

ENDORSEMENT SCHEDULE

Star Group Health Insurance - Revised

SHAHLGP19028V011819

Product Name : **Star Group Health Insurance - Revised** Policy period : 23-FEB-19 To 22-FEB-20
Endorsement No : P/131212/01/2019/001826/001 Endorsement Date : 03/05/2019
Endorsement Effective From 16:39 On 03/05/2019 To Midnight Of 22/02/2020
SAC Code : 997133/Accident and Health Insurance Services GSTIN : 37AAJCS4517L1ZX
Proposer Code : 10801420 Issue Office Code : 131212
Proposer Name : THE KRISHNA DISTRICT CO-OPERATIVE CENTRAL BANK LIMITED (RETIRED EMPLOYEES) Issue Office Name : Branch Office - Machilipattnam
Address : HEAD OFFICE Address : D.No.21/222, 1st floor,Upstairs of Machilipatnam Scan center Batchupet, Beside LIC Regional Office, Opp. to Hindu College, Machilipatnam - 521001
JAGANADHAPURAM, MACHILIPATNAM -521001
Machilipatnam,Krishna,Andhra Pradesh-521001
Tel /Mobile : 08672-223530/9000090000/NA Tel /Fax /Email : 08672-221551 / / machillipatnam@starhealth.in
Proposer GSTIN : - Place of Supply : Andhra Pradesh / State Code : 37
Fulfiller Code : SH34353

Intermediary Code/Name : BA0000186870/Mr.KOGANTI SRK PRASAD

Intermediary Tel/Mobile : /9440894977

Intermediary Email : inkoganti@gmail.com

Total Premium : Rs. 0

Type of Endorsement : Change in Risk Element

Collection No & Dt :

ENDORSEMENT

It is hereby declared and agreed that with effect from inception, name and date of birth corrections done under the scope of the policy.

SCHEDULE OF PREMIUM

Cover Description	Original Sum Insured	Endorsement Sum Insured	Revised Sum Insured	Endorsement Premium
TOTAL PREMIUM				0.00
ADD :CGST				0.00
ADD :SGST				0.00
STAMP DUTY				0.00
TOTAL AMOUNT				0.00

Total Amount in figures and words : 0 (Indian Rupees only)

Entered By : SH0615

Examined By : SH11499

Place :
Date : 03/05/2019

For and on behalf of
Star Health And Allied Insurance Co Ltd

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in



Authorised Signatory

Attached to and forming part of policy number: P/131212/01/2019/001826

All other terms/conditions/warranties/clauses in the policy remain unaltered

Warranted that in case of dishonour of premium cheque(s) the within mentioned policy stands cancelled from inception and the company absolves all liabilities under the Policy/Endorsement.

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 04th Day of May 2019.

Entered By : SH0615
Examined By : SH11499

Place :
Date : 03/05/2019

For and on behalf of
Star Health And Allied Insurance Co Ltd



Authorised Signatory

PERSON DETAILS

S.No	Name of Employee	Status	Relationship	DOB	Age	Sex	ID Card No	Emp Id	Occupation	Floater SI	No of Dependents	Effective From Date	Effective To Date	Remarks
1	Kolli Gangadhararao	Updated	Employee	15/07/1937	81	Male	108014201900004800	49	Others	200000	1	23/02/2019	22/02/2020	
Dependant Details		Status	Relationship	DOB	Age	Sex	ID Card No			Effective From Date	Effective To Date	Remarks		
Kolli Venkata Ratnamma		Updated	Spouse	23/08/1942	76	Female	108014201900004801			23/02/2019	22/02/2020			

Entered By : SH0615
Examined By : SH11499

Place :
Date : 03/05/2019

For and on behalf of
Star Health And Allied Insurance Co Ltd



Authorised Signatory