STAR Personal & Caring | Health Insurance



SUPER STAR

SHAHLIP27049V022627

Customer Information Sheet

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. Phone : 044 - 28288800
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CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

SI. No	Title	Description	Refer to Policy Clause Number
1	**Name of Insurance Product / Policy**	**Super Star** Unique Identification No : SHAHLIP27049V022627	
2	**Policy Number**	3419112700041218	-
3	**Type of Insurance Product / Policy**	Indemnity	-
4	**Sum Insured (Individual)**	5,00,000	-

5	**Policy Coverage (What the policy covers)**	**Expenses in respect of In-patient Treatment:** Admission in Hospital beyond 24 hours	II(1)
		Day care Treatment: All day care treatments requiring less than 24 hours of hospitalization	II(2)
		Pre-Hospitalization: Medical Expenses incurred up to 90 days prior to hospitalization	II(3)
		Post-Hospitalization: Medical Expenses incurred up to 180 days after discharge from the hospital	II(4)
		Coverage for Modern Treatment: Covered up to Sum Insured	II(5)
		AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment	II(6)
		Road ambulance expenses: Expenses incurred for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment	II(7)
		Air Ambulance: Expenses incurred towards the cost of air ambulance service up to Rs.5,00,000/- in a policy year	II(8)
		Organ Donor Expenses: In-patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable.	II(9)
		Home Care Treatment: Treatment availed by the Insured Person at home for the specified conditions from the list of Network service providers	II(10)
		Domiciliary Hospitalization: Coverage for medical treatment for a period exceeding three days	II(11)
		E-Domestic Second Medical Opinion: The Insured Person can obtain a Second Medical Opinion from a Doctor in the Company's network of Medical Practitioners practicing in India	II(12)
		Premium Waiver: For one policy year incase of first diagnosis of critical illness/ incase of death of proposer who is also insured	II(13)
		Cumulative Bonus: 50% of sum insured for each claim free year subject to a maximum of 100% of the sum insured	II(14)

5	**Policy Coverage (What the policy covers)**	**Automatic Restoration of Sum Insured:** The policy provides automatic restoration of sum insured for unlimited number of times and maximum upto 100% each time.	II(15)
		Unlimited Tele-Consultation: Available unlimited times on star health mobile app	II(16)
		AI Driven Face Scan: Available up to 2 times per month per insured in a policy year on star health mobile app	
		Dental Check-up and Cleaning: For one Insured Person under each policy in a policy year, available in 2nd and 3rd policy year	II(17)
		Value Added Services: Discounts available on pharmacy, diagnostics and consultation on star health mobile app	II(18)
		Freeze Your Age: Insured age is locked at entry when they buy the policy, till a claim is paid under In-patient Treatment / Day care treatment / Ayush Treatment under Basic Cover.	II(19)
		Star Wellness Program: This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities.	II(20)
		Optional Covers **Note: For Insured wise optional covers chosen details, please refer the Policy Schedule.**	
		Smart Network	III(1)
		Quick Shield	III(2)
		Coverage for Non-medical Items (Consumables)	III(3)
		Future Shield	III(4)
		Maternity Expenses	III(5)
		Women Care	III(6)
		High-end diagnostics	III(7)

5	**Policy Coverage (What the policy covers)**	Personal Accident Cover	III(8)
		Annual Health Check-up	III(9)
		Voluntary Co-pay	III(10)
		Voluntary Deductible	III(11)
		Room Rent Modification	III(12)
		E-International Second Opinion	III(13)
		Durable Medical Equipment Cover	III(14)
		Compassionate Visit	III(15)
		Hospital Cash Benefit	III(16)
		Reduction of Specified disease / procedure Waiting Period	III(17)
		Reduction of Pre-Existing Diseases Waiting Period	III(18)
		Limitless Care	III(19)
		Super Star Bonus (Guaranteed Bonus)	III(20)
		NRI Advantage	III(21)

		Standard Exclusion	IV
		1. Investigation & Evaluation	Excl 04
		2. Rest Cure, rehabilitation and respite care	Excl 05
		3. Obesity / Weight Control	Excl 06
		4. Change-of-Gender treatments	Excl 07
		5. Cosmetic or plastic Surgery	Excl 08
		6. Hazardous or Adventure sports	Excl 09
		7. Breach of law	Excl 10
6	**Exclusions (What the policy does not cover)**	8. Excluded Providers	Excl 11
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof	Excl 12
		10. 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	Excl 13
		11. 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	Excl 14
		12. Refractive Error	Excl 15
		13. Unproven Treatments	Excl 16

6	**Exclusions (What the policy does not cover)**	14. Sterility and Infertility	Excl 17
		15. Maternity	Excl 18
		Specific Exclusions	
		16. 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	Excl 19
		17. Congenital External Condition / Defects / Anomalies	Excl 20
		18. Convalescence, general debility, run-down condition, Nutritional deficiency states	Excl 21
		19. Intentional self -injury	Excl 22
		20. Injury / disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)	Excl 24
		21. Injury or disease caused by or contributed to by nuclear weapons / materials	Excl 25
		22. 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 therapies similar to those mentioned herein under this exclusion	Excl 26
		23. Unconventional, Untested, Experimental therapies	Excl 27
		24. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy	Excl 28
		25. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted	Excl 29

6	**Exclusions (What the policy does not cover)**	26. Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons)	Excl 31
		27. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization (Dental implants are not payable) {except to the extent covered under Section II (17)}	Excl 32
		28. Hospital registration charges, admission charges, record charges, telephone charges and such other charges	Excl 34
		29. 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	Excl 35
		30. Any hospitalization which are not medically necessary / does not warrant hospitalization	Excl 36
		31. Other excluded expenses as detailed in the website www.starhealth.in	Excl 37
		32. Existing disease/s, disclosed by the insured and mentioned in the policy schedule under Permanent Exclusion (based on insured's consent)	Excl 38
7	**Waiting Period**	• **30-day waiting period** (Not Applicable for Accidents): 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	IV(3) Excl 03
		• **Specified disease / Procedure waiting period:** A) Expenses related to the treatment of the 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. This exclusion shall not be applicable for claims arising due to an accident. 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.	IV(2) Excl 02

7	**Waiting Period**	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. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast ii. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology iii. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident]. iv. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident) v. All treatments (conservative, interventional, laparoscopic and open) related to Hepatopancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi. vi. All types of Hernia vii. DesmoidTumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula viii. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases ix. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies x. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele xi. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence xii. Varicose veins and Varicose ulcers xiii. All types of transplant and related surgeries xiv. Congenital Internal disease / defect (except for New Born Cover - Section (III) (5) (Option A and Option B)	IV(2) Excl 02

<table>
<tr>
<td>7</td>
<td>Waiting Period</td>
<td>

- **Pre-Existing Diseases:**
  A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 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 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

</td>
<td>IV(1)
Excl 01</td>
</tr>
<tr>
<td rowspan="2">8</td>
<td rowspan="2">Financial limits of coverage
i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</td>
<td>
Air Ambulance: Subject to an admissible hospitalization claim, the Insured Person(s) is / are eligible for reimbursement of expenses incurred towards the cost of air ambulance service up to Rs.5,00,000/- in a policy year
Optional Cover:
New Born Cover,
<table>
<tr><th>Sum Insured (Rs.)</th><th>Limit of liability in a Policy Year (Rs.)</th></tr>
<tr><td>5,00,000/- to 25,00,000/-</td><td>2,00,000/-</td></tr>
<tr><td>50,00,000/- ; 1,00,00,000/-; Unlimited Sum Insured</td><td>5,00,000/-</td></tr>
</table>
<table>
<tr><th>Sum Insured (Rs.)</th><th>Limit of liability in a Policy Year (Rs.)</th></tr>
<tr><td>5,00,000/-; 7,50,000/-</td><td>1,00,000/-</td></tr>
<tr><td>5,00,000/- ; 15,00,000/-; 20,00,000/- ; 25,00,000/-;</td><td>2,00,000/-</td></tr>
<tr><td>50,00,000/- ; 1,00,00,000/-; Unlimited Sum Insured</td><td>4,00,000/-</td></tr>
</table>
Women Care
<table>
<tr><th>Sum Insured (Rs.)</th><th>Limit of liability in a Policy Year (Rs.)</th></tr>
<tr><td>5,00,000/- to 25,00,000/-</td><td>2,00,000/-</td></tr>
<tr><td>50,00,000/- ; 1,00,00,000/-; Unlimited Sum Insured</td><td>5,00,000/-</td></tr>
</table>
High-end Diagnostics: Up to Rs.25,000 in a Policy Year
Annual Health Check-up: Up to 1% of Sum Insured subject to maximum of Rs.25,000/- in a Policy Year
Durable Medical Equipment Cover: Up to a limit of Rs. 5 Lakhs will be payable once during the life time of the policy
Compassionate Visit: Up to Rs.10,000/- per occurrence for an immediate family member
</td>
<td>II(8)</td>
</tr>
<tr>
<td>ii. Co-payment (It isspecified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)</td>
<td>Voluntary Co-payment: In case Voluntary Co-payment is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified
Co-payment percentage (over and above other co-pay, if any) of admissible claim amount of each and every claim amount.

Options: 10% /20% /30% /40% /50%</td>
<td>III (10)</td>
</tr>
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8	**iii Deductible (It is a specified amount: up to which an insurance company will not pay any claim and which will be deducted from total claim amount (if claim amount is more than the specified amount)**	**Voluntary Deductible:** In case Voluntary Deductible is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Deductible amount. Options: 10k/ 25k/ 50k/ 1L/ 2L/ 3L/ 4L/ 5L	lll (11)
	IV. Any other limit (as applicable)	NIL	
9	**Claims / Claims Procedure**	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. **Notification of Claim:** Upon the happening of any event giving rise or likely to give rise to a claim under the Policy, a Notification of Claim with full particulars must be sent to the Company within stipulated time limit as described below: **Emergency Hospitalization (Cashless / Reimbursement):** Within 24 hours of date and time of Hospitalization if the Insured Person has been hospitalized in an Emergency. **Planned Hospitalization (Cashless / Reimbursement):** At least 48 hours prior to the proposed treatment or date and time of Hospitalization whichever is earlier. **Process for Cashless Treatment:** a. Intimate us as specified in section above on "Notification of Claim". b. Inform the ID number for easy reference. c. On admission in the hospital, produce the customer ID Card issued by the Company at the Hospital Helpdesk. d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk. e. The Treating Doctor will complete the hospitalization/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company.	V(2) (B)&(C)

<table>
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<td>9</td>
<td>Claims / Claims Procedure</td>
<td>
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. 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.

i. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888.

j. Submit KYC (Identity proof with Address) of the proposer, as per AML Guidelines.

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

Time limits and Documents for Reimbursement claims:

a. Intimate us as specified in section above on “Notification of Claim”.

b. Submit the documents for the reimbursement claims within the time limits as prescribed below:

<table>
<tr><th>SI. No</th><th>Type of Claim</th><th>Prescribed Time Limit</th></tr>
<tr><td>1</td><td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td><td>Claim must be filed within 15 days from the date of discharge from the Hospital.</td></tr>
<tr><td>2</td><td>Reimbursement of Post hospitalization</td><td>Within 15 days after completion of 180 days from the date of discharge from hospital</td></tr>
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9	**Claims / Claims Procedure**	(Refer policy clause for the complete list of documents) **Note:** The details shared in this section "Claims / Claims Procedure" are for the complete and exhaustive details on Cashless & Reimbursement Claims, Medical protocols & Position Statements and Home Health Care please refer sections V (2) and VI of Policy Wordings. i. TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf ii. TAT for cashless final bill authorization: Within 2 hours from the time of receipt of all necessary relevant documents. **The details/web link for following:** i. Network Hospital details: [https://www.starhealth.in/lookup/hospital/] (https://www.starhealth.in/lookup/hospital/) ii. Helpline number: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888 iii. Hospitals which fall under excluded providers list or from where no claims will be accepted by insurer:[https://www.starhealth.in/lookup/hospital/#excluded-hospital](https://www.google.com/search?q=https://www.starhealth.in/lookup/hospital/%23excluded-hospital) iv. Downloading/getting claim form: For Cashless (Pre-Authorization Form):https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf For Reimbursement: https://d28c6jni2fmamz.cloudfront.net/CLAIMFORM_89ec9742bd.pdf v. For the comprehensive list of documents to be submitted while filing a reimbursement claim, please refer our website under the link [https://www.starhealth.in/claims/#claim-process](https://www.google.com/search?q=https://www.starhealth.in/claims/%23claim-process)	
10	**Policy servicing**	**Details of the Company Official:** Assistant General Manager – Customer Care Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens: 044-69007500 e-mail: support@starhealth.in	V(22)
11	**Grievances/ Complaints**	If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600. For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/	V(15)
		Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman	Page No. 48

12	**Things to remember**	**Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The Policyholder shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy. If the Policyholder is not satisfied with any of the terms and conditions and has not made any claim, the Policyholder has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more. The Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any incurred by the Insurer on medical examination of the proposer and stamp duty charges	V(14)
		Renewal of policy: The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Policyholder. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate as per the procedure stated under "withdrawal clause" i. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days. ii. While coverage is not available during the Grace Period, if the policy is renewed during the Grace Period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc.) accrued under the policy shall be protected.	V(9)
		Migration: In case of migration of one policy to another with the same insurer, the Policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. in the previous policy to the migrated policy.	V(7)

12	**Things to remember**	**Portability:** i. The Policyholder has the choice to port his / her policy from one Insurer to another by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. ii. The Policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting period for Pre-Existing Diseases, Moratorium period etc. from the existing Insurer to the Acquiring Insurer in the previous policy	V(8)
		Change in Sum Insured: Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.	V(27)
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	V(11)
13	**Your Obligations**	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement. **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder Please disclose the medical history details sought in the proposal form.	V(1)

PREMIUM ILLUSTRATION

Premium Illustration in respect of policies offered on individual and family floater basis (Zone A – Excluding GST)

Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family(Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
Illustration 1										
41	10,815	10,00,000	10,815	Nil	10,815	10,00,000	19,857	4,964	14,893	10,00,000
37	9,042	10,00,000	9,042		9,042	10,00,000				
Total Premium for all members of the family is **Rs. 19,857/-** when each member is covered separately. Sum insured available for each individual is **Rs.10,00,000/-**			Total Premium for all members of the family is **Rs. 19,857/-** when they are covered under a single policy. Sum insured available for each family member is **Rs.10,00,000/-**				Total Premium when policy is opted on floater basis is **Rs. 14,893/-.** Sum insured of **Rs.10,00,000/-.** Is available for the entire family **(2A)**			
Illustration 2										
49	14,027	10,00,000	14,027	Nil	14,027	10,00,000	45,005	12,931	32,074	10,00,000
45	10,815	10,00,000	10,815		10,815	10,00,000				
23	6,721	10,00,000	6,721		6,721	10,00,000				
21	6,721	10,00,000	6,721		6,721	10,00,000				
19	6,721	10,00,000	6,721		6,721	10,00,000				
Total Premium for all members of the family is **Rs.45,005/-,** when each member is covered separately. Sum insured available for each individual is **Rs.10,00,000/-**			Total Premium for all members of the family is **Rs.45,005/-,** when each member is covered separately. Sum insured available for each individual is **Rs.10,00,000/-**				Total Premium when policy is opted on floater basis is **Rs. 32,074/-** Sum insured of **Rs.10,00,000/-.** Is available for the entire family **(2A+3C)**			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

* Family discount shown here is difference between Premium applicable for Individual Sum Insured and Floater Sum Insured

A-Adult, C-Child

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)

Note:

i. https://www.starhealth.in/downloads/

ii. In case of any conflict, the term and conditions mentioned in the policy document shall prevail.

iii. Kindly mail us at cisacknowledgement@starhealth.in or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet"