



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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STAR GROUP HOSPITAL CASH INSURANCE POLICY

Unique Identification No.: SHAHLGP029V011920

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.

A. COVERAGE

I. Mandatory Cover

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

Section 1: Sickness Hospital Cash

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission of the **Insured person/ Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation subject to maximum number of days stated in the Schedule.

Section 2: Accident Hospital Cash

If during the period stated in the Schedule, the insured person shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission of the **Insured person/Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation subject to maximum number of days stated in the Schedule.

II. Optional Covers: (Available on payment of additional premium and only if specifically opted and shown in the Schedule / Certificate of insurance).

1) **Extended Accident Hospital Cash Benefit (Applicable only if Section 2 is Opted):** If during the period stated in the Schedule, the insured person/beneficiary shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission of the **Insured person/Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Extended Accident Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation subject to maximum number of days stated in the Schedule, Provided there is an admissible claim under Section 2.

This payment under this benefit is over and above section 2 limits specified in the schedule.

2) **Day Care Procedure Benefit:** If during the period stated in the Schedule, the insured person/beneficiary undergoes a day care procedure as listed below, the Company will pay the Hospital Cash Amount stated in the schedule;

- Fractures (other than hairline fractures)
- Cataract
- Dilatation and curettage
- Hemodialysis
- Parenteral Chemotherapy
- Radio Therapy
- Coronary Angiography
- Lithotripsy
- Manipulation for Dislocation under General Anesthesia
- Cystoscopy under General Anesthesia

This benefit is available only for 5 times in a policy year.

3) **Surgery Benefit:** If during the period stated in the schedule, the Insured person/beneficiary undergoes Major surgery as per the list attached in the schedule, then the Company will pay a surgery benefit amount as stated in the Schedule, provided there is an admissible claim under Section 1 or Section 2.

This benefit is available once per policy year for each person.

This benefit is applicable on an individual basis irrespective of type of policy (Individual/Floater) The payment under this benefit is in addition to the section 1 and/or section 2 benefits specified.

4) **ICU Hospital Cash due to Sickness (Applicable if Section 1 is opted):** If the insured person/beneficiary shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission in ICU for the purpose of treatment of Disease/illness, then the Company will pay, ICU Hospital Cash due to Sickness stated in the Schedule for every 24 hours of treatment in ICU provided, there is an admissible claim under Section 1.

Hospital Cash amount under Section 1 will not be payable for the period the insured person was in ICU.

5) **ICU Hospital Cash due to Accident (Applicable if Section 2 is opted):** If the insured person/beneficiary shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission in ICU for the purpose of treatment of Accident/injury, then the Company will pay, ICU Hospital Cash due to Accident stated in the Schedule for every 24 hours of treatment in ICU. Provided, there is an admissible claim under Section 2.

Hospital Cash amount under Section 2 will not be payable for the period the insured person was in ICU.

6) **Convalescence Benefit:** If during the period stated in the Schedule the insured person/beneficiary shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease / injury or accident shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission of the Insured Person/beneficiary as an In-patient in any Hospital in India for the purpose of medical /surgical treatment for more than consecutive days specified in the schedule, then the Company will pay a lump sum amount as mentioned in the Policy Schedule in addition to the admissible claim payable under Section 1 or Section 2.

7) **Child Birth Benefit:** If during the period stated in the Schedule the insured person/beneficiary shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission of the Insured Person/beneficiary as an In-patient in any Hospital in India for the purpose of Child Delivery, then the Company will pay Hospital Cash Amount stated in the schedule subject to maximum number of days stated in the schedule.

Special Condition

- Where a claim under this benefit (7) is admissible, claim under Section 1 and/or Section 2 will not be payable.
 - The coverage under this benefit is subject to a waiting period of 9 months from the first commencement of this Policy. However this waiting period can be waived on payment of additional premium.
 - Only female insured persons/beneficiary are eligible for this benefit.
- 8) **Worldwide Hospital Cash:** If during the period stated in the Schedule, the insured person/beneficiary shall contract any disease or suffer from any **illness** or sustain bodily injury through accident and if such disease / illness / injury or accident shall, upon the advice of a duly **Qualified Medical Practitioner**, require admission of the insured Person/beneficiary as an In-patient in any Hospital outside India for the purpose of medical /surgical treatment, then the Company will pay **Hospital Cash Amount** mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule.
- 9) **Joint Hospitalisation:** If during the period stated in the Schedule, if the two or more insured person / beneficiary of the same **family** are jointly hospitalised as an inpatient, then the Company will pay Joint hospitalisation Amount as stated in the schedule, provided there is an admissible claim under Section 1 or Section 2. This benefit is available once during the policy period. This benefit is applicable on an individual basis irrespective of type of policy (Individual/Floater).
- 10) **30 days Waiting Period Waiver:** This benefit provides for waiver of Waiting Period C(1) of the policy and the coverage under the policy will commence from day one of the policy period without any waiting period.
- 11) **First 24 months Waiting Period Waiver:** This benefit provides for waiver of Waiting Period C(2) of the policy and the coverage under the policy will commence from day one of the policy period without any waiting period.
- 12) **Pre existing Disease Waiting Period Waiver:** This benefit provides for waiver of Waiting Period C(3) of the policy and the coverage under the policy will commence from day one of the policy period without any waiting period.

B. DEFINITIONS

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

Any one Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

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: 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.

Day means a continuous period of 24 hours.

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

Day Care treatment means medical treatment and/or surgical procedure as per the list attached, which is undertaken under General or Local Anesthesia in a hospital / day care centre in less than 24 hrs because of technological advancement, and 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.

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, 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 Self, Spouse and Dependent children/Dependent Parents/ Parent-In-laws as stated in the Schedule.

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

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

The term "hospital / Nursing home" shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts, or place of alcoholics, a hotel or a similar place. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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

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.

Insured Person/Beneficiary means the name/s of persons shown in the schedule of the policy.

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.

Maternity expenses: means;

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
- b) expenses towards lawful medical termination of pregnancy during the policy period

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

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

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

Qualified Medical Practitioner means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of the respective State of India. The term Medical Practitioner would include Physician Specialist and Surgeon.

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

Policy Period means the period between the Commencement Date and Expiry Date specified in the Schedule.

Policy Year means a year following the Commencement Date and its subsequent annual anniversary.

Pre-Existing Disease means any Condition, ailment or injury or related condition (s) for which the insured person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment within 48 months prior to the insured person's first policy with any Indian insurer.

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods. **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: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

C. WAITING PERIOD

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

1. Any diseases contracted by the insured person during the first 30 days from the commencement date of Star Group Hospital Cash Insurance policy
2. The following specified ailments / illness / diseases for 24 consecutive months from the inception date of Star Group Hospital Cash Insurance policy;
 - 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 Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi
 - vi. All types of Hernia
 - vii. Desmoid Tumor, 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 (Other than bone marrow transplant for acute hematological malignancies and acute medical emergencies when indicated)
 - xiv. Congenital Internal disease / defects / anomalies

Note: If these are pre-existing at the time of proposal, they will be covered subject to exclusion number 3 mentioned below

3. Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed under this Star Group Hospital Cash Insurance Policy since inception of the first policy with the Company. Note : In the event of this Star Group Hospital Cash Insurance Policy not being renewed or when the Individual member of the group leaves the group, such individual member has the option to

migrate to retail hospital cash insurance policy offered by the Company. In such an event the continuity of benefits with respect to waiting periods 1, 2, and 3 will be given in the individual health insurance policy according to the number of years covered continuously under this Policy.

D. EXCLUSIONS

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
2. Congenital External Disease / Defects / Anomalies
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states
4. Intentional self injury
5. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
6. Venereal Disease and Sexually Transmitted Diseases (other than HIV)
7. 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)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity
10. High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion
11. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment
13. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy
14. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted
15. All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex
16. Plastic surgery (other than as necessitated due to an accident or as a part of any illness)
17. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons)
18. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
19. Treatment arising from or traceable to pregnancy, childbirth except to the extent covered under "Coverage II (7)", family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy)
20. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same
21. Medical and / or surgical treatment of Sleep apnea, treatment of endocrine disorders
22. Cochlear implants and procedure related hospitalization expenses

E. CONDITIONS

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except when 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.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars should be sent to the Company within 24 hours from the date of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.
Note: Conditions 2 & 3 are precedent to admission of liability under the policy. However the Company may examine and relax the time limit mentioned in these conditions depending upon the merits of the case
4. The Insured Person/s shall submit to the Company;
 - a. Duly completed claim form, and
 - b. Discharge Summary from the hospital
 - c. Hospital Main bill with breakup details

d. KYC documents where ever applicable

The Company shall pay interest as per the extant Regulations, in case of delay in payment of an admitted claim under the Policy.

5. **Addition and deletion of insured persons / beneficiary:** Addition of persons into this Group Policy can be made only on payment of additional premium. Refund of premium for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.
6. 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.
7. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is found to be in any manner fraudulent or supported by any fraudulent means or device, misrepresentation / non disclosure at the time of proposal / at the time of claim, whether by the Insured Person/s or by any other person acting on his behalf.
8. **Renewal:** The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.
9. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the proposer / group administrator, by sending the proposer / group administrator 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured person, then the insurance cover in respect of such insured person will cease immediately. The proposer / group administrator may at any time cancel this policy and in such event the Company shall allow refund only for those insured person / family who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given below);

For 1 Year Tenure Policy

Period on Risk	Rate of Premium Retained
Up to 1 month	30% of the premium
Exceeding 1 month and up to 3 months	40% of the premium
Exceeding 3 months and up to 6 months	60% of the premium
Exceeding 6 months and up to 9 months	80% of the premium
Exceeding 9 months	Full Premium

More than 1 year and Up to 2 years Tenure Policy (Applicable for Credit Linked Insurance Policies)

Period on Risk	Rate of Premium Retained
Up to 1 month	25% of the premium
Exceeding 1 month and upto 3 months	30% of the premium
Exceeding 3 months and up to 6 months	40% of the premium
Exceeding 15 months and up to 18 months	80% of the premium
Exceeding 6 months and up to 9 months	50% of the premium
Exceeding 9 months and up to 12 months	60% of the premium
Exceeding 12 months and up to 15 months	70% of the premium
Exceeding 18 months and up to 21 months	90% of the premium
Exceeding 21 months	Full Premium

More than 2 years and Up to 3 Year Tenure Policy (Applicable for Credit Linked Insurance Policies)

Period on Risk	Rate of Premium Retained
Up to 1 month	22.5% of the premium
Exceeding 1 month and upto 3 months	27.5% of the premium
Exceeding 3 months and up to 6 months	35% of the premium
Exceeding 6 months and up to 9 months	40% of the premium
Exceeding 9 months and upto 12 months	47.5% of the premium
Exceeding 12 months and up to 15 months	55% of the premium
Exceeding 15 months and up to 18 months	60% of the premium
Exceeding 18 months and up to 21 months	67.5% of the premium
Exceeding 21 months and up to 24 months	75% of the premium
Exceeding 24 months and up to 27 months	80% of the premium
Exceeding 27 months and up to 30 months	87.5% of the premium
Exceeding 30 months and up to 33 months	95% of the premium
Exceeding 33 months	Full Premium

More than 3 years and up to 4 Years Tenure Policy (Applicable for Credit Linked Insurance Policies)

Period on Risk	Rate of Premium Retained
Up to 1 month	22.5% of the premium
Exceeding 1 month and up to 3 months	25.5% of the premium
Exceeding 3 months and up to 6 months	30% of the premium
Exceeding 6 months and up to 9 months	35% of the premium
Exceeding 9 months and up to 12 months	40% of the premium
Exceeding 12 months and up to 15 months	45% of the premium
Exceeding 15 months and up to 18 months	50% of the premium
Exceeding 18 months and up to 21 months	55% of the premium
Exceeding 21 months and up to 24 months	60% of the premium
Exceeding 24 months and up to 27 months	76% of the premium
Exceeding 27 months and up to 30 months	70% of the premium
Exceeding 30 months and up to 33 months	75% of the premium
Exceeding 33 months and up to 36 months	80% of the premium
Exceeding 36 months and up to 39 months	85% of the premium
Exceeding 39 months and up to 42 months	90% of the premium
Exceeding 42 months and up to 45 months	95% of the premium
Exceeding 45 months	Full Premium

More than 4 years and up to 5 Years Tenure Policy (Applicable for Credit Linked Insurance Policies)

Period on Risk	Rate of Premium Retained
Up to 1 month	22.5% of the premium
Exceeding 1 month and up to 3 months	25% of the premium
Exceeding 3 months and up to 6 months	30% of the premium
Exceeding 6 months and up to 9 months	32.5% of the premium
Exceeding 9 months and up to 12 months	37.5% of the premium
Exceeding 12 months and up to 15 months	40% of the premium
Exceeding 15 months and up to 18 months	45% of the premium
Exceeding 18 months and up to 21 months	50% of the premium
Exceeding 21 months and up to 24 months	52.5% of the premium
Exceeding 24 months and up to 27 months	67.5% of the premium
Exceeding 27 months and up to 30 months	60% of the premium
Exceeding 30 months and up to 33 months	65% of the premium
Exceeding 33 months and up to 36 months	70% of the premium
Exceeding 36 months and up to 39 months	72.5% of the premium
Exceeding 39 months and up to 42 months	77.5% of the premium
Exceeding 42 months and up to 45 months	80% of the premium
Exceeding 45 months and up to 48 months	85% of the premium
Exceeding 48 months and up to 51 months	90% of the premium
Exceeding 51 months and up to 54 months	92.5% of the premium
Exceeding 54 months and up to 57 months	97.5% of the premium
Exceeding 57 months	Full Premium

11. Automatic Expiry: The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events;

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the Hospital Cash Amount chosen
- ✓ Upon exhaustion of the Maximum number of days per year chosen

11. Automatic Termination of Individual Certificate of Insurance. The Certificate of Insurance will terminate on the earliest of the following dates;

- The date of expiry of certificate of insurance or
- The date the Insured Person is no longer eligible to be within the classification of Insured Person(s) described in the Policy Schedule or
- The Insured person ceases to be a resident of India or
- From the date the Certificate of Insurance is cancelled either by the Group Administrator

12. Installment Facility: Where the payment of premium is on installment basis as specified in the policy schedule, the following conditions shall apply (notwithstanding any terms contained elsewhere in the policy);

- a) Premium must be received within 15 days from the due date of payment of installment premium mentioned in the schedule
- b) The policy will get cancelled in the event of non-receipt of premium within the 15 days period
- c) Coverage will be available during the 15 days period
- d) If the aggregate of the claims paid during the policy period exceeds the premium paid, all the balance subsequent installments shall be paid immediately
- e) Installment facility is applicable only for premium at the inception of the policy and not applicable for additions happening during the currency of the policy

13. 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) Furnishing to the Company detailed list of Insured Person/s for preparation of Individual Certificate
- 2) Distributing Individual Certificate received from the Company. (However, where the Company / Individual Certificates in electronic form directly to the Insured Person/s this will not apply)
- 3) Facilitating Insured Person /s in availing all insurance related services
- 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 Hospital Cash Insurance Policy with the Company, 30 days waiting period shall be waived
 - b. Members who have been covered continuously for a period of two years under this Star Group Hospital Cash Insurance Policy with the Company, 30 days waiting period and First two year waiting period shall be waived
 - c. In respect of members who have been covered continuously for a period a four years or more under this Star Group Hospital Cash Insurance Policy with the Company, 30 days waiting period, First two year waiting period, 36 months waiting period with reference to Pre Existing diseases shall be waived

14. 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.

15. All claims under this policy shall be payable in Indian currency.
16. All medical /surgical treatments under this policy shall have to be taken in India. This condition will not apply if optional cover II (8) – World Wide Hospital Cash is opted.

17. Important Note

1. Where the policy is issued on floater basis, the benefits floats amongst the insured members.
2. The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws.
3. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
4. The attention of the policy holder is drawn to the website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

18. 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.

19. 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, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll free no: 1800-425-2255 / 1800-102-4477 Email: support@starhealth.in.

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

20. 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, during normal business hours.

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

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

In the event of the following grievances;

- a. any partial or total repudiation of claims by the Company
- b. any dispute in regard to premium paid or payable in terms of the policy
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims
- d. delay in settlement of claims
- e. non-issuance of any insurance document to customer after receipt of the premium

The insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the Insured Person is located.

List of Insurance Ombudsman

<p align="center">AHMEDABAD</p> <p>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> <p>JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>	<p align="center">BENGALURU</p> <p>Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p> <p>JURISDICTION: Karnataka.</p>	<p align="center">BHOPAL</p> <p>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> <p>JURISDICTION: Madhya Pradesh Chattisgarh.</p>	<p align="center">BHUBANESHWAR</p> <p>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> <p>JURISDICTION: Orissa.</p>
<p align="center">CHANDIGARH</p> <p>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> <p>JURISDICTION: Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>	<p align="center">CHENNAI</p> <p>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> <p>JURISDICTION: Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>	<p align="center">DELHI</p> <p>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> <p>JURISDICTION: Delhi</p>	<p align="center">ERNAKULAM</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p> <p>JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p align="center">GUWAHATI</p> <p>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> <p>JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p align="center">HYDERABAD</p> <p>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> <p>JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p align="center">JAIPUR</p> <p>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>JURISDICTION: Rajasthan.</p>	<p align="center">KOLKATA</p> <p>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>JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p align="center">LUCKNOW</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> <p>JURISDICTION: Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p align="center">MUMBAI</p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> <p>JURISDICTION: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	<p align="center">NOIDA</p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> <p>JURISDICTION: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p align="center">PATNA</p> <p>Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> <p>JURISDICTION: Bihar and Jharkhand.</p>
<p align="center">LUCKNOW</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> <p>JURISDICTION: Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p align="center">PUNE</p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p> <p>JURISDICTION: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<p align="center">NOIDA</p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> <p>JURISDICTION: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p align="center">PATNA</p> <p>Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> <p>JURISDICTION: Bihar and Jharkhand.</p>

