

**STAR GROUP HEALTH INSURANCE POLICY FOR BANK CUSTOMERS**  
**UIN : SHAHLGP19102VO11819**

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 tale below :

Sum Insured Rs.	Limit Rs.
2,00,000	Up to 2,000/- per day
3,00,000 & 4,00,000	Up to 5,000/- per day
5,00,000 - 25,00,000	Single Standard A/C Room

- 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 is payable up to the limits given below:

Sum Insured Rs.	Limit per policy period Rs.
Up to 4,00,000/-	Up to 10,000
5,00,000/- to 15,00,000/-	Up to 15,000
20,00,000/- and 25,00,000/	Up to 20,000

Note: Payment under this benefit forms part of the sum insured.

- G) **Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Sum Insured immediately upon exhaustion of the **Sum Insured**, which has been defined, during the policy period upto 25% of the sum insured. Automatic Restoration will operate only after the exhaustion of the sum insured.

It is made clear that such restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made. The unutilized restored sum insured cannot be carried forward.

**Note:** Automatic Restoration of Sum Insured is available only for sum insured options of Rs.3,00,000/- and above. **Not applicable for Sum Insured of Rs.2,00,000/-.**

- H) **Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured .Donor screening expenses and post-donation complications of the donor are not payable.. This cover is subject to a limit of 10% of the sum insured or Rs. 1 lakh whichever is less

- I) **Cost of Health Checkup:** Expenses incurred towards cost of health check-up up to the limits mentioned in the table given below for every claim free year provided the health checkup is done at network hospitals and the policy is in force. Payment under this benefit does not form part of the sum insured.

If a claim is made by any of the insured persons, the health check up benefits will not be available under the policy for the other covered members of the family of that insured person who has made a claim.

Note : Payment of expenses towards cost of health check up will not prejudice the company's right to deal with a claim in case of non disclosure of material fact and / or Pre-Existing Diseases in terms of the policy.

Sum Insured Rs.	Limit Per Policy Period (Rs.)
2,00,000/-	Not Eligible
3,00,000/-	Up to 750/-
4,00,000/-	Up to 1,000/-
5,00,000/-	Up to 1,500/-
7,00,000/-	Up to 1,750/-
10,00,000/-	Up to 2,000/-
15,00,000/-	Up to 2,500/-
20,00,000/-	Up to 3,000/-
25,00,000/-	Up to 3,500/-

J) Expenses incurred on treatment of Cataract is subject to the limit as per the following table

Sum Insured Rs.	Limit per eye Rs.	Limit per policy period Rs.
2,00,000/-	Up to 12,000/-per eye, per policy period	
3,00,000/-	Up to 25,000/-	Up to 35,000/-
4,00,000/-	Up to 30,000/-	Up to 45,000/-
5,00,000/- & 7,00,000/-	Up to 40,000/-	Up to 60,000/-
10,00,000/- to 25,00,000/-	Up to 50,000/-	Up to 75,000/-

K) Air Ambulance charges up to 10% of the sum insured, provided that

1. It is for life threatening emergency health condition/s of the insured person which requires immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide.
2. Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency
3. It is prescribed by a Medical Practitioner and is Medically Necessary;
4. The insured person is in India and the treatment is in India only
5. Such Air ambulance should have been duly licensed to operate as such by Competent Authorities of the Government/s

Note: This benefit is available for sum insured options of Rs.5,00,000/- and above only.

**Important :**

- a) Claims will be settled by in-house claims team
- b) 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. All day care treatments are covered. The company's liability for specified ailment / surgical procedure is up to the limits mentioned in the schedule.
- c) Expenses relating to hospitalization will be considered in proportion to the eligible room category stated in the policy or actual whichever is less.

## 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

**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 center or other provider that is not part of the network

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

**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 continuous operation of Insurance Policy, any expenses on
  - a) 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.
  - b) 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.
  - c) Desmoid tumour of anterior abdominal wall.
  - d) 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.
  - e) 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]
  - f) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system

- g) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- h) Any transplant and related surgery

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

- 3. Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed under this Star Group Health Insurance Policy For Bank Customers since inception of the first policy with the Company.

Note : In the event of this Star Group Health Insurance Policy For Bank Customers 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, and 3 will be given in the individual health insurance policy according to the number of years covered continuously under this Star Group Health Insurance Policy For Bank Customers

- 4. 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)
- 5. Congenital External diseases/condition defects or anomalies
- 6. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)
- 7. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states, Psychiatric, mental and behavioral disorders, Venereal disease and Sexually transmitted diseases(Other than HIV), intentional self injury and use of intoxicating drugs / alcohol, smoking and tobacco chewing
- 8. 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)
- 9. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- 10. 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.
- 11. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for endocrine disorders, treatment for sleep apnea
- 12. 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 no12



13. 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.
14. 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.
15. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
16. Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
17. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy. Immunotherapy without proper indication.
18. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
19. Hospital registration charges, admission charges, record charges, telephone charges and such other charges
20. 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 Priapism and erectile dysfunctions.
21. 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.
22. Other expenses as detailed in the website “ [www.starhealth.in](http://www.starhealth.in)”

#### **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 admission any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars 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 and chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anaesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. Copy of PAN Card

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 of the Policy 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. Addition and deletion of insured persons / beneficiary**

Addition of persons into this Group Policy can be made on payment of additional premium on pro-rata basis provided the cover coincides with the expiry date of the policy.

Refund of premium for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.

- 6. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
- 7. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is found to be in any manner fraudulent or supported by any fraudulent means or device, misrepresentation /non disclosure at the time of proposal / at the time of claim, whether by the Insured Person/s or by any other person acting on his behalf.
- 8. **Renewal:** The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal.
- 9. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the proposer / group administrator, by sending the proposer / group administrator 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured person, then the insurance cover in respect of such insured person will cease immediately. The proposer / group administrator may at any time cancel this policy and in such

event the Company shall allow refund only for those insured person / family who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given below)

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	15% of annual premium
Exceeding one month and Up to three months	35% of annual premium
Exceeding three months and Up to six months	55% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

10. **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 plus restore sum insured wherever applicable.
11. **Automatic Termination of Individual Certificate of Insurance.** The Certificate of Insurance will terminate on the earliest of the following dates:  
The date of expiry of certificate of insurance or  
The date the Insured Person is no longer eligible to be within the classification of Insured Person(s) described in the Policy Schedule or  
The Insured person ceases to be a resident of India or  
From the date the Certificate of Insurance is cancelled either by the Group Administrator
12. **Role of Group Administrator / Proposer**  
The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes
- 1) Furnishing to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards
  - 2) Distributing 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) Facilitating Insured Person / s in availing all insurance related services including cashless facility wherever required.
  - 4) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy at premium as applicable for such individual insurance. In such event :-
    - a. Members who have been covered continuously for a period of one year under this Star Group Health Insurance Policy For Bank Customers with the Company, 30 days waiting period and First year exclusions shall be waived.
    - b. Members who have been covered continuously for a period of two years under this Star Group Health Insurance Policy For Bank Customers with the Company, 30 days waiting period, First year exclusions and First two year exclusions / First two year waiting period shall be waived.

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

13. **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.

14. 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.
15. **Important Note:**
- Where the policy is on floater basis, the sum insured and sub-limits float amongst family members covered
  - 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.
  - 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.
  - 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

16. **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.

**17. 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

**18. Customer Service**

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

**19. 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
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, 6<sup>th</sup> 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> <b>Website : <a href="http://www.ecoi.co.in">www.ecoi.co.in</a></b></p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu</p>
<p><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></p>	<p>Karnataka.</p>
<p><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></p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p><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></p>	<p>State of Orissa.</p>
<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 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></p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</p>
<p><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></p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>

<p><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</p>	<p>State of Delhi</p>
<p><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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p><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</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><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</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p><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</p>	<p>State of Rajasthan.</p>
<p><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</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>



<p><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</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>