/1963	57	10	Female	218415302200008701					
88	Mr.K.Pullaiah	Employee	07/07/1954	66	10	Male	218415302200008800	88	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K.Sobha Rani	Spouse	08/07/1968	52	10	Female	218415302200008801					
89	Mr.M.M.M.V.Ramayya	Employee	31/05/1958	62	11	Male	218415302200008900	89	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Majeti Tirumala Lakshmi	Spouse	02/05/1969	52	0	Female	218415302200008901					
90	Mr.Pesapati Subrahmanyam	Employee	04/04/1956	65	1	Male	218415302200009000	90	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	57	11	Female	218415302200009001					
91	Mr.Yarramsetty Purnachandrarao	Employee	01/01/1952	69	4	Male	218415302200009100	91	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Yarramsetty Lakshmi Nancharamma	Spouse	01/01/1960	61	4	Female	218415302200009101					
92	Mr.N Raghavaiah	Employee	10/07/1945	75	10	Male	218415302200009200	92	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Lalitha Kumari	Spouse	01/01/1955	66	4	Female	218415302200009201					
93	Mr.D Koteswara Rao	Employee	10/08/1947	73	9	Male	218415302200009300	93	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	69	11	Female	218415302200009301					
94	Mr.K Veera Bhadra Rao	Employee	15/05/1950	70	11	Male	218415302200009400	94	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Vijaya Lakshmi	Spouse	15/05/1952	68	11	Female	218415302200009401					
95	Mr.P Ravindra Babu	Employee	20/03/1944	77	1	Male	218415302200009500	95	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Lakshmi	Spouse	01/01/1954	67	4	Female	218415302200009501					

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
96	Mr.U Ram Babu	Employee	14/04/1957	64	0	Male	218415302200009600	96	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Hemalatha	Spouse	27/06/1964	56	10	Female	218415302200009601					
97	Mr.G Nageswara Rao	Employee	29/03/1957	64	1	Male	218415302200009700	97	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Kanaka Durga	Spouse	15/08/1960	60	8	Female	218415302200009701					
98	Mr.P Gandhi	Employee	15/01/1948	73	3	Male	218415302200009800	98	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Ratnamamba	Spouse	06/05/1949	72	0	Female	218415302200009801					
99	Mr.K Ranga Rao	Employee	10/06/1948	72	11	Male	218415302200009900	99	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Jayapradha	Spouse	01/01/1957	64	4	Female	218415302200009901					
100	Mr.Gudapati Ananda Rao	Employee	10/08/1946	74	9	Male	218415302200010000	100	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.G Baby Sarojini	Spouse	10/01/1953	68	4	Female	218415302200010001					
101	Mr.Boppana Mohandas Gandhi	Employee	08/03/1951	70	2	Male	218415302200010100	101	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	60	10	Female	218415302200010101					
102	Mr.Mareedu Jagan Mohan Rao	Employee	04/04/1950	71	1	Male	218415302200010200	102	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	63	9	Female	218415302200010201					
103	Mr.P Visweswara Rao	Employee	20/01/1956	65	3	Male	218415302200010300	103	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.P Jaya Sri	Spouse	11/04/1963	58	1	Female	218415302200010301					
104	Mr.V Ashok Kumar	Employee	01/12/1948	72	5	Male	218415302200010400	104	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.V Girija Kumari	Spouse	01/07/1952	68	10	Female	218415302200010401					
105	Mr.Kurra Vasantha Rao	Employee	17/08/1952	68	8	Male	218415302200010500	105	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K Uma	Spouse	19/11/1959	61	5	Female	218415302200010501					
106	Mr.Kolli Gangadhararao	Employee	15/07/1938	82	9	Male	218415302200010600	106	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.K Venkata Ramanamma	Spouse	23/08/1942	78	8	Female	218415302200010601					
107	Mr.Murari Bhaskara Rao	Employee	24/07/1958	62	9	Male	218415302200010700	107	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.M Rama Devi	Spouse	22/05/1962	58	11	Female	218415302200010701					
108	Mr.M Lakshmipathi Rao	Employee	01/02/1954	67	3	Male	218415302200010800	108	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.M Vijaya Rani	Spouse	24/09/1969	51	7	Female	218415302200010801					
109	Mr.Pamarthi Satyanarayana	Employee	07/03/1958	63	2	Male	218415302200010900	109	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pamarthi Lakshmi Rama	Spouse	26/06/1960	60	10	Female	218415302200010901					
110	Mr.Busanaboyina.Venkateswara Rao	Employee	06/10/1955	65	7	Male	218415302200011000	110	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	54	0	Female	218415302200011001					
111	Mr.M.V.V.Sambasiva Rao	Employee	01/05/1947	74	0	Male	218415302200011100	111	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.M.Saroja	Spouse	18/03/1953	68	1	Female	218415302200011101					
112	Mr.Kakarla Subhash Chandrabose	Employee	10/04/1951	70	1	Male	218415302200011200	112	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K.Rukmabai	Spouse	01/01/1954	67	4	Female	218415302200011201					
113	Mr.Thota Veera Babu	Employee	15/11/1958	62	5	Male	218415302200011300	113	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.T.Saroja	Spouse	15/06/1966	54	10	Female	218415302200011301					
114	Mr.Venkateswara Rao Talari	Employee	07/02/1945	76	3	Male	218415302200011400	114	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.T.Sobanambha	Spouse	01/01/1951	70	4	Female	218415302200011401					
115	Mr.Kesana Bhaskara Rao	Employee	02/04/1950	71	1	Male	218415302200011500	115	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K.Radha	Spouse	15/05/1960	60	11	Female	218415302200011501					
116	Mr.Kapavarapu Subramanyeswara Rao	Employee	08/08/1950	70	9	Male	218415302200011600	116	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.K.Nageswaramma	Spouse	01/01/1951	70	4	Female	218415302200011601					

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
117	Mr.M.V.Raghavaiah	Employee	10/07/1948	72	10	Male	218415302200011700	117	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Venkata Lakshmi	Spouse	01/01/1955	66	4	Female	218415302200011701					
118	Ms.M Subba Lakshmi	Employee	01/01/1957	64	4	Female	218415302200011800	118	Others	200000	0	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Seethamahalakshmi	Spouse	01/01/1953	68	4	Female	218415302200011901					
119	Mr.Vucha Anjaneyulu	Employee	10/08/1949	71	9	Male	218415302200011900	119	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Tatineni Babu Rao	Spouse	06/05/1956	65	0	Male	218415302200012000					
120	Mr.Tatineni Babu Rao	Employee	06/05/1956	65	0	Male	218415302200012000	120	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Tatineni Padmini	Spouse	01/01/1956	65	4	Female	218415302200012001					
121	Mr.B.Dharma Raju	Employee	02/12/1948	72	5	Male	218415302200012100	121	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.B.Geetama	Spouse	01/02/1955	66	3	Female	218415302200012101					
122	Mr.Atluri Venkateswara Rao	Employee	01/05/1947	74	0	Male	218415302200012200	122	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	71	4	Female	218415302200012201					
123	Mr.Sundu Nagendra Babu	Employee	15/11/1960	60	5	Male	218415302200012300	123	Others	200000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Kalyanapu Venkata Ramana	Spouse	24/04/1965	56	0	Female	218415302200012301					
124	Ms.Kolli Parvathi	Employee	01/01/1963	58	4	Female	218415302200012400	124	Others	200000	0	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.V.Suguna Kumari	Spouse	01/01/1955	66	4	Female	218415302200012500					
125	Ms.V.Suguna Kumari	Employee	01/01/1955	66	4	Female	218415302200012500	125	Others	200000	0	

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO : GSO5/65/2021 DATED 16/3/2021"

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 - Machilipattnam on 27th Day of May 2021 .

Policy Clause
Star Group Health Insurance
Unique id : SHAHLGP21214V022021

The declaration and other documents if any shall be the basis of this Contract and is deemed to be incorporated herein.

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

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

1. Coverage

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

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

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

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

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

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

2. DEFINITIONS

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

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

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

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

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

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

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

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

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

Company means Star Health and Allied Insurance Company Limited

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

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

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

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

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

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

- a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and
 - b. Which would have otherwise required a hospitalization of more than 24 hours
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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

- I. has qualified nursing staff under its employment ;
- II. has qualified medical practitioner (s) in charge ;
- III. has a fully equipped operation theatre of its own where surgical procedures are carried out
- IV. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years

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

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

Family means :-

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

c. Dependent Children not exceeding 2 numbers

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

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

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

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

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

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

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

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

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

- a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of

the following characteristics:

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

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

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

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

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

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

Medically Necessary means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

the associated medical expenses.

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

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

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

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

3. EXCLUSIONS:

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

1. Pre-Existing Diseases : -Code Excl 01

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

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

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

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

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

List of specific diseases/procedures

- a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
 - b) Desmoid tumour of anterior abdominal wall.
 - c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
 - d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
 - e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
 - f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - g) Any transplant and related surgery
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- F. List of specific diseases/procedures
- i. During the first year of operation of the Insurance cover, the expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 3 mentioned below.
 - ii. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
 - iii. Desmoid tumour of anterior abdominal wall.
 - iv. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
 - v. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
 - vi. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
 - vii. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - viii. Any transplant and related surgery

3. 30-day waiting period -Code Excl 03

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

4. Investigation & Evaluation -Code Excl 04

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

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

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

This also includes:

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

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

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

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

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

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

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

11. **Excluded Providers -Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **-Code Excl 12**
13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **-Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **-Code Excl 14**
15. **Refractive Error -Code Excl 15 :** Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 diopres.
16. **Unproven Treatments -Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility -Code Excl 17:** Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
18. **Maternity -Code Excl 18 :**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
19. Circumcision unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA. **-Code Excl 19.**
20. Congenital External diseases/condition defects or anomalies **-Code Excl 20.**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states **-Code Excl 21.**
22. Intentional self injury. **-Code Excl 22.**
23. Venereal disease and Sexually transmitted diseases (Other than HIV) **-Code Excl 23.**
24. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign

- enemy, warlike operations (whether war be declared or not) **-Code Excl 24.**
25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials. **-Code Excl 25.**
26. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies. **-Code Excl 26.**
27. Unconventional, untested, experimental therapies. **-Code Excl 27.**
28. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy Immunotherapy without proper indication. **-Code Excl 28.**
29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted. **-Code Excl 29.**
30. All treatment for Priapism and erectile dysfunctions **-Code Excl 30.**
31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases). **-Code Excl 31.**
32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable). **-Code Excl 32.**
33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders **-Code Excl 33.**
34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **-Code Excl 34.**
35. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids. **-Code Excl 35.**
36. Any hospitalizations which are not Medically Necessary **-Code Excl 36.**
37. Other Excluded Expenses as detailed in the website " www.starheath.in" **Code- Excl 37.**
38. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes. **-Code Excl 38.**
39. Naturopathy Treatment **-Code Excl 40.**
- 4. Moratorium Period:** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the

policy contract.

5. CONDITIONS:

1. **Claiming Settlement:**

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

B. **Documents for Cashless Treatment:**

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

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

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

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage.

The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

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

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

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

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

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

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

- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. Copy of PAN card

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

F. Provision of Penal Interest:

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

G. Complete Discharge

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

H. Multiple Policies

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

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

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

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

6. Addition / Deletion

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

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

7. **Disclosure to information norms:** The policy shall become void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder.

8. **Notices :**Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28302200, Toll free no: 1800-425-2255, Toll free fax no: 1800-425-5522 Email: support@starhealth.in
Notice and instructions will be deemed served 7 days after posting or **immediately** upon receipt in the case of hand delivery, facsimile or e-mail.

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

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

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

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

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

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

11. Cancellation:

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

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	25% of annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

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

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

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

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

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

14. Policy disputes:

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

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

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

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

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

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

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

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

18. Withdrawal of the policy

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

19. Important Note:

- a. Where the policy is on floater basis the sum insured and sub-limits float amongst family members covered
- b. The Policy Schedule, Certificate of Insurance and Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws. The Special Conditions if any stated in the Schedule supersede these policy wordings.
- c. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
- d. The attention of the policy holder / Insured Person is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders

20. Role of Group Administrator / Proposer

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

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

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

22. Grievances: Incase of any grievance the insured person may contact the Company through **Website:** www.starhealth.in

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

E-mail: grievances@starhealth.in

Fax: 04428319100

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

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

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

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

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

List of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	Karnataka.
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	Madhya Pradesh, Chattisgarh.
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	Orissa.
<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	Delhi.
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyards, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>