



# IIM

भारतीय प्रबंध संस्थान विशाखपट्टणम  
Indian Institute of Management Visakhapatnam

## REQUEST FOR PROPOSAL FOR PROVIDING GROUP MEDICAL INSURANCE AND PERSONAL ACCIDENT INSURANCE COVERAGE FOR EMPLOYEES AND STUDENTS

Tender No.	<b>IIMV/Admin/Tender/HI&amp;PA/2019-20/002</b>
Validity of Bid	<b>30 days from the date of Opening of Bid</b>
Insurance Coverage Commence Date	<b>1st April 2020 For Employees 3<sup>rd</sup> July 2020 for Students</b>
Duration	<b>One Year, maybe extended further based on performance of the agency, requirement of the Institute and decision of the Competent Authority.</b>

### SCHEDULE OF EVENTS

S.No.	Particulars	Completion date	Time
1	Queries by the Insurer	18-03-2020	15:30 Hrs
2	Issue of clarifications	19-03-2020	--
3	Last date for Submission of bids	23-03-2020	15:00 Hrs
4	Bid Opening	23-03-2020	15:30 Hrs

## **INTRODUCTION**

Indian Institute of Management Visakhapatnam (IIMV) belongs to the prestigious IIM family of business schools. It is a new generation IIM, set up by the Government of India in September 2015. The Indian Institutes of Management Act 2017 declares IIMs as Institutions of National Importance, empowered to attain standards of global excellence in management, management research and allied areas of knowledge. IIM Visakhapatnam is located in its temporary, but state-of-the-art facility in the salubrious Andhra University campus in the 'City of Destiny', Visakhapatnam. The Institute has begun the process for building a permanent, full-fledged, world-class campus on approx. 230 acres of land in the (relative) vicinity of the upcoming green-field international airport, about 25 kilometres from the present (temporary/transit) campus. The first phase of the new facility is expected to be functional by 2021.

## **SCOPE OF WORK**

Indian Institute of Management Visakhapatnam (IIMV) invites proposals from IRDAI registered well established Insurance Companies [both PSUs and Private Operators] having adequate experience in dealing with the Health Insurance and Personal Accident Insurance for providing Coverage for its employees and students, as per the details mentioned in 'POLICY 1', 'POLICY 2', 'POLICY 3' and 'POLICY 4'.

### **A. Bidder's Eligibility Criteria (Mandatory Provisions):**

It is mandatory for the potential bidders to ensure that the following minimum eligibility criteria is met in order to participate in the process:

1. Should have been registered with IRDA under the Health Insurance category.
2. Should have an operational Registered/Branch office in Visakhapatnam, Andhra Pradesh, India.
3. Bidder should have experience of providing Health Insurance and Personal Accident Insurance to large corporate bodies/educational institutions during last Three years.
4. Bidder should have PAN and a valid registration under GST.
5. The agency should not have been blacklisted by Central/State Govt/PSU at any point of time, nor is any criminal case registered / pending against the agency or its owner/partners anywhere in India.

### **B. Clarification and Amendment to the RFP**

The Bidder may seek clarifications on any clause of the RFP document up to date mentioned in the 'Schedule of events' in page 1. Any request for clarification must be sent by e-mail to [sao@iimv.ac.in](mailto:sao@iimv.ac.in) with subject "**GHI & GPA**". The Institute will respond through e-mail and if necessary, should the Institute deem necessary, it may amend the RFP as a result of any clarification.

At any time before the submission of Proposals, the Institute may amend the RFP by issuing an addendum and hosting it on Institute's website. The addendum will be binding on all the bidders. To give bidders reasonable time, in which to take an amendment into account in their proposals, the Institute may, if the amendment is substantial, extend the deadline for the submission of Proposals.

### **C. Submission of Bids**

The Bidders are required to submit TWO separate sealed envelopes, marked as 'Technical Bid' and 'Financial Bid',

**1. Technical Bid:** Should contain the all the supporting documents in support of eligibility criteria as under:

- a) Bid submission letter as per Annexure-I
- b) Technical Bid as per Annexure-II
- c) IRDA registration under Health Insurance category.
- d) Proof of registered/branch office in Visakhapatnam.
- e) Proof of having experience of providing Health Insurance and Personal Accident Insurance to large corporate bodies/educational institutions covering more than 100 lives in any one year during last Three years.
- f) Proof of PAN and a valid registration under GST.
- g) Declaration of non-blacklisting as per Annexure-IV

All these documents shall be duly attested by an authorised signatory, stamped, serially numbered and bounded firmly in the same order.

**2. Financial Bid:** should contain the duly filled in Financial Bid as per format in Annexure – III.

Both the envelopes 'Technical Bid' and 'Financial Bid' shall be sealed, clearly labelled as mentioned and shall contain the name and address details of the bidder.

These two envelopes will be wrapped in an outer envelope addressed to designated officer, duly labelled as **"Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2019-20/002"** on the top and sealed properly. The outer cover shall indicate the bidders name and address details. The bid shall be submitted at the following address through Post/Courier/by Hand so as to reach us by the last date and time indicated in the 'Schedule of events' on Page 1. Bids received after the closing date and time shall not be accepted and summarily rejected.

**The Senior Administrative Officer  
Indian Institute of Management Visakhapatnam  
Andhra Bank School of Business Building, Andhra University Campus  
Visakhapatnam – 530 003**

#### **D. Rejection of Bids**

The Institute reserves the right to reject the Bid if,

- The Bid is incomplete as per the RFP requirements
- Any conditions/deviations stated by the Bidder in the Bid documents
- Required information is not submitted as per the format given
- Any information submitted by the Bidder is found to be untrue / fake / false
- The Bidder does not provide, within the time specified by the Institute, the supplementary information/clarification/documents/details sought by the Institute for evaluation of the Bid.
- Improperly sealed or bids with open envelopes etc shall be rejected.
- Any other reason which the Institute may deem appropriate for rejection of the Bid.

The Institute shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Institute may abort the entire process at any stage, thereby without incurring any liability to the affected bidder(s) or any obligation to inform the affected bidder(s) of the grounds for Institute's action. Any effort by the firm

to influence IIMV in the process of IIMV's Bid evaluation; Bid comparison; and contract award decision may result into the rejection of their Bid.

The deadline for submission of the Proposals is mentioned in "Schedule of Events" on Page -1 of the document. Proposals received after the specified time on the last date shall not be eligible for consideration and shall be summarily rejected.

**E. Evaluation of bids.**

Technical Evaluation: The Technical bids of eligible bidders shall be opened first, and all documents shall be verified as per the eligibility criteria.

Financial Evaluation: The Financial Bids of only the bidders found eligible in Technical evaluation shall only be opened.

Please note the following:

- I. The successful bidder will be awarded all the insurances on a whole bouquet basis
- II. IIMV reserves the right to select an external Third-Party Administrator for claims under Group Medical Insurance of its choice.
- III. IIMV shall not be bound to accept the lowest bid and reserves the right to reject any or all the bids without assigning any reason
- IV. The bidder or his representative may attend the opening of the bids as per details sent in corresponding e-mail to the shortlisted bidders. The representatives attending the bid opening shall produce a letter for the same from their employer/authorised authority, as per Format-A.

**F. Award of Contract**

The determination of award of contract will take into account the Bidders financial, technical and services capabilities. It will be based upon an examination of the documentary evidence of the Bidders qualifications submitted by the Bidders, as well as such other information as the Institute deems necessary and appropriate.

The Institute will award the Contract to the successful Bidder whose quote has been determined to be substantially responsive and has been determined as the lowest evaluated bid, provided further that the Bidder is determined to be qualified to perform the Contract satisfactorily.

**G. Jurisdiction:**

All disputes arising, if any, under this tender/contract shall be subjected to the jurisdiction of courts of Visakhapatnam, Andhra Pradesh.

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**(to be printed on bidder's letterhead)**

**LETTER OF SUBMISSION OF TENDER**

The Senior Administrative Officer  
Indian Institute of Management Visakhapatnam  
Andhra Bank School of Business Building  
Andhra University Campus, Visakhapatnam- 530 003

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:  
IIMV/Admin/Tender/HI&PA/2019-20/002

Dear Sir,

Subject to the conditions given in the tender documents, I/We hereby submit Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2019-20/002 for IIM Visakhapatnam at the rates specified in the Financial Bid (Annexure - III of the tender document). I/We hereby certify that I/We have read all the terms and conditions of the tender document and agree to abide by them unconditionally.

**Declaration**

I/we \_\_\_\_\_, the undersigned being authorized signatory for \_\_\_\_\_ for submission of "Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2019-20/002" hereby declare that all the documents submitted and details furnished are true and correct to the best of my knowledge. I understand that if at any time, during or after the tender process or after award of contract, the documents or the details submitted are found to be false/ manipulated/ fabricated with a mal-a-fide intention, the bid will be summarily rejected/contract be nullified and suitable action as deemed fit be initiated against our firm/company/agency.

Name of the Bidder (firm/Co./agency): \_\_\_\_\_

Address of Registered/branch office: \_\_\_\_\_

Authorized person's Name and designation: \_\_\_\_\_

Contact No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date:

Signature:

Place: (Company Seal)

Full name:

NOTE: All correspondence from this office shall be addressed to the above address and e-mail id only.

**Annexure-II****TECHNICAL BID**

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:

IIMV/Admin/Tender/HI&PA/2019-20/002

<b>S. No.</b>	<b>Criteria item</b>	<b>Documents to be uploaded (Attested photocopies)</b>	<b>Submitted YES/NO</b>
1	Should have been registered with IRDA under the Health Insurance category.	Copy of Certificate of registration with IRDA	
2	Should have an operational Registered/ Branch office in Visakhapatnam, Andhra Pradesh, India.	Valid proof of office address in Visakhapatnam	
3	Bidder should have experience of providing Health Insurance and Personal Accident Insurance to large corporate bodies/educational institutions during last Three years.	Copies of work orders/ agreements and work completion certificates	
4	Bidder should have PAN and a valid registration under GST.	Copies of GSTN and PAN	
5	The agency should not have been blacklisted by Central/State Govt/PSU at any point of time, nor is any criminal case registered / pending against the agency or its owner/partners anywhere in India.	A declaration to be submitted in original (Annexure-IV).	

The bid without any of these documents shall be treated as incomplete. The bids with documents NOT matching with above eligibility criteria and incomplete documents will be declared as 'Not eligible'.

All the above documents should be clearly stamped and signed by the authorized signatory of the bidder

All supporting documents in support of above clauses shall be produced along with Technical Bid documents.

All document shall be serially numbered

Date:

Signature:

Place:

Full name:

(Company Seal)

**FINANCIAL BID**

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/Hi&PA/2019-20/002

Name of the Insurer:					
S.No.	Type	Sum Insured	Annual Premium	GST	Total Premium
1	GMC for Staff	Rs. 5,00,000 [Floater]			
2	GMC for Faculty	Rs. 10,00,000 [Floater]			
3	GPA for all employees	5 times of Annual CTC			
4	GMC for Students	Rs. 1,00,000 [Floater]			
5	GPA for Students	Rs. 1,00,000			
Grand Total					

**Note: Terms and conditions:**

**Refer the data in Annexures as under:**

1. Annexure – V: POLICY 1 (GMC for Employees)
2. Annexure – VI: POLICY 2 (GPA for Employees)
3. Annexure – VII: POLICY 3 (GMC for Students)
4. Annexure – VIII: POLICY 4 (GPA for Students)
5. Annexure – IX: Demography data for GMC (Employees)
6. Annexure – X: Demography data for GPA (Employees)
7. Annexure – XI: Demography data for GMC and GPA (Students)
8. Annexure – XII: Claims dump for Employees (available at <https://www.iimv.ac.in/tender-notices>)
9. Annexure – XIII: Claims Summary for Employees
10. Annexure – XIV: 2020 GMC Policy Copy (Employees)
11. Annexure – XV: 2020 GPA Policy Copy (Employees)
12. Annexure – XVI: 2020 GMC Policy Copy (Students)
13. Annexure – XVII: 2020 GPA Policy Copy (Students)
14. Annexure – XVIII: Claims Summary for Students
15. Annexure – XIX: Claims dump for Students (available at <https://www.iimv.ac.in/tender-notices>)

**(to be printed on Agency's letterhead)**

**Non-Blacklisting declaration**

To:

The Senior Administrative Officer  
Indian Institute of Management Visakhapatnam  
Andhra Bank School of Business Building  
Andhra University Campus  
Visakhapatnam 530 003

Subject: Non-Blacklisting declaration in connection with IIM Visakhapatnam Tender Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender /HI&PA/2019-20/002.

Dear Sir,

This is to notify you that our Firm/Company/Organization intends to submit a proposal in response to invitation for Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Admin/Tender/HI&PA/2019-20/002.

In accordance with the above we declare that:

- a.** We are not involved in any major litigation that may have an impact of affecting or compromising the delivery of services as required under this assignment.
- b.** We are not blacklisted by any Central/ State Government/ agency of Central/ State Government of India or any other country in the world/ Public Sector Undertaking/ any Regulatory Authorities in India or any other country in the world for any kind of fraudulent activities.

Sincerely,

Date:

Signature:

Place:

Full name:

(Company Seal)

**POLICY - 1**

<b>1. Group Mediciam Insurance (Employees)</b>	
Insured	Indian Institute of Management Visakhapatnam
Insured's Communication Address	Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003
Current Insurer	Star Health and Allied Insurance Co Ltd
Policy Period	01-04-2020 to 31-03-2021
Claim as on 03-Mar-2020	Refer attached Claims Dump & Summary
No of Employees at Inception	34
No. of Lives at Inception	125
Inception Premium (Inclusive of taxes)	INR 11,80,000
No. of Employees for Renewal	41
No. of Lives for the Renewal	126
Coverages	As is basis (Refer Annexure - XIV for existing policy)
Family Definition	Self + Spouse + Dependent Family members
Policy Type (Floater/Non-Floater)	Floater
Age Band	As per attached active list
Sum Insured	As per attached active list (Rs. 5 Lakh cover for 20 Employees and Rs. 10 Lakh cover for 21 Employees)

**POLICY - 2**

<b>2. Group Personal Accident (Employees)</b>	
Insured	Indian Institute of Management Visakhapatnam
Insured's Communication Address	Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003
Current Insurer	Star Health and Allied Insurance Co Ltd
Policy Period	01-04-2020 to 31-03-2021
Claim as on 03-Mar-2020	No claims
No of Employees at Inception	34
No. of Lives at Inception	34
Inception Premium (Inclusive of taxes)	INR 2,01,245
No. of Employees for Renewal	41
No. of Lives for the Renewal	41
	As per demography
Coverages	As is basis (Refer Annexure – XV for existing policy)
Sum Insured per employee	5 Times of Annual CTC

**POLICY - 3**

<b>3. Group Mediclaim Insurance (Students)</b>	
Insured	Indian Institute of Management Visakhapatnam (Students)
Insured's Communication Address	Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003
Current Insurer	Star Health and Allied Insurance Co Ltd
Policy Period	03-07-2019 to 02-07-2020
Claim as on 15-Mar-2020	Refer attached Claims Dump & Summary
No of Employees at Inception	126
No. of Lives at Inception	126
Inception Premium (Inclusive of taxes)	INR 2,65,169
No. of Employees for Renewal	260
No. of Lives for the Renewal	260
Coverages	As is basis (Refer Annexure - XVI for existing policy)
Family Definition	Self
Policy Type (Floater/Non-Floater)	Floater
Age Band	As per attached active list
Sum Insured	INR 1 Lakh per student

**POLICY - 4**

<b>4. Group Personal Accident (Students)</b>	
Insured	Indian Institute of Management Visakhapatnam (Students)
Insured's Communication Address	Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003
Current Insurer	Star Health and Allied Insurance Co Ltd
Policy Period	03-07-2019 to 02-07-2020
Claim as on 15-Mar-2020	No claims
No of Employees at Inception	126
No. of Lives at Inception	126
Inception Premium (Inclusive of taxes)	INR 5,948
No. of Employees for Renewal	260
No. of Lives for the Renewal	260
	As per demography
Coverages	As is basis (Refer Annexure – XVII for existing policy)
Sum Insured per student	INR 1 Lakh

**Format – A**

**(to be printed on Agency's letterhead)**

**LETTER OF AUTHORISATION FOR ATTENDING TECHNICAL BID OPENING**

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:  
IIMV/Admin/Tender/HI&PA/2019-20/002

The undermentioned person is hereby authorized to attend the bid opening for the tender mentioned above on behalf of \_\_\_\_\_  
on \_\_\_\_\_.

Name: \_\_\_\_\_

Specimen Signature: \_\_\_\_\_

Officer authorized to sign the bid documents on behalf of the bidder.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Office seal:

Note:

1. Only one representative will be permitted to attend bid opening. Alternate representative will be permitted when regular representative is not able to attend.
2. Permission for entry to the hall where bids are opened may be refused in case authorization as prescribed above is not received.

S.No	Emp No	Emp/Dependents Name	DoJ	DOB(DMY)	AGE	M/F	Relationship	SI	Top-up	Annual CTC (INR)
1	20023	Employee	18-11-19	07-10-89	30	F	Self	500,000	500,000	1,150,188
2	10006	Employee	21-09-15	01-07-85	34	M	Self	500,000		491,220
		Dependent			28	F	Spouse			
		Dependent			9	M	Son			
		Dependent			4	M	Son			
3	20012	Employee	13-06-18	02-01-75	45	F	Self	500,000	500,000	1,981,704
		Dependent		01-08-44	75	F	Mother			
4	30001	Employee	01-11-18	30-08-73	46	M	Self	500,000		1,341,708
		Dependent			36	F	Spouse			
		Dependent			8	M	Son			
5	10014	Employee	17-08-16	30-06-92	27	M	Self	500,000		447,912
6	10015	Employee	09-09-16	11-02-90	30	M	Self	500,000		997,320
		Dependent		31-07-97	22	F	Spouse			
7	20022	Employee	18-11-19	29-04-81	38	F	Self	500,000	500,000	2,278,560
8	10009	Employee	12-10-15	16-02-72	48	M	Self	500,000		1,792,956
		Dependent			68	F	Mother			
		Dependent			38	F	Wife			
		Dependent			16	F	Daughter			
		Dependent			7	M	Son			
9	10011	Employee	20-01-16	14-10-76	43	M	Self	500,000		737,544
		Dependent		30-01-82	38	F	Spouse			
10	20006	Employee	11-12-17	09-11-76	43	M	Self	500,000	500,000	2,039,160
		Dependent		08-05-83	36	F	Spouse			

[illegible]



25	10037	Employee	06-08-18	17-04-90	29	M	Self	500,000		932,148
		Dependent		28-05-71	48	F	Mother			
		Dependent		30-07-72	47	M	Uncle			
26	20009	Employee	29-12-17	13-09-85	34	F	Self	500,000	500,000	1,767,840
27	10033	Employee	10-05-18	18-07-79	40	M	Self	500,000		846,288
28	20021	Employee	07-11-19	09-11-81	38	M	Self	500,000	500,000	2,147,688
29	10003	Employee	18-09-15	25-12-80	39	M	Self	500,000		548,328
		Dependent		05-07-58	61	M	Father			
		Dependent		29-09-82	37	F	Spouse			
		Dependent		30-03-15	4	M	Son			
		Dependent		18-12-18	1	F	Daughter			
30	20005	Employee	06-12-17	10-11-84	35	F	Self	500,000	500,000	1,767,840
		Dependent		05-09-85	34	M	Spouse			
31	20018	Employee	07-10-19	04-05-77	42	F	Self	500,000	500,000	1,718,364
		Dependent		30-09-06	13	M	Son			
		Dependent		10-03-11	9	F	Daughter			
		Dependent		20-05-50	69	F	Mother			
32	20011	Employee	20-04-18	27-08-88	31	M	Self	500,000	500,000	1,718,364
		Dependent		27-11-57	62	M	Father			
		Dependent		31-08-59	60	F	Mother			
		Dependent		14-04-90	29	F	Spouse			
33	20014	Employee	18-01-19	10-09-76	43	M	Self	500,000	500,000	2,632,872
		Dependent		07-10-81	38	F	Spouse			
		Dependent		27-10-17	2	F	Daughter			
		Dependent		07-01-50	70	F	Mother			

34	20020	Employee	01-11-19	07-03-91	29	M	Self	500,000	500,000	1,670,484
		Dependent		04-07-90	29	F	Spouse			
35	20002	Employee	13-10-17	21-11-83	36	M	Self	500,000	500,000	1,767,840
		Dependent		05-04-86	33	F	Spouse			
36	20015	Employee	01-03-19	11-08-85	34	F	Self	500,000	500,000	1,718,364
		Dependent		12-04-84	35	M	Spouse			
37	10001	Employee	19-08-15	04-03-68	52	M	Self	500,000		926,880
		Dependent		11-06-74	45	F	Spouse			
		Dependent		16-09-00	19	M	Son			
		Dependent			75	F	Mother			
		Dependent		06-01-29	91	M	Father			
38	10004	Employee	21-09-15	18-06-88	31	M	Self	500,000		396,000
		Dependent			29	F	Spouse			
		Dependent			4 Months	M	Son			
		Dependent			51	M	Father			
		Dependent			47	F	Mother			
		Dependent			30	F	Sister			
39	10016	Employee	19-12-16	01-07-82	37	M	Self	500,000		1,448,580
		Dependent		28-03-86	33	F	Spouse			
		Dependent		23-08-10	9	F	Daughter			
40	10039	Employee	04-10-18	21-04-92	27	M	Self	500,000	-	1,167,528
		Dependent		10-07-49	70	M	Father			
		Dependent		01-04-56	63	F	Mother			
41	10012	Employee	25-02-16	01-09-66	53	M	Self	500,000	-	2,425,632
		Dependent		10-04-68	51	F	Spouse			

		Dependent			83	M	Father			
		Dependent			76	F	Mother			

S.No	Emp No	Emp/Depen dents Name	DoJ	DOB(DMY)	AGE	M/F	Relationship	SI	Annual CTC (INR)
1	20023	Employee	18-11-19	07-10-89	30	F	Self	5 times of Annual CTC	1,150,188
2	10006	Employee	21-09-15	01-07-85	34	M	Self	5 times of Annual CTC	491,220
3	20012	Employee	13-06-18	02-01-75	45	F	Self	5 times of Annual CTC	1,981,704
4	30001	Employee	01-11-18	30-08-73	46	M	Self	5 times of Annual CTC	1,341,708
5	10014	Employee	17-08-16	30-06-92	27	M	Self	5 times of Annual CTC	447,912
6	10015	Employee	09-09-16	11-02-90	30	M	Self	5 times of Annual CTC	997,320
7	20022	Employee	18-11-19	29-04-81	38	F	Self	5 times of Annual CTC	2,278,560
8	10009	Employee	12-10-15	16-02-72	48	M	Self	5 times of Annual CTC	1,792,956
9	10011	Employee	20-01-16	14-10-76	43	M	Self	5 times of Annual CTC	737,544
10	20006	Employee	11-12-17	09-11-76	43	M	Self	5 times of Annual CTC	2,039,160
11	10021	Employee	06-03-18	27-02-55	65	M	Self	5 times of Annual CTC	1,216,200
12	10035	Employee	07-06-18	21-12-91	28	F	Self	5 times of Annual CTC	932,148
13	20007	Employee	21-12-17	07-07-84	35	M	Self	5 times of Annual CTC	1,871,580
14	10020	Employee	08-12-17	08-01-86	34	F	Self	5 times of Annual CTC	628,848
15	20013	Employee	08-01-19	02-10-84	35	M	Self	5 times of Annual CTC	2,342,400
16	10038	Employee	16-08-18	08-09-93	26	F	Self	5 times of Annual CTC	497,988
17	10019	Employee	21-09-17	08-08-57	62	M	Self	5 times of Annual CTC	717,600
18	20010	Employee	26-02-18	10-10-84	35	M	Self	5 times of Annual CTC	2,209,932
19	10010	Employee	25-10-15	08-12-73	46	F	Self	5 times of Annual CTC	329,796
20	20001	Employee	22-03-17	11-06-62	57	M	Self	5 times of Annual CTC	3,159,000
21	20003	Employee	01-11-17	30-04-85	34	M	Self	5 times of Annual CTC	1,871,580
22	20019	Employee	14-10-19	18-02-88	32	M	Self	5 times of Annual CTC	1,670,484
23	20004	Employee	29-11-17	10-06-72	47	M	Self	5 times of Annual CTC	2,711,076
24	20017	Employee	23-08-19	20-06-72	47	M	Self	5 times of Annual CTC	2,632,872
25	10037	Employee	06-08-18	17-04-90	29	M	Self	5 times of Annual CTC	932,148
26	20009	Employee	29-12-17	13-09-85	34	F	Self	5 times of Annual CTC	1,767,840
27	10033	Employee	10-05-18	18-07-79	40	M	Self	5 times of Annual CTC	846,288
28	20021	Employee	07-11-19	09-11-81	38	M	Self	5 times of Annual CTC	2,147,688
29	10003	Employee	18-09-15	25-12-80	39	M	Self	5 times of Annual CTC	548,328
30	20005	Employee	06-12-17	10-11-84	35	F	Self	5 times of Annual CTC	1,767,840
31	20018	Employee	07-10-19	04-05-77	42	F	Self	5 times of Annual CTC	1,718,364

32	20011	Employee	20-04-18	27-08-88	31	M	Self	5 times of Annual CTC	1,718,364
33	20014	Employee	18-01-19	10-09-76	43	M	Self	5 times of Annual CTC	2,632,872
34	20020	Employee	01-11-19	07-03-91	29	M	Self	5 times of Annual CTC	1,670,484
35	20002	Employee	13-10-17	21-11-83	36	M	Self	5 times of Annual CTC	1,767,840
36	20015	Employee	01-03-19	11-08-85	34	F	Self	5 times of Annual CTC	1,718,364
37	10001	Employee	19-08-15	04-03-68	52	M	Self	5 times of Annual CTC	926,880
38	10004	Employee	21-09-15	18-06-88	31	M	Self	5 times of Annual CTC	396,000
39	10016	Employee	19-12-16	01-07-82	37	M	Self	5 times of Annual CTC	1,448,580
40	10039	Employee	04-10-18	21-04-92	27	M	Self	5 times of Annual CTC	1,167,528
41	10012	Employee	25-02-16	01-09-66	53	M	Self	5 times of Annual CTC	2,425,632

Sr. No	Name	Age	Sum Insured	Relationship
1	Student	23	100000	Self
2	Student	22	100000	Self
3	Student	22	100000	Self
4	Student	23	100000	Self
5	Student	35	100000	Self
6	Student	22	100000	Self
7	Student	24	100000	Self
8	Student	26	100000	Self
9	Student	28	100000	Self
10	Student	27	100000	Self
11	Student	25	100000	Self
12	Student	22	100000	Self
13	Student	24	100000	Self
14	Student	24	100000	Self
15	Student	25	100000	Self
16	Student	27	100000	Self
17	Student	21	100000	Self
18	Student	23	100000	Self
19	Student	24	100000	Self
20	Student	22	100000	Self
21	Student	23	100000	Self
22	Student	24	100000	Self
23	Student	28	100000	Self
24	Student	22	100000	Self
25	Student	25	100000	Self
26	Student	26	100000	Self
27	Student	25	100000	Self
28	Student	25	100000	Self
29	Student	21	100000	Self
30	Student	25	100000	Self
31	Student	22	100000	Self
32	Student	24	100000	Self
33	Student	24	100000	Self
34	Student	22	100000	Self
35	Student	22	100000	Self
36	Student	24	100000	Self
37	Student	23	100000	Self
38	Student	22	100000	Self
39	Student	25	100000	Self
40	Student	29	100000	Self
41	Student	26	100000	Self
42	Student	23	100000	Self
43	Student	26	100000	Self
44	Student	22	100000	Self
45	Student	27	100000	Self
46	Student	22	100000	Self
47	Student	26	100000	Self
48	Student	24	100000	Self
49	Student	27	100000	Self
50	Student	26	100000	Self
51	Student	25	100000	Self
52	Student	24	100000	Self
53	Student	23	100000	Self
54	Student	24	100000	Self

55	Student	23	100000	Self
56	Student	24	100000	Self
57	Student	22	100000	Self
58	Student	23	100000	Self
59	Student	25	100000	Self
60	Student	26	100000	Self
61	Student	21	100000	Self
62	Student	26	100000	Self
63	Student	25	100000	Self
64	Student	23	100000	Self
65	Student	20	100000	Self
66	Student	25	100000	Self
67	Student	23	100000	Self
68	Student	22	100000	Self
69	Student	26	100000	Self
70	Student	26	100000	Self
71	Student	22	100000	Self
72	Student	26	100000	Self
73	Student	25	100000	Self
74	Student	27	100000	Self
75	Student	25	100000	Self
76	Student	26	100000	Self
77	Student	23	100000	Self
78	Student	23	100000	Self
79	Student	25	100000	Self
80	Student	25	100000	Self
81	Student	23	100000	Self
82	Student	26	100000	Self
83	Student	22	100000	Self
84	Student	22	100000	Self
85	Student	22	100000	Self
86	Student	20	100000	Self
87	Student	22	100000	Self
88	Student	22	100000	Self
89	Student	25	100000	Self
90	Student	25	100000	Self
91	Student	26	100000	Self
92	Student	22	100000	Self
93	Student	24	100000	Self
94	Student	22	100000	Self
95	Student	24	100000	Self
96	Student	26	100000	Self
97	Student	23	100000	Self
98	Student	26	100000	Self
99	Student	26	100000	Self
100	Student	22	100000	Self
101	Student	21	100000	Self
102	Student	27	100000	Self
103	Student	22	100000	Self
104	Student	25	100000	Self
105	Student	23	100000	Self
106	Student	24	100000	Self
107	Student	22	100000	Self
108	Student	22	100000	Self
109	Student	25	100000	Self

110	Student	23	100000	Self
111	Student	21	100000	Self
112	Student	22	100000	Self
113	Student	24	100000	Self
114	Student	23	100000	Self
115	Student	26	100000	Self
116	Student	25	100000	Self
117	Student	22	100000	Self
118	Student	21	100000	Self
119	Student	22	100000	Self
120	Student	23	100000	Self
121	Student	25	100000	Self
122	Student	25	100000	Self

**Remaining students age group will also be same, actually details will be shared at the time of admissions in July 2020**



## Star Health and Allied Insurance company Limited

### Claims Analysis Report

Policy Period : 01 April 2019 to 31 March 2020

MIS Report as on : 03 March 2020

#### Claims Summary

Claim Type	No of Claims	Value	% Claims	% Value
Cashless	7	499,378	53.8%	74.5%
Reimbursement	4	85,769	30.8%	12.8%
In Process	2	84,759	15.4%	12.7%
<b>Total</b>	<b>13</b>	<b>669,906</b>	<b>100.0%</b>	<b>100.0%</b>

#### Premium Summary

First Time Premium	1,000,000
Deletion Premium	-14,031
Addition Premium	112,309
<b>Total</b>	<b>1,098,278</b>

#### Claims Ratio

Incurred Ratio on Gross Premium %	61.0%
Incurred Ratio on Gross Premium - Our Share % (If Applicable)	0.0%
Earned Premium	1,014,257
Incurred Ratio on Earned Premium %	66.0%
Incurred Ratio on Earned Premium - Our Share % ( If Applicable)	

#### Morbidity Ratio

No of Lives Insured	162
No of Claims	13
Incidence Rate	8.0%
No of Lives Inception	125
Addition	37
Deletion	-10
Current Lives	152

#### Distribution Across Age

Age Band	No of Claims	Paid Amount	% Claims	% Value
19-35	2	61,461	18.2%	10.50%
46-50	1	144,367	9.1%	24.67%
56-60	1	11,242	9.1%	1.92%
61-65	1	14,908	9.1%	2.55%
65-70	1	25,000	9.1%	4.27%

>70	5	328,169	45.5%	56.08%
<b>Total</b>	<b>11</b>	<b>585,147</b>	<b>100.0%</b>	<b>100.00%</b>

### Distribution Across Beneficiary

Beneficiary	No of Claims	Value	% Claims	% Value
SELF	1	48,949	9.1%	8.4%
SPOUSE	1	12,512	9.1%	2.1%
PARENTS & IN-LAWS	9	523,686	81.8%	89.5%
<b>Total</b>	<b>11</b>	<b>585,147</b>	<b>100.0%</b>	<b>100.0%</b>

### Amount Band wise Analysis

Amount Band	No of Claims	Value	% Claims	% Value
Above Rs.2,00,000	1	223,935	9.1%	38.3%
Rs 10,000/- and Less	1	9,400	9.1%	1.6%
Rs.1,00,001/- to Rs.1,50,000/-	0	134,967	0.0%	23.1%
Rs.10,001/- to Rs.25,000/-	6	92,424	54.5%	15.8%
RS.25,001/- to RS.50,000/-	3	124,421	27.3%	21.3%
<b>Total</b>	<b>11</b>	<b>585,147</b>	<b>100.0%</b>	<b>100.0%</b>

### Ailment Profile

ICD Group	No of Claims	Value	% Claims	% Value
Diseases of the eye and adnexa	1	25,000	9.1%	4.3%
Diseases of the digestive system	1	49,088	9.1%	8.4%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	2	250,319	18.2%	42.8%
Pregnancy, childbirth and the puerperium	1	12,512	9.1%	2.1%
Neoplasms	1	48,949	9.1%	8.4%
Injury, poisoning and certain other consequences of external causes	1	17,179	9.1%	2.9%
Diseases of the circulatory system	1	11,242	9.1%	1.9%
External causes of morbidity and mortality	1	144,367	9.1%	24.7%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1	11,583	9.1%	2.0%
Certain Infectious And Parasitic Diseases	1	14,908	9.1%	2.5%
<b>Total</b>	<b>11</b>	<b>585,147</b>	<b>100.0%</b>	<b>100.0%</b>

### Repeated Utilization Report for Employees

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No of Claims	No of Employees	Value	% Claims	% Value
1	1	48,949	100.0%	100.0%
<b>Total</b>	<b>1</b>	<b>48,949</b>	<b>100.0%</b>	<b>100.0%</b>

### **Repeated Utilization Report for Dependents**

No of Claims	No of Employees	Value	% Claims	% Value
1	10	536,198	100.0%	100.0%
<b>Grand Total</b>	<b>10</b>	<b>536,198</b>	<b>100.0%</b>	<b>100.0%</b>

### **Top 10 Hospitals**

Hospital Name & City	No of Claims	Value	% Claims	% Value
Maax Super Speciality Hospital, SHIMOGA	2	43,563	18.2%	7.4%
ASTER RV HOSPITAL, KOTHNUR (CT)	1	223,935	9.1%	38.3%
Apollo Hospitals Enterprise Limited, VISAKHAPAT..	1	144,367	9.1%	24.7%
B.B.Eye Foundation VIP (Unit of Kolkata Eye Care ..	1	25,000	9.1%	4.3%
CRAFT HOSPITAL AND RESEARCH CENTRE - KODU..	1	48,949	9.1%	8.4%
City Central Hospital P. Ltd, DAVANAGERE	1	11,583	9.1%	2.0%
Queen`s NRI Hospital, VISAKHAPATNAM	1	12,512	9.1%	2.1%
Sahyadri Narayana Multispeciality Hospital, SHIM..	1	49,088	9.1%	8.4%
Sunshine Hospital, SECUNDERABAD	1	11,242	9.1%	1.9%
Thatha Hospital, HYDERABAD	1	14,908	9.1%	2.5%

*All Reports are Based on Settled Claims except Claims summary & Claims Ratio  
Amount is in INR.....*

**Star Group Health Insurance**  
**Unique id : SHAHLGP19028V011819**  
**Policy Schedule**

<b>Policy No.</b> : P/131300/01/2020/000018	<b>Previous Policy No.</b> : P/131300/01/2019/000028
Proposer's Code : 9041210	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM	SAC Code : 997133/Accident and Health Insurance Services
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM Visakhapatnam, Visakhapatnam, Andhra Pradesh-530003	Issuing Office Code : 131300
Phone No : 0891-2824444/8500259818/	Issue Office Name : Branch Office - Visakhapatnam
Email id : janaki.r@iimv.ac.in	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
Proposer GSTIN : 37AAAAI9622D1ZT	Phone No : 0891 2730302 / 8
	Email id : visakhapatnam.ao@starhealth.in
	Place of Supply : Andhra Pradesh / State Code : 37
Collection Number : 1054007491	
Receipt Date : 22/03/2019	Fulfiller Code : SH33357
Premium : Rs. 10,00,000	<b>Intermediary Code</b> :
CGST @9% : 90,000 /- SGST/UTGST@9%: 90,000 /-	<b>Name</b> :
Stamp Duty : Re. 1	<b>Phone</b> :
Total Premium : Rs. 11,80,000	<b>Email id</b> :

Total Premium in words	: Indian Rupees Eleven Lakhs Eighty Thousand Only
Period Of Insurance From : 01/04/2019 00:00:00 Hrs	To Midnight Of : 31/03/2020 23:59:59
<b>Co-insurance</b>	

**Risk Coverage Details**

No. of Employees / Members Covered	34
No. of Dependents Covered	91
Total No. of Persons covered	125
Sum Insured Slab	Rs. Various Sum Insured as per list attached
Total Sum Insured	Rs. 2,40,00,000/- only
Total Sum Insured (in words)	Indian Rupees Two Crores Forty Lakhs Only

Entered by : SH34186  
 Approved by : SH36516  
 Place :  
 Date : 29/03/2019

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



Authorised Signatory  
 Please see overleaf

Attached to and forming part of Policy No : P/131300/01/2020/000018

#### Extensions Offered

30 days waiting Period	Exclusion no.1 appearing in the policy clause stands deleted
First Year Exclusion	Exclusion no.2 appearing in the policy clause stands deleted
First Two Year Exclusion	Exclusion no.3 appearing in the policy clause stands deleted
Pre-existing Diseases Exclusion	Exclusion no.4 appearing in the policy clause stands deleted
Delivery Expenses	Covered subject to limits provided in the special conditions
New Born Baby cover	New born baby is covered from day one up to the end of the policy period provided the mother is covered under the policy up to the extent provided in the special conditions.

#### Special Conditions

Family Definition	Family Floater: Employee, Spouse, Children, Parents, Parent in Laws and Others.
Room Rent limits including Boarding, Nursing Charges, etc,	<p>Room Rent limits including Boarding, Nursing Charges is restricted to 1% of Sum Insured subject to a Maximum of Rs. 8000/- for Normal and ICU as actual.</p> <p>If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.</p> <p>Treatment in our network hospitals only, However in the case of Medical Emergencies &amp; Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation.</p>
Maternity Benefits limits	<p>Maternity Benefits limits for Normal - Rs. 40,000/- and Caesarean - Rs. 50,000/-.</p> <p>Maternity benefits, applicable only for the Employee or Dependent spouse.</p> <p>This policy is extended to cover the child delivery expenses incurred by the insured up to the limits indicated in the special conditions. In consequence thereof, exclusion no.12 stands amended as follows: 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: Family planning treatment and all types of treatment for infertility and its complications thereof.</p>
Day 1 cover for New born baby coverage limit	The benefit payable hereunder shall be up to full floater sum insured.

Entered by : SH34186  
Approved by : SH36516  
Place :  
Date : 29/03/2019

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

  
Authorised Signatory  
Please see overleaf

Attached to and forming part of Policy No : P/131300/01/2020/000018

Pre & Post Hospitalisation limits	<p>Pre Hospitalization - 30 Days.</p> <p>Pre hospitalization expenses incurred prior to inception of policy with the company is inadmissible.</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.25,000/- per eye.
Addition / Deletion of Employees & Dependents	<p>After the inception of the Policy , NO midterm inclusion of any employee &amp; dependents unless he is a new joinee and dependents of the already insured employee unless they are newly married spouse and new born child 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 &amp; for inclusion of dependents of the already insured employees, the Insured should provide the date of marriage for newly married spouse &amp; date of birth for newly born child.</p> <p>We agree for providing cover for additions from the date of joining of the new employee by charging pro-rata 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>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>The Cover for Children is only for dependent children. In the case of female children, the cover will cease once they become earning member or on getting married. In the case of dependent Male Children, the cover will cease once they become earning member.</p>
Other conditions	<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>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	All Day Care Procedures covered

Entered by : SH34186  
Approved by : SH36516  
Place :  
Date : 29/03/2019

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



Authorised Signatory  
Please see overleaf

Attached to and forming part of Policy No : P/131300/01/2020/000018

	<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>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.</p>
Other conditions	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.</p>	
<p>Claims will be settled through Inhouse claims team.</p>	

**Sector Classification :**

Urban		
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**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.**

**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 : SH34186  
Approved by : SH36516  
Place :  
Date : 29/03/2019

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

  
Authorised Signatory  
Please see overleaf

**TAX Invoice**

Invoice No. : 37L054Y19P000859	Customer ID : CB0000041390
Invoice Date : 24/03/19	Policy No : P/131300/01/2020/000018
Recipient	Supplier
GSTIN : 37AAAAI9622D1ZT	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Visakhapatnam
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
City :	City : VISAKHAPATNAM
State : Andhra Pradesh	State : Andhra Pradesh
Pincode : 530003	Pincode : 530 016
Client Category : CORP	Place of Supply : 37 - Andhra Pradesh

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @9% E = C * CGST	UT/SGST@9% F = C * UTGST or SGST	Total Invoice Value H = C + D + E + F
99173	Insurance Services	1000000	0	1000000		90000	90000	Rs. 11,80,000

Total Invoice Value (in Figures) : Rs. 11,80,000  
Total Invoice Value (in Words) : Indian Rupees Eleven Lakhs Eighty Thousand 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 : SH34186  
Approved by : SH36516  
Place :  
Date : 29/03/2019

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

Authorised Signatory  
Please see overleaf

**Policy Clause**  
**Star Group Health Insurance**  
**Unique id : SHAHLGP19028V011819**

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

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

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

### **1.COVERAGE**

A)Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the schedule

B)Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

C)Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses

D)Emergency ambulance charges up to the limits mentioned in the schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.

E)Relevant Pre-Hospitalization and Post-Hospitalization medical expenses up to the limits mentioned in the schedule

F)**AYUSH Treatment:** Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.

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

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

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

### **2. DEFINITIONS**

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

**Any One Illness** means continuous period of illness and it includes relapse within 45 days from the date of last

consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

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

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

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

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

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

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

**Company** means Star Health and Allied Insurance Company Limited

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

a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and

b. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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

I. has qualified nursing staff under its employment ;

II. has qualified medical practitioner (s) in charge ;

III. has a fully equipped operation theatre of its own where surgical procedures are carried out

IV. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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

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

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

**Disclosure to information norm** means the policy shall be void and all premium paid hereon shall forfeited to

the Company, in the event of mis-representation, mis description or non disclosure of any material fact

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

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

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

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

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

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

a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

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

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

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

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

care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

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

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

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

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

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

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

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

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

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

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

**Pre Hospitalization** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :

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

**Post Hospitalization** means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

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

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

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

**Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

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

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

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

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

### **3. EXCLUSIONS**

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

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. During the first year of operation of the Insurance cover, the expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 4 mentioned below.
3. During the first two years of continuous operation of Insurance Policy, any expenses on
  - a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related

to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.

b) Desmoid tumour of anterior abdominal wall.

c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.

d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]

e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology

g) Any transplant and related surgery

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

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

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

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

6. Congenital External diseases/condition defects or anomalies

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

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

9. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)

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

crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

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

#### **4. CONDITIONS:**

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

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

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

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

4. The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim

Documents to be submitted in support of claim are -

##### For Reimbursement claims:

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

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

##### For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company

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

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

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

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

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

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

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

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

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

**9. Automatic Termination:** The insurance under this policy with respect to each relevant insured person / family shall terminate immediately on the earlier of the following events:

1. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.

2. Upon exhaustion of the sum insured

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

The date of expiry of certificate of insurance or

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

The Insured person ceases to be a resident of India or

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

### **11. Role of Group Administrator / Proposer**

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

1) Furnish to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards

2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).

3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.

4) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy at premium as applicable for such individual insurance. In such event :-

a. Members who have been covered continuously for a period of one year under this Star Group Health Insurance with the Company, 30 days waiting period and First year exclusions shall be waived.

b. Members who have been covered continuously for a period of two years under this Star Group Health Insurance with the Company, 30 days waiting period, First year exclusions and First two year exclusions / First two year waiting period shall be waived.

c. In respect of members who have been covered continuously for a period a four years under this Star Group Health Insurance with the Company, 30 days waiting period, First year, First two year exclusions, 48 months waiting period with reference to Pre Existing diseases shall be waived.

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

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

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

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

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

**14. Important Note:**

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

**15. Policy disputes:**

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

**16. Notices**

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

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

**17. Customer Service**

If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

**18. Grievances:**

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

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

In the event of the following grievances:

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

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

List of Insurance Ombudsman	
CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079-25501201-02-05-06. Email:- <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a> Website : <a href="http://www.ecoi.co.in">www.ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU</b> 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:- <a href="mailto:bimalokpalbhopal@airtelbroadband.in">bimalokpalbhopal@airtelbroadband.in</a>	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674- 2596429 Email:- <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	State of Orissa.
<b>CHANDIGARH</b> 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:- <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

<b>CHENNAI</b> 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:- <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011- 23239633/23237532 Fax:- 011-23230858 Email:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>	State of Delhi
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyards, M.G. Road, Ernakulam - 682 015. Tel.:- 0484- 2358759/2359338 Fax:- 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi- Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040- 23376599 Email:- <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor,	State of Rajasthan.

Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in	
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulampur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022- 26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301 Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

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

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

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

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

#### **ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES**

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

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

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

#### **ELEMENTS OF ROOM CHARGE**

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

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

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

#### ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION

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

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

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

TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE

Policy No. : P/131300/02/2020/000001	Previous Policy No. : P/131300/02/2019/000001	
Proposer's Code : 9045298	GSTIN : 37AAJCS4517L1ZX	
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM	SAC Code : 997133/Accident and Health Insurance Services	
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM Visakhapatnam,Visakhapatnam,Andhra Pradesh-530003	Issuing Office Code : 131300	
	Issuing Office Name : Branch Office - Visakhapatnam	
	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003	
Phone No : 0891-2824444/8500259818/	Phone No : 0891 2730302 / 8	
E-mail Id : jayasimha.reddy@iimv.ac.in	E-mail Id : visakhapatnam.ao@starhealth.in	
Proposer GSTIN : 37AAAAI9622D1ZT	Place of Supply : Andhra Pradesh / State Code : 37	
Receipt No : 1054002466,1054007491,1054007503	Fulfiller Code : SH33357	
Receipt Date. : 22/03/2019,22/03/2019,22/03/2019	Intermediary Code : Name Phone No E-mail Id	
Premium :Rs.170547 /- CGST @9% : 15,349 /- SGST / UTGST @9%: 15,349 /- Stamp Duty :Rs.750/- Total Premium :Rs.201245 /-		
Total Premium In Words : Rupees Two Lakhs One Thousand Two Hundred Forty Five Only		
PERIOD OF INSURANCE From : 01/04/2019 To : Midnight Of 31/03/2020		

RISK COVERAGE DETAILS

No Of Persons Covered	34
Accident Care Group - Named	
TABLE COVER	SUM INSURED
TABLE 1 Death Only Benifits	Rs.0/-
TABLE 2 Death PTD and PPD	Rs.162900000/-
TABLE 3 Death,PTD,PPD and TTD	Rs.51000000/-
TABLE 4 Death and PTD Only	Rs.0/-
Total Sum Insured :RS.213900000 /-	
Total Sum Insured In Words : Rupees Twenty-One Crores Thirty-Nine Lakhs Only	

**NOTE:**  
PTD-Permanent Total Disablement  
PPD-Permanent Partial Disablement  
TTD-Temporary Total Disablement

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.  
**SPECIAL EXCLUSION:** Any claims relating to nuclear , chemical and biological terrorism is excluded from the scope of the Policy.  
**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 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 5522.

Special Conditions:

- 1 Table III - Weekly Benefits are payable only for the period of hopsitalisation arising out of grievous injuries due to accidents and reasonable period of convalescence thereafter.

TEMPORARY TOTAL DISABILITY : 1% of Sum Insured subject to a maximum of Rs. 5,000/- per week upto 100 weeks.

Entered by : SH34186  
Approved by : SH36516  
Place :  
Receipt Date. : 29/03/2019

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

IRDAI Regn. No 129  
Corporate Identity Number U66010TN2005PLC056649  
Email ID : info@starhealth.in

Attached to and forming part of Policy No P/131300/02/2020/000001

- 2

Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action. At the time of claim, proof of gainful income is mandatory for all employees.
- 3

All Other Terms & Conditions Subject to printed Policy (Accident care Insurance policy - Group) Clause attached.
- It is hereby declared and agreed that in the event of any claim for the 'Death' of an employee covered under the policy,the benefits shall become payable to the employer i.e.,the Insured against the discharge.Such payment will discharge the company (Insurer) from its obligation under the policy in respect of such claims
- 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 Printed Policy Clauses attached.

Sector Classification :

Urban		
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Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action.

"Consolidated Stamp duty paid vide Proceeding No : GSO5/2925/2018 Dated 22/05/2018"

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 - Visakhapatnam on 24th Day of March 2019 .

Entered by : SH34186  
Approved by : SH36516  
Place :  
Receipt Date. : 29/03/2019

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 37L054Y19P000863	Customer ID : CB0000041390
Invoice Date : 24/03/19	Policy No : P/131300/02/2020/000001
Recipient	Supplier
GSTIN : 37AAAAI9622D1ZT	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM	NAME : Star Health and Allied Insurance Co Ltd - &CP_ISSUE_DIVN_NAME
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
City :	City : VISAKHAPATNAM
State : Andhra Pradesh	State : Andhra Pradesh
Pincode : 530003	Pincode : 530 016
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	Total Invoice Value H = C + D + E+ F
99173	Insurance Services	170547	0	170547		15349	15349	201245

Total Invoice Value (in Figures) : Rs. 201245

Total Invoice Value (in Words) : Total Premium In Words : Rupees Two Lakhs One Thousand Two Hundred Forty Five 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 : SH34186

Approved by : SH36516

Place :

Receipt Date. : 29/03/2019

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

## Group Accident Insurance Policy

The Company by this Policy agrees, subject to the terms, conditions and exclusions as set out and the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

### 1. Definitions

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

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

**Age** means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

**Clinic** means a medical establishment where patients are given medical treatment or advice

**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

**Day** means a period of 24 consecutive hours

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on the insured person does not have his / her independent sources of income.

**Grievous Injury** means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

**Group Administrator** means the proposer / insured mentioned in the policy schedule

**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.

**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.

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

**Necessary and Reasonable Medical Expenses** 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

**Notification of claims** the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

**Nuclear, chemical, 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.

**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:

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.

**Out patient treatment** means the 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 medical practitioner. The insured is not admitted as a day care or in-patient

**Permanent Partial Disablement** means Medical Practitioner certified total loss or loss of use of specific body part as detailed under "Permanent Partial Disablement - Benefit 3 " following accidental injury to the insured person

**Permanent Total Disablement** means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

**Policy** means the Policy Wordings, the Policy Schedule and any other endorsements if any. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon

**Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

**Proposal Form / Declaration Form** means any initial or subsequent declaration made by Policy Holder / Insured

**Relative** means spouse, children, parents, siblings or in-laws

**Risk Group** : Risk Group I- Persons engaged primarily in administrative functions

Risk Group II - Persons engaged in manual work other than what is specifically provided for under Group III

Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard.

**Standard type aircraft/Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

**Sum insured** means the amount of insurance for which the premium is paid.

**Temporary Total Disablement** means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident

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

**1.Accidental Death - Benefit 1**

**2.Permanent Total Disablement - Benefit 2**

### **SCOPE OF COVER**

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different section hereunder, and as specified in the Schedule to the Policy.

Geographical Scope: The insurance cover applies Worldwide unless otherwise stated

#### **Accidental Death - Benefit 1**

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in "Benefit 1" under "Schedule of Benefits"

#### **Permanent Total Disablement - Benefit 2**

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:

a)The disablement occurs within 12 Calendar months from the date of the Accident.

b)The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

**Permanent Partial Disablement - Benefit 3**

If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 3" under "Schedule of Benefits", depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
- b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

**Temporary Total Disablement (Weekly Compensation) - Benefit 4:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement

In no case shall the compensation exceed the sum insured for this benefit.

The payment shall be made only after the termination of such disablement.

All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy

**Special Conditions (applicable to Benefits)**

- 1. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
- 2. If the accident impairs a number of physical functions, the degree of disablement given in the Schedule of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
- 3. Where a claim for 100% of the Sum Insured is admitted / admissible the coverage under the policy ceases for such relevant person.
- 4. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person if the group policy is renewed
- 5. In the event of Permanent Disablement, the Insured Person will be under obligation:
  - a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
  - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.

**Exclusions (applicable to all Benefits)**

- (a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured.
- (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.
- (c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule)

**1.AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS**

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the schedule during the policy period Either

- a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury

Or

in case of Death

b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

This lump sum amount is payable in addition to the sum insured

**2.TRAVEL EXPENSES FOR ONE RELATIVE:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the schedule for the transport expenses to one relative of the Insured Person.

This amount is payable in addition to the sum insured

**3.PURCHASE OF BLOOD:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy.

This amount is payable in addition to the sum insured

**4.TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred on freight charges for importing medicines to India, provided that:

- a. There is an admissible claim under the policy.
- b. The medicines, formulations or alternatives of the imported medicines are not available in India, and
- c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.
- d. The medicines which are imported should be permissible under Government Regulation
- e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.
- f. Prescription of the treating doctor with confirmation that the medicine is not available in India

This amount is payable in addition to the sum insured

**5.MEDICAL EXPENSES FOLLOWING AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. There is an admissible claim under Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 / Permanent Partial Disablement - Benefit 3 / Temporary Total Disablement (Weekly Compensation) - Benefit 4
2. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
3. Treatment availed is not an unproven / Experimental Treatment
4. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home)

**6.MEDICAL EXPENSES IRRESPECTIVE OF AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
2. Treatment availed is not an unproven / Experimental Treatment
3. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home).

**7.HOME CONVALESCENCE** Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to the limits mentioned in schedule. No payment will be made for the first day.

This benefit is payable in addition to the sum insured

**8.HOSPITAL CASH BENEFIT:** Following an admissible claim under the policy the Company will pay up to the limits mentioned in the schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24hours

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

This benefit is payable in addition to the sum insured

**9.VEHICLE AND/OR RESIDENCE MODIFICATION:** The Company will pay upto 10% of the sum insured subject to the limits mentioned in the schedule towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance

This amount is payable in addition to the sum insured

**10.EXTERNAL SUPPORT TO THE INSURED PERSON**

This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheel chair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company

The benefits under this extension is optional and is effective only if there is an admissible claim under the policy for Permanent Total Disablement - Benefit 2

**11.FUNERAL EXPENSES**

Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the schedule towards funeral expenses of the insured person.

Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company

**12.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT TOTAL DISABILITY OF THE INSURED PERSON:**

Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured, as mentioned below:

"If the Insured Person has dependent child/children below the age of 23 years, an amount as stated in the schedule is payable.

**13.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT DISABILITY OF PARENT/S OR GUARDIAN OF THE INSURED PERSON (WHERE THE INSURED PERSON IS A SCHOOL OR COLLEGE STUDENT)**

Following Accidental Death / Permanent Total Disability of the parent or guardian (named in the schedule) of the insured person, the Company will pay Educational Benefit as stated in the Schedule as compensation

This benefit is payable in addition to the sum insured.

**Note: Claim is payable only either under optional benefit 12 or 13 but not under both**

**14.OUT PATIENT MEDICAL EXPENSES DUE TO GRIEVOUS INJURY**

This insurance is extended to pay necessary and reasonable Out Patient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

**Note :** Medical expenses incurred / expended are during the policy tenure and are payable only if the policy is in force.

**GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY):**

The Company shall not be liable to make any payments in respect of:

1.Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

2.Any claim in respect of Pre-existing conditions.

3.Any claim if the insured acts against the advice of a physician.

4.Any claim arising out of Accidents that the Insured Person has caused

a.intentionally or by committing a crime

or

b.as a result of drunkenness or addiction (drugs, alcohol).

or

c.self-endangerment unless in self-defense or to save human life.

5.Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or

indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.

6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.

7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.

8. Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.

b) Nuclear weapons material

c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

d) Nuclear, Chemical, biological terrorism

10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

11. Participation in Hazardous Sport / Hazardous Activities

12. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

#### **GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY)**

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. Obligations of the Insured Person / Group Administrator / Proposer: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.

This condition is precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in this condition depending upon the merits of the case

2. Notification of Claim : Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.

Documents to be submitted for claims:

Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be

and

#### **For Death Claims:-**

Death Certificate

Post-mortem Certificate, if conducted

FIR (wherever required)

Police Investigation report / Panchanama (wherever required)

Viscera Sample Report / Chemical analysis report (wherever required)

Forensic Laboratory Report (wherever required)

Legal Heir Certificate (wherever required)

Succession Certificate (wherever required)

#### **For Permanent Total Disablement - Benefit 2 and Permanent Partial Disablement - Benefit 3**

Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required

**For Temporary Total Disablement (Weekly Compensation) - Benefit 4**

- Certificate from the employer confirming leave of absence from duty (applicable for employer - employee group)
- Certificate from the treating doctor that the claimant is fit to resume duty (fitness certificate)

**Travel expenses for one relative**

- Proof of expenses incurred (original)

**Vehicle and/or residence modification**

- Certificate from the doctor confirming the Disability and the requirement of modification
- Estimate from Workshop
- Invoice and Cash receipt for having carried the modification
- Estimate from civil engineer
- Invoice / Cash receipt for completion of the civil work modification

**Purchase of blood:**

- Original receipt for purchase of blood (wherever applicable)

**Transportation of imported medicines:**

- Prescription of the treating doctor with confirmation that the medicine is not available in India.
- Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

For less than 1 year tenure policy	Rate of Premium Retained : Full premium
For 1 Year Tenure Policy	
Period on Risk	Rate of Premium Retained
Up to 1 month	25% 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

For 2 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 3 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 4 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 5 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained

**11.Currency for payments**

All claims payable shall be paid in Indian Rupee only.

**12.Arbitration clause**

If any dispute or difference shall arise under this Policy such dispute or 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 hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

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

**13.Important Note:**

- a)The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
- b)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
- c)Where the policy is issued covering the family, the benefits are applicable individually for each person covered
- d)The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the Company for necessary compliance

**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.Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Fax No: 2831 9100 Toll Fax No: 1800 425 5522, Email [info@starhealth.in](mailto:info@starhealth.in)

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

**16.Customer Service :** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours

**17.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.

**Grievances Department:** Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Phone : 044-28243921, Email [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may call 044-28243923

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 policy holder is located.

List of Ombudsman	
CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079- 25501201-02-05-06. Email:- bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:-080- 26652048/26652049 Email:- bimalokpalbhopal@airtelbroadband.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- ioobbsr@dataone.in	State of Orissa.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011-23239633/23237532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in	State of Delhi
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484- 2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in	State of Rajasthan.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b>	

<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@gbic.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulampur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301 Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.Tel:0612-2680952 Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>


**Schedule of Benefits**

<b>Benefit</b>		<b>Percentage of the Sum Insured</b>
<b>Accidental Death - Benefit 1</b>		<b>100%</b>
<b>Permanent Total Disablement - Benefit 2</b> Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.		
<b>Permanent Total Disablement - Benefit 3</b> Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm.		

**Star Group Health Insurance**  
**Unique id : SHAHLGP19028V011819**  
**Policy Schedule**

<b>Policy No.</b> : P/131300/01/2020/001519	<b>Previous Policy No.</b> :
Proposer's Code : 9646208	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM (STUDENTS)	SAC Code : 997133/Accident and Health Insurance Services
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM Visakhapatnam, Visakhapatnam, Andhra Pradesh-530003	Issuing Office Code : 131300
Phone No : 0891-2824444/8500259818/	Issue Office Name : Branch Office - Visakhapatnam
Email id : jayasimha.reddy@iimv.ac.in	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
Proposer GSTIN : 37AAAAI9622D1ZT	Phone No : 0891 2730302 / 8
	Email id : visakhapatnam.ao@starhealth.in
	Place of Supply : Andhra Pradesh / State Code : 37
Collection Number : 1054001750	
Receipt Date : 03/07/2019	Fulfiller Code : SH33357
Premium : Rs. 2,24,719	<b>Intermediary Code</b> :
CGST @9% : 20,225 /- SGST/UTGST@9%: 20,225 /-	<b>Name</b> :
Stamp Duty : Re. 1	<b>Phone</b> :
Total Premium : Rs. 2,65,169	<b>Email id</b> :

Total Premium in words	: Indian Rupees Two Lakhs Sixty Five Thousand One Hundred Sixty Nine Only
Period Of Insurance From : 03/07/2019 10:00:00 Hrs	To Midnight Of : 02/07/2020 23:59:59
<b>Co-insurance</b>	

**Risk Coverage Details**

No. of Employees / Members Covered	126
No. of Dependents Covered	0
Total No. of Persons covered	126
Sum Insured Slab	Rs. 1,00,000/- only
Total Sum Insured	Rs. 1,26,00,000/- only
Total Sum Insured (in words)	Indian Rupees One Crore Twenty-Six Lakhs Only

Entered by : SH34186  
 Approved by : SH17613  
 Place :  
 Date : 11/07/2019

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



Authorised Signatory  
 Please see overleaf

Attached to and forming part of Policy No : P/131300/01/2020/001519

### Extensions Offered

30 days waiting Period	Exclusion no.1 appearing in the policy clause stands deleted
First Year Exclusion	Exclusion no.2 appearing in the policy clause stands deleted
First Two Year Exclusion	Exclusion no.3 appearing in the policy clause stands deleted
Pre-existing Diseases Exclusion	Exclusion no.4 appearing in the policy clause stands deleted

### Special Conditions

Family Definition	Individual Sum Insured(Employee only)
Room Rent limits including Boarding, Nursing Charges, etc,	<p>Restricted to 2% of Sum Insured subject to a Maximum of Rs. 2000/-.</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, whichever is lower.</p> <p>Treatment in our network hospitals only, However in the case of Medical Emergencies &amp; Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation.</p>
Pre & Post Hospitalisation limits	<p>Pre Hospitalisation - 30 Days and Post Hospitalisation - 60 Days.</p> <p>Pre hospitalisation expenses incurred prior to inception of policy with the Company is inadmissible".</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>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> <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>We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the</p>

Entered by : SH34186  
 Approved by : SH17613  
 Place :  
 Date : 11/07/2019

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 Star Health and Allied Insurance Company Ltd.



Authorised Signatory  
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Attached to and forming part of Policy No : P/131300/01/2020/001519

	coverage will be effective from the date of payment of premium.  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.
Other conditions	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.  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.  All Day Care Procedures covered.
Other conditions	All Other Terms & Conditions Subject to printed Policy (Star Group Health Insurance Policy) Clauses attached.

The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee.

Claims will be settled through Inhouse claims team.

**Sector Classification :**

Urban		
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**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.**

**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

Entered by : SH34186  
Approved by : SH17613  
  
Place :  
Date : 11/07/2019

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



Authorised Signatory  
Please see overleaf

**Attached to and forming part of Policy No :** P/131300/01/2020/001519

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.

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Entered by : SH34186  
Approved by : SH17613  
Place :  
Date : 11/07/2019

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



Authorised Signatory  
Please see overleaf

**TAX Invoice**

Invoice No. : 37D054Y20P000077	Customer ID : CB0000041390
Invoice Date : 04/07/19	Policy No : P/131300/01/2020/001519
Recipient	Supplier
GSTIN : 37AAAAI9622D1ZT	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM (STUDENTS)	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Visakhapatnam
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
City :	City : VISAKHAPATNAM
State : Andhra Pradesh	State : Andhra Pradesh
Pincode : 530003	Pincode : 530 016
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	Total Invoice Value H = C + D + E + F
991733	Insurance Services	224719	0	224719		20225	20225	Rs. 2,65,169

Total Invoice Value (in Figures) : Rs. 2,65,169

Total Invoice Value (in Words) : Indian Rupees Two Lakhs Sixty Five Thousand One Hundred Sixty Nine 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 : SH34186  
Approved by : SH17613  
Place :  
Date : 11/07/2019

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

  
Authorised Signatory  
Please see overleaf

**Policy Clause**  
**Star Group Health Insurance**  
**Unique id : SHAHLGP19028V011819**

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

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

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

### **1.COVERAGE**

A)Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the schedule

B)Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

C)Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and X-ray, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses

D)Emergency ambulance charges up to the limits mentioned in the schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is an admissible claim under the policy.

E)Relevant Pre-Hospitalization and Post-Hospitalization medical expenses up to the limits mentioned in the schedule

F)**AYUSH Treatment:** Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.

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

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

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

### **2. DEFINITIONS**

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

**Any One Illness** means continuous period of illness and it includes relapse within 45 days from the date of last

consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

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

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

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

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

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

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

**Company** means Star Health and Allied Insurance Company Limited

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

a. Undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and

b. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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

I. has qualified nursing staff under its employment ;

II. has qualified medical practitioner (s) in charge ;

III. has a fully equipped operation theatre of its own where surgical procedures are carried out

IV. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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

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

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

**Disclosure to information norm** means the policy shall be void and all premium paid hereon shall forfeited to

the Company, in the event of mis-representation, mis description or non disclosure of any material fact

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

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

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

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

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

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

a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

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

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

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

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

care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

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

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

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

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

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

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

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

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

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

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

**Pre Hospitalization** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :

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

**Post Hospitalization** means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

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

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

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

**Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

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

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

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

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

### **3. EXCLUSIONS**

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

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. During the first year of operation of the Insurance cover, the expenses on treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi, all types of management for kidney and genitourinary tract calculi., all Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano, Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 4 mentioned below.
3. During the first two years of continuous operation of Insurance Policy, any expenses on
  - a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related

to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.

b) Desmoid tumour of anterior abdominal wall.

c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.

d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]

e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology

g) Any transplant and related surgery

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

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

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

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

6. Congenital External diseases/condition defects or anomalies

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

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

9. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)

Policy Wordings

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

crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

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

#### **4. CONDITIONS:**

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

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

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

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

4. The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim

Documents to be submitted in support of claim are -

##### For Reimbursement claims:

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

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

##### For Cashless Treatment:

- a. Call the 24 hour help-line for assistance - 1800 425 2255
- b. Inform the ID number for easy reference
- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment.
- f. This form is submitted to the Company

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

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

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

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

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

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

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

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

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

**9. Automatic Termination:** The insurance under this policy with respect to each relevant insured person / family shall terminate immediately on the earlier of the following events:

1. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.

2. Upon exhaustion of the sum insured

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

The date of expiry of certificate of insurance or

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

The Insured person ceases to be a resident of India or

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

### **11. Role of Group Administrator / Proposer**

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

1) Furnish to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards

2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).

3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.

4) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy at premium as applicable for such individual insurance. In such event :-

a. Members who have been covered continuously for a period of one year under this Star Group Health Insurance with the Company, 30 days waiting period and First year exclusions shall be waived.

b. Members who have been covered continuously for a period of two years under this Star Group Health Insurance with the Company, 30 days waiting period, First year exclusions and First two year exclusions / First two year waiting period shall be waived.

c. In respect of members who have been covered continuously for a period a four years under this Star Group Health Insurance with the Company, 30 days waiting period, First year, First two year exclusions, 48 months waiting period with reference to Pre Existing diseases shall be waived.

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

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

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

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

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

**14. Important Note:**

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

**15. Policy disputes:**

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

**16. Notices**

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

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

**17. Customer Service**

If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours

**18. Grievances:**

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

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

In the event of the following grievances:

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

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

List of Insurance Ombudsman	
CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079-25501201-02-05-06. Email:- <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a> Website : <a href="http://www.ecoi.co.in">www.ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU</b> 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:- <a href="mailto:bimalokpalbhopal@airtelbroadband.in">bimalokpalbhopal@airtelbroadband.in</a>	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel:- 0755-2769201/202 Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel:- 0674-2596461 / 2596455 Fax:- 0674- 2596429 Email:- <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	State of Orissa.
<b>CHANDIGARH</b> 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:- <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

<b>CHENNAI</b> 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:- <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011- 23239633/23237532 Fax:- 011-23230858 Email:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>	State of Delhi
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyards, M.G. Road, Ernakulam - 682 015. Tel.:- 0484- 2358759/2359338 Fax:- 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi- Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040- 23376599 Email:- <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor,	State of Rajasthan.

Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in	
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulampur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022- 26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301 Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

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

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

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

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

#### **ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES**

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

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

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

#### **ELEMENTS OF ROOM CHARGE**

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

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

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

#### ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION

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

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

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

TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE

Policy No. : P/131300/02/2020/000357	Previous Policy No. :
Proposer's Code : 9646795	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM (STUDENTS)	SAC Code : 997133/Accident and Health Insurance Services
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM Visakhapatnam,Visakhapatnam,Andhra Pradesh-530003	Issuing Office Code : 131300
Phone No : 0891-2824444/8500259818/ E-mail Id : jayasimha.reddy@iimv.ac.in	Issuing Office Name : Branch Office - Visakhapatnam
Proposer GSTIN : 37AAAAI9622D1ZT	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
Receipt No : 1054001750,1054001751	Phone No : 0891 2730302 / 8
Receipt Date. : 03/07/2019,03/07/2019	E-mail Id : visakhapatnam.ao@starhealth.in
Premium :Rs.5040 /- CGST @9% : 454 /- SGST / UTGST @9% : 454 /- Stamp Duty :Rs.5/- Total Premium :Rs.5948 /-	Place of Supply : Andhra Pradesh / State Code : 37
	Fulfiller Code : SH33357
	Intermediary Code : Name Phone No E-mail Id

Total Premium In Words : Rupees Five Thousand Nine Hundred Forty Eight Only
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PERIOD OF INSURANCE	From : 03/07/2019	To : Midnight Of 02/07/2020
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RISK COVERAGE DETAILS

No Of Persons Covered	126
Accident Care Group - Named	
TABLE COVER	SUM INSURED
TABLE 1 Death Only Benifits	Rs.0/-
TABLE 2 Death PTD and PPD	Rs.12600000/-
TABLE 3 Death,PTD,PPD and TTD	Rs.0/-
TABLE 4 Death and PTD Only	Rs.0/-
Total Sum Insured	:RS.12600000 /-

**NOTE:**  
PTD-Permanent Total Disablement  
PPD-Permanent Partial Disablement  
TTD-Temporary Total Disablement

Total Sum Insured In Words : Rupees One Crore Twenty-Six Lakhs Only
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This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.  
**SPECIAL EXCLUSION:** Any claims relating to nuclear , chemical and biological terrorism is excluded from the scope of the Policy.  
**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 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 5522.

Special Conditions:

1 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.

Terrorism covered excluding Nuclear, Chemical and Biological.

At the time of claim, Proof of income is mandatory for all employees.

Entered by : SH34186  
Approved by : SH17613  
Place :  
Receipt Date. : 11/07/2019

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129  
Corporate Identity Number U66010TN2005PLC056649  
Email ID : info@starhealth.in

  
Authorised Signatory

Attached to and forming part of Policy No P/131300/02/2020/000357

All Other Terms & Conditions Subject to printed Policy (Accident care Insurance policy - Group) Clause attached.

It is hereby declared and agreed that in the event of any claim for the 'Death' of an employee covered under the policy,the benefits shall become payable to the employer i.e.,the Insured against the discharge.Such payment will discharge the company (Insurer) from its obligation under the policy in respect of such claims

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 Printed Policy Clauses attached.

Sector Classification :

Urban		
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Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action.

"Consolidated Stamp duty paid vide Proceeding No : GSO5/2925/2018 Dated 22/05/2018"

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 - Visakhapatnam on 04th Day of July 2019 .

Entered by : SH34186  
Approved by : SH17613  
Place :  
Receipt Date. : 11/07/2019

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory

TAX Invoice



Invoice No. : 37D054Y20P000078	Customer ID : CB0000041390
Invoice Date : 04/07/19	Policy No : P/131300/02/2020/000357
Recipient	Supplier
GSTIN : 37AAAAI9622D1ZT	GSTIN : 37AAJCS4517L1ZX
Proposer's Name : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM (STUDENTS)	NAME : Star Health and Allied Insurance Co Ltd - &CP_ISSUE_DIVN_NAME
Address : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS VISAKHAPATNAM	Address : Flat No.101, Govinda Mansion, VIP Road, Opp Union Chapel Church, Waltair Uplands, Visakhapatnam - 530003
City :	City : VISAKHAPATNAM
State : Andhra Pradesh	State : Andhra Pradesh
Pincode : 530003	Pincode : 530 016
Client Category : CORP	Place of Supply : 37 - Andhra Pradesh

HSN / SAC Code	Description of Service(s)	Total	Discount	TaxableValue	IGST @ 18%	CGST @9%	UT/SGST@9%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C *CGST	F = C *UTGST or SGST	H = C + D + E+ F
99173	Insurance Services	5040	0	5040		454	454	5948

Total Invoice Value (in Figures) : Rs. 5948

Total Invoice Value (in Words) : Total Premium In Words : Rupees Five Thousand Nine Hundred Forty Eight 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 : SH34186

Approved by : SH17613

Place :

Receipt Date. : 11/07/2019

For Star Health and Allied Insurance Company Ltd.

  
Authorised Signatory

## Group Accident Insurance Policy

The Company by this Policy agrees, subject to the terms, conditions and exclusions as set out and the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

### 1.Definitions

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

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

**Age** means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

**Clinic** means a medical establishment where patients are given medical treatment or advice

**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

**Day** means a period of 24 consecutive hours

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on the insured person does not have his / her independent sources of income.

**Grievous Injury** means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

**Group Administrator** means the proposer / insured mentioned in the policy schedule

**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.

**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.

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

**Necessary and Reasonable Medical Expenses** 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

**Notification of claims** the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

**Nuclear, chemical, 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.

**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:

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.

**Out patient treatment** means the 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 medical practitioner. The insured is not admitted as a day care or in-patient

**Permanent Partial Disablement** means Medical Practitioner certified total loss or loss of use of specific body part as detailed under "Permanent Partial Disablement - Benefit 3 " following accidental injury to the insured person

**Permanent Total Disablement** means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

**Policy** means the Policy Wordings, the Policy Schedule and any other endorsements if any. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon

**Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

**Proposal Form / Declaration Form** means any initial or subsequent declaration made by Policy Holder / Insured

**Relative** means spouse, children, parents, siblings or in-laws

**Risk Group** : Risk Group I- Persons engaged primarily in administrative functions

Risk Group II - Persons engaged in manual work other than what is specifically provided for under Group III

Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard.

**Standard type aircraft/Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

**Sum insured** means the amount of insurance for which the premium is paid.

**Temporary Total Disablement** means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident

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

**1.Accidental Death - Benefit 1**

**2.Permanent Total Disablement - Benefit 2**

### **SCOPE OF COVER**

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different section hereunder, and as specified in the Schedule to the Policy.

Geographical Scope: The insurance cover applies Worldwide unless otherwise stated

#### **Accidental Death - Benefit 1**

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in "Benefit 1" under "Schedule of Benefits"

#### **Permanent Total Disablement - Benefit 2**

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:

a)The disablement occurs within 12 Calendar months from the date of the Accident.

b)The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

**Permanent Partial Disablement - Benefit 3**

If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 3" under "Schedule of Benefits", depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
- b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

**Temporary Total Disablement (Weekly Compensation) - Benefit 4:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement

In no case shall the compensation exceed the sum insured for this benefit.

The payment shall be made only after the termination of such disablement.

All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy

**Special Conditions (applicable to Benefits)**

- 1. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
- 2. If the accident impairs a number of physical functions, the degree of disablement given in the Schedule of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
- 3. Where a claim for 100% of the Sum Insured is admitted / admissible the coverage under the policy ceases for such relevant person.
- 4. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person if the group policy is renewed
- 5. In the event of Permanent Disablement, the Insured Person will be under obligation:

- a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
- b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.

**Exclusions (applicable to all Benefits)**

- (a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured.
- (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.
- (c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule)

**1.AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS**

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the schedule during the policy period Either

- a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury

Or

in case of Death

b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

This lump sum amount is payable in addition to the sum insured

**2. TRAVEL EXPENSES FOR ONE RELATIVE:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the schedule for the transport expenses to one relative of the Insured Person.

This amount is payable in addition to the sum insured

**3. PURCHASE OF BLOOD:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy.

This amount is payable in addition to the sum insured

**4. TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay up to the limits mentioned in the schedule towards the expenses incurred on freight charges for importing medicines to India, provided that:

- a. There is an admissible claim under the policy.
- b. The medicines, formulations or alternatives of the imported medicines are not available in India, and
- c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.
- d. The medicines which are imported should be permissible under Government Regulation
- e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.
- f. Prescription of the treating doctor with confirmation that the medicine is not available in India

This amount is payable in addition to the sum insured

**5. MEDICAL EXPENSES FOLLOWING AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. There is an admissible claim under Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 / Permanent Partial Disablement - Benefit 3 / Temporary Total Disablement (Weekly Compensation) - Benefit 4
2. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
3. Treatment availed is not an unproven / Experimental Treatment
4. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home)

**6. MEDICAL EXPENSES IRRESPECTIVE OF AN ADMISSIBLE PERSONAL ACCIDENT CLAIM**

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

1. Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
2. Treatment availed is not an unproven / Experimental Treatment
3. Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home).

**7. HOME CONVALESCENCE** Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to the limits mentioned in schedule. No payment will be made for the first day.

This benefit is payable in addition to the sum insured

**8. HOSPITAL CASH BENEFIT:** Following an admissible claim under the policy the Company will pay up to the limits mentioned in the schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24 hours

No claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

This benefit is payable in addition to the sum insured

**9.VEHICLE AND/OR RESIDENCE MODIFICATION:** The Company will pay upto 10% of the sum insured subject to the limits mentioned in the schedule towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance

This amount is payable in addition to the sum insured

**10.EXTERNAL SUPPORT TO THE INSURED PERSON**

This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheel chair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company

The benefits under this extension is optional and is effective only if there is an admissible claim under the policy for Permanent Total Disablement - Benefit 2

**11.FUNERAL EXPENSES**

Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the schedule towards funeral expenses of the insured person.

Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company

**12.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT TOTAL DISABILITY OF THE INSURED PERSON:**

Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured, as mentioned below:

"If the Insured Person has dependent child/children below the age of 23 years, an amount as stated in the schedule is payable.

**13.EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT DISABILITY OF PARENT/S OR GUARDIAN OF THE INSURED PERSON (WHERE THE INSURED PERSON IS A SCHOOL OR COLLEGE STUDENT)**

Following Accidental Death / Permanent Total Disability of the parent or guardian (named in the schedule) of the insured person, the Company will pay Educational Benefit as stated in the Schedule as compensation

This benefit is payable in addition to the sum insured.

**Note: Claim is payable only either under optional benefit 12 or 13 but not under both**

**14.OUT PATIENT MEDICAL EXPENSES DUE TO GRIEVOUS INJURY**

This insurance is extended to pay necessary and reasonable Out Patient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

**Note :** Medical expenses incurred / expended are during the policy tenure and are payable only if the policy is in force.

**GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY):**

The Company shall not be liable to make any payments in respect of:

1.Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

2.Any claim in respect of Pre-existing conditions.

3.Any claim if the insured acts against the advice of a physician.

4.Any claim arising out of Accidents that the Insured Person has caused

a.intentionally or by committing a crime

or

b.as a result of drunkenness or addiction (drugs, alcohol).

or

c.self-endangerment unless in self-defense or to save human life.

5.Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or

indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.

6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.

7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.

8. Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.

b) Nuclear weapons material

c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

d) Nuclear, Chemical, biological terrorism

10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

11. Participation in Hazardous Sport / Hazardous Activities

12. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

#### **GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY)**

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. Obligations of the Insured Person / Group Administrator / Proposer: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.

This condition is precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in this condition depending upon the merits of the case

2. Notification of Claim : Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.

Documents to be submitted for claims:

Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be

and

#### **For Death Claims:-**

Death Certificate

Post-mortem Certificate, if conducted

FIR (wherever required)

Police Investigation report / Panchanama (wherever required)

Viscera Sample Report / Chemical analysis report (wherever required)

Forensic Laboratory Report (wherever required)

Legal Heir Certificate (wherever required)

Succession Certificate (wherever required)

#### **For Permanent Total Disablement - Benefit 2 and Permanent Partial Disablement - Benefit 3**

Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required

**For Temporary Total Disablement (Weekly Compensation) - Benefit 4**

- Certificate from the employer confirming leave of absence from duty (applicable for employer - employee group)
- Certificate from the treating doctor that the claimant is fit to resume duty (fitness certificate)

**Travel expenses for one relative**

- Proof of expenses incurred (original)

**Vehicle and/or residence modification**

- Certificate from the doctor confirming the Disability and the requirement of modification
- Estimate from Workshop
- Invoice and Cash receipt for having carried the modification
- Estimate from civil engineer
- Invoice / Cash receipt for completion of the civil work modification

**Purchase of blood:**

- Original receipt for purchase of blood (wherever applicable)

**Transportation of imported medicines:**

- Prescription of the treating doctor with confirmation that the medicine is not available in India.
- Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

For less than 1 year tenure policy	Rate of Premium Retained : Full premium
For 1 Year Tenure Policy	
Period on Risk	Rate of Premium Retained
Up to 1 month	25% 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

For 2 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 3 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 4 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
For 5 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained

**11.Currency for payments**

All claims payable shall be paid in Indian Rupee only.

**12.Arbitration clause**

If any dispute or difference shall arise under this Policy such dispute or 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 hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

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

**13.Important Note:**

- a)The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
- b)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
- c)Where the policy is issued covering the family, the benefits are applicable individually for each person covered
- d)The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the Company for necessary compliance

**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.Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Fax No: 2831 9100 Toll Fax No: 1800 425 5522, Email [info@starhealth.in](mailto:info@starhealth.in)

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

**16.Customer Service :** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours

**17.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.

**Grievances Department:** Star Health and Allied Insurance Company Limited, 1, New Tank Street, ValluvarKottam High Road, Nungambakkam, Chennai- 600034, Phone : 044-28243921, Email [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may call 044-28243923

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 policy holder is located.

List of Ombudsman	
CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079- 25501201-02-05-06. Email:- bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:-080- 26652048/26652049 Email:- bimalokpalbhopal@airtelbroadband.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- ioobbsr@dataone.in	State of Orissa.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011-23239633/23237532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in	State of Delhi
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484- 2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in	State of Rajasthan.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b>	

<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@gbic.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301 Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.Tel:0612-2680952 Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>


**Schedule of Benefits**

<b>Benefit</b>		<b>Percentage of the Sum Insured</b>
<b>Accidental Death - Benefit 1</b>		<b>100%</b>
<b>Permanent Total Disablement - Benefit 2</b> Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.		
<b>Permanent Total Disablement - Benefit 3</b> Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm.		



# Star Health and Allied Insurance company Limited

## Claims Analysis Report

Annexure - XVIII

PolicyNumber  
P/131300/01/2020/001519

Policy Holder : INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM (STUDENTS)

Policy Number : P/131300/01/2020/001519

Broker Name : Mr.SANKARA RAO SIRIKI

Policy Period : 03 July 2019 to 02 July 2020

MIS Report as on : 15 March 2020

### Claims Summary

Claim Type	No of Claims	Value	% Claims	% Value
Cashless	8	325,078	88.9%	97.9%
Reimbursement	1	6,805	11.1%	2.1%
<b>Total</b>	<b>9</b>	<b>331,883</b>	<b>100.0%</b>	<b>100.0%</b>

### Premium Summary

First Time Premium	224,719
Addition Premium	167,579
<b>Total</b>	<b>392,298</b>

### Claims Ratio

Incurred Ratio on Gross Premium %	84.6%
Incurred Ratio on Gross Premium - Our Share % (If Applicable)	0.0%
Earned Premium	275,466
Incurred Ratio on Earned Premium %	120.5%
Incurred Ratio on Earned Premium - Our Share % ( If Applicable)	

### Morbidity Ratio

No of Lives Insured	232
No of Claims	9
Incidence Rate	3.9%
No of Lives Inception	126
Addition	106
Deletion	-2
Current Lives	230

### Distribution Across Age

Age Band	No of Claims	Paid Amount	% Claims	% Value
19-35	9	331,883	100.0%	100.00%

<b>Total</b>	<b>9</b>	<b>331,883</b>	<b>100.0%</b>	<b>100.00%</b>
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#### **Distribution Across Beneficiary**

<b>Beneficiary</b>	<b>No of Claims</b>	<b>Value</b>	<b>% Claims</b>	<b>% Value</b>
Others	9	331,883	100.0%	100.0%
<b>Total</b>	<b>9</b>	<b>331,883</b>	<b>100.0%</b>	<b>100.0%</b>

#### **Amount Band wise Analysis**

<b>Amount Band</b>	<b>No of Claims</b>	<b>Value</b>	<b>% Claims</b>	<b>% Value</b>
Rs 10,000/- and Less	1	6,805	11.1%	2.1%
Rs.10,001/- to Rs.25,000/-	3	51,919	33.3%	15.6%
RS.25,001/- to RS.50,000/-	2	61,896	22.2%	18.6%
Rs.50,001/- to Rs.1,00,000/-	3	211,263	33.3%	63.7%
<b>Total</b>	<b>9</b>	<b>331,883</b>	<b>100.0%</b>	<b>100.0%</b>

#### **Ailment Profile**

<b>ICD Group</b>	<b>No of Claims</b>	<b>Value</b>	<b>% Claims</b>	<b>% Value</b>
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	5	176,127	55.6%	53.1%
Diseases of the respiratory system	2	26,229	22.2%	7.9%
Injury, poisoning and certain other consequences of external causes	2	129,527	22.2%	39.0%
<b>Total</b>	<b>9</b>	<b>331,883</b>	<b>100.0%</b>	<b>100.0%</b>

#### **Repeated Utilization Report for Employees**

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No of Claims	No of Employees	Value	% Claims	% Value
1	9	331,883	100.0%	100.0%
<b>Total</b>	<b>9</b>	<b>331,883</b>	<b>100.0%</b>	<b>100.0%</b>

### Repeated Utilization Report for Dependents

<u>Top 10 Hospitals</u>				
Hospital Name & City	No of Claims	Value	% Claims	% Value
Apollo Hospitals Enterprise Limited, VISAKHAPATNAM	6	180,698	66.7%	54.4%
Care Hospital, VISAKHAPATNAM	3	151,185	33.3%	45.6%

*All Reports are Based on Settled Claims except Claims summary & Claims Ratio  
Amount is in INR.....*