



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

PROSPECTUS - STAR CRITICAL ILLNESS MULTIPAY INSURANCE POLICY

Unique Identification No.: SHAHLIP22140V012122

Star Critical Illness Multipay Insurance Policy is a standalone critical illness policy providing lumpsum on diagnosis of 4 groups of Critical illness.

】 **Policy Term: 1 year / 2 years / 3 years.** For policies with term more than one year, the Sum Insured is for each year, without any carry over benefit.

Note: The said benefits that are available for the 2nd year or 3rd year cannot be utilized in the 1st year itself.

】 **Type of Policy:** Individual

】 **Eligibility:** Persons aged between 18 years to 65 years can avail this Insurance. Proposer should be aged 18 years and above.

】 **Sum Insured Options:** Min. Rs. 5,00,000/- to Max. Rs.25,00,000/- (in multiples of Rs.1,00,000/-)

• **For Earning persons** -12 times of yearly income for 18 – 35 yrs age and 10 times of yearly income for above 35 yrs age. The maximum sum insured cannot exceed Rs.25 lacs

• **For Non-Earning persons** – Maximum up to 15 lacs. Non-earning sum insured cannot be more than the sum insured for the primary member

】 **Pre acceptance medical screening:** No medical examination is required where the person proposed for insurance is up to and inclusive of 50 yrs of age. Medical Examination is required where the person proposed for insurance is above 50 years of age and for those who declare adverse medical history in the proposal form.

Note: Standard lives: Proposal shall be accepted up to maximum EMR of +100 only. Beyond EMR 100%, proposal shall be declined

】 **Instalment Facility available:** Premium can be paid Quarterly, Half-yearly. Premium can also be paid Annually, Biennial (Once in 2 years) and Triennial (Once in 3 years).

For instalment mode of payment the loading applied for each Instalment option is provided below

Quarterly: 3%

Half Yearly: 2%

Note: If premium is paid on instalment basis, long term discount is not available.

】 **Benefits Covered**

i. If during the period stated in the Policy Schedule the insured person shall be diagnosed with any Major Disease/s specified in the table given here under, the Company will pay to the Insured Person a lump-sum not exceeding the sum insured stated in the policy schedule

List of covered Major Diseases	Group Number or category	Disease Group
1. Cancer of Specified Severity	1	Cancer related
2. Bone Marrow Transplantation		
3. Aplastic Anaemia		
4. Myocardial Infarction	2	Heart related conditions
5. Open Chest CABG		
6. Open Heart Replacement or Repair of Heart Valves		
7. Primary (Idiopathic) Pulmonary Hypertension		
8. Heart Transplantation		
9. Surgery of Aorta		
10. Dissecting Aortic Aneurysm		
11. Other Serious Coronary Artery Disease		
12. Cardiomyopathy of Specified Severity	3	Brain & Nervous System related Conditions
13. Coma of Specified Severity		
14. Stroke Resulting in Permanent Symptoms		
15. Permanent Paralysis of Limbs		
16. Motor Neuron Disease with Permanent Symptoms		
17. Multiple Sclerosis with Persisting Symptoms		
18. Benign Brain Tumour		

List of covered Major Diseases	Group Number or category	Disease Group
19. Loss of Speech	3	Brain & Nervous System related Conditions
20. Major Head Trauma		
21. Alzheimer's Disease		
22. Creutzfeldt-Jacob Disease (CJD)		
23. Encephalitis		
24. Muscular Dystrophy		
25. Bacterial Meningitis		
26. Brain Surgery		
27. Progressive Supranuclear Palsy	4	Major Organ & Other Conditions
28. Apallic Syndrome		
29. Major Organ Transplantation (of lung, liver, kidney, pancreas)		
30. Kidney Failure Requiring Regular Dialysis		
31. Blindness		
32. Deafness		
33. End Stage Liver Failure		
34. Third-Degree Burns		
35. Fulminant Hepatitis		
36. Systemic Lupus Erythematosus with Lupus Nephritis		
37. End Stage Lung Failure		

Special Conditions

- Major Disease experienced by the Insured is the first incidence of that Major Disease; and
- The first diagnosis of the covered major disease / condition should have been experienced by the insured only after 90 days of commencement of cover under the policy.
- The insured person should have survived up to 15 days from the date of diagnosis of such Major disease; and
- Incidence of the Disease specified in the policy must be confirmed by a registered medical practitioner appointed by the Company and must be supported by clinical, radiological, histological, pathological, histo-pathological and laboratory evidence acceptable to the Company.
- Only one claim is admissible under each group
- If the insured claims for multiple major diseases at the same time, then the Company's liability will be for only one Group.
- Upon payment of lump-sum on occurrence of any Major Disease, the insurance will continue to provide coverage under the policy subject to the following:
 - Cover shall be given for a second, third and fourth occurrences of covered Major diseases under other Group and maximum of 4 such occurrences are covered over a life time of the Insured.
 - Maximum One lump-sum (up to 100% of the Sum Insured) can be paid from each Group of covered Major Diseases and total payout over a life time of the Insured cannot exceed 400% of the Sum Insured.
 - Waiting period of 12 - months shall apply between the occurrence of each condition (i.e between the first and second condition or between the second and third condition or between the third and fourth condition)
 - The policy being renewed and the second or third or fourth event occurs during the renewed policy period.
 - Insured person is eligible for renewal if atleast one category is left where there has been no claim made.
 - Maximum One Claim only is payable in a Policy Year

- ii. **Star Wellness Program:** This program intends to promote, incentivize and to reward the Insured Persons' healthy life style through various wellness activities. The wellness activities as mentioned below are designed to help the Insured person to earn wellness reward points which will be tracked and monitored by the Company. The wellness points earned by the Insured Person(s) under the wellness program, can be utilized to get discount in premium. This Wellness Program is enabled and administered online through Star Wellness Platform (digital platform).

Note: The Wellness Activates mentioned in the table below (from Serial Number 1 to 5) are applicable for the Insured person(s) aged 18 years and above only.

The following table shows the discount on renewal premium available under the Wellness Program

Wellness Points Earned	Discount in Premium
200 to 350	2%
351 to 600	5%
601 to 750	7%
751 to 1000	10%

The wellness services and activities are categorized as below

Sr.No.	Activity	Maximum number of Wellness Points that can be earned under each activity in a policy year
1.	Manage and Track Health	
	(a) Online Health Risk Assessment (HRA)	50
	(b) Preventive Risk Assessment	200
2.	Affinity to Wellness	
	(a) Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	(b) Membership in a health club (for 1 year or more)	100
3.	Stay Active – If the Insured member achieves the step count target on mobile app	200
4(a).	Weight Management Program (for the Insured who is Overweight/ Obese)	100
4(b).	Sharing Insured Fitness Success Story through adoption of Star Wellness Program (for the Insured who is not Overweight/ Obese)	50
5(a).	Chronic Condition Management Program (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension)	250
5(b).	On Completion of De-Stress & Mind Body Healing Program (for the Insured who is not suffering from Chronic Condition/s - Diabetes, Hypertension)	125
Additional Wellness Services		
6.	Virtual Consultation Service	
7.	Medical Concierge Services	
8.	Period & Fertility Tracker	
9.	Digital Health Vault	
10.	Wellness Content	
11.	Health Quiz & Gamification	
12.	Post-Operative Care	
13.	Discounts from Network Providers	

1. Manage and Track Health

- (a) **Completion of Health Risk Assessment (HRA):** The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured. It helps the Insured to introspect his/ her personal lifestyle. The Insured can log into his/her account on the website www.starhealth.in and complete the HRA questionnaire. The Insured can undertake this once per policy year

On Completion of online HRA questionnaire, the Insured earns 50 wellness points.

Note: To get the wellness points mentioned under HRA, the Insured has to complete the entire HRA within one month from the time he/she started HRA Activity.

- (b) **Preventive Risk Assessment:** The Insured can also earn wellness points by undergoing diagnostic / preventive tests during the policy year. These tests should include the four mandatory tests mentioned below. Insured can take these tests at any diagnostic centre at Insured's own expenses;

- If all the results of the submitted test reports are within the normal range, **Insured earns 200 wellness points**
- If the result of any one test is not within the normal range as specified in the lab report, **Insured earns 150 wellness points**
- If two or more test results are not within the normal range, **Insured earns 100 wellness points only**

List of mandatory tests under Preventive Risk Assessment

1. Complete Haemogram Test
2. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
3. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
4. Serum Creatinine

Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

2. **Affinity towards wellness:** Insured earns wellness points for undertaking any of the fitness and health related activities as given below;

	Initiative	Wellness Points
a.	Participating in Walkathon, Marathon, Cyclothon and similar activities	100
	On submission of BIB Number along with the details of the entry ticket taken to participate in the event.	
b.	Membership in a health club (for 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise / Sports Club / Pilates Classes / Swimming / Tai Chi/ Martial Arts / Gymnastics / Dance Classes	100

Note: In case if Insured is not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. Insured person should submit the health club membership.

3. **Stay Active:** Insured earns wellness points on achieving the step count target on star mobile application as mentioned below;

Average number of steps per day in a policy year	Wellness Points
If the average number of steps per day in a policy year are between - 5000 and 7999	100
If the average number of steps per day in a policy year are between - 8000 and 9999	150
If the average number of steps per day in a policy year are - 10000 and above	200

Note:

- First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day under **Stay Active**.
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit.
- The average step count completed by an Insured member would be tracked on star wellness mobile application.

- 4(a) **Weight Management Program:** This Program will help the Insured persons with Over Weight and Obesity to manage their Body Mass Index (BMI) through the empanelled wellness experts who will guide the Insured in losing excess weight and maintain their BMI;

- On acceptance of the Weight Management Program, **Insured earns 50 wellness points**
- An additional **50 wellness points will be awarded** in case if the results are achieved and maintained as mentioned below;

Sr.No.	Name of the Ailment	Values to be submitted	Criteria to get the Wellness points
1.	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2.	Overweight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the policy year

Values (for BMI) shall be submitted for every 2 months (up to 5 times in each policy year)

- 4(b) In case if the Insured is not Overweight / Obese, the Insured can submit his/her **Fitness Success Story with us, on how the Insured Started / Improved /Maintaining his/her "Active/Healthy Life Style" through adoption of Star Wellness Activities;**

On submission of the Fitness Success Story through adoption of Star Wellness Activities, Insured earns **50 wellness points**

- 5(a) **Chronic Condition Management Program:** This Program will help the Insured suffering from **Diabetes, Hypertension** to track their health through the empanelled wellness experts who will guide the insured in maintaining/ improving the health condition;

- On acceptance of the Chronic Condition Management Program, **Insured earns 100 wellness points**

- The Insured has to submit the test result values for every 3 months maximum up to 3 times in a policy year
- If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, **an additional 150 wellness points will be awarded**
- These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sr.No.	Name of the Ailment	Test to be submitted	Values Criteria to get the additional Wellness points
1.	Diabetes (Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range & Postprandial test value	HbA1c	≤ 6.5
		Fasting Blood Sugar (FBS) Range & Postprandial test value	100 to 125 mg/dl below 160 mg/dl
2.	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg

5(b) In case if the Insured is not suffering from Chronic Condition/s (Diabetes, Hypertension) he/she can opt for **"De-Stress & Mind Body Healing Program"**. This program helps the Insured to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress;

- On acceptance of De-stress & Mind Body Healing Program Insured earns **50 wellness points**
- On completion of De-stress & Mind Body Healing Program Insured earns an additional **75 wellness points**

Note: This is a 10 weeks program which insured needs to complete without any break.

6. **Virtual Consultation Service: 'Medical Consultation'** is available through our in-house Medical Practitioners/Empanelled Service providers round the clock to the insured through an online portal, mobile application as a chat service, voice call or a call back service. Consultations including on **'Diet & Nutrition'** and **'Second Medical Opinion'** is available.

7. Medical Concierge Services

- The Insured can also contact Star Health to avail the following services
- Emergency assistance information such as nearest ambulance / hospital / blood bank etc

8. **Period & Fertility Tracker:** The online easy tracking program helps every woman with their period health and fertility care. The program gives access to trackers for period and ovulation which maps out cycles for months. This helps in planning for conception prevention and tracks peak ovulation if planning pregnancy.

9. **Digital Health Vault:** A secured Personal Health records system for Insured to store/access and share health data with trusted recipients. Using this portal, Insured can store their health documents (prescriptions, lab reports, discharge summaries etc.), track health data add family members.

10. **Wellness Content:** The wellness portal provides rich collection of health articles, blogs, tips and other health and wellness content. The contents have been written by experts drawn from various fields. Insured will benefit from having one single and reliable source for learning about various health aspects and incorporating positive health changes.

11. Health Quiz & Gamification

- The wellness portal provides a host of Health & Wellness Quizzes. The wellness quizzes are geared towards helping the Insured to be more aware of various health choices
- Gamification helps in creating fun and engaging health & wellness experiences. It helps to create a sense of achievement in users and increases motivation levels

12. **Post-Operative Care:** It is done through follow up phone calls (primarily for surgical cases) for resolving their medical queries

13. **Discounts from Network Providers:** The Insured can avail discounts on the services offered by our network providers which will be displayed in our website.

Terms and conditions under wellness activity

- Any information provided by the Insured in this regard shall be kept confidential
- There will not be any cash redemption against the wellness reward points
- Insured should notify and submit relevant documents, reports, receipts etc for various wellness activities within 1 month of undertaking such activity/test
- No activity, report, document, receipt can be submitted in the last month of each policy year
- For services that are provided through empanelled service provider, Star Health is only acting as a facilitator; hence would not be liable for any incremental costs or the services

- All medical services are being provided by empanelled health care service provider. We ensure full due diligence before empanelment. However Insured should consult his/her doctor before availing/taking the medical advices/services. The decision to utilize these advices/services is solely at Insured person's discretion
- We reserve the right to remove the wellness reward points if found to be achieved in unfair manner
- Star Health, its group entities, or affiliates, their respective directors, officers, employees, agents, vendors, are not responsible or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of the Wellness Program
- Services offered are subject to guidelines issued by IRDAI from time to time

ILLUSTRATION OF BENEFITS

Lets look how the Insured can avail discount on premium through the **"Star Wellness Program"**

Scenario – 1

A 24 year old Individual Ramesh buys **Star Critical Illness Multipay Insurance Policy** on 15th July, 2021 with Sum Insured of 25 Lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. Ramesh has declared that his Body Mass Index (BMI) as 25. Ramesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr.No.	Name of the wellness activity taken up during the policy year	Wellness Points Earned
1.	Completed Online Health Risk Assessment (HRA)	50
2.	Submitted Health Check-Up Report (one test result is not within normal range)	150
3.	Participated in Walkathon	100
4.	Attended to Yoga Classes	100
5.	Achieved 10,000 average number of steps per day during the policy year	200
6.	Ramesh accepted the Weight management program and reached 23 BMI	100
7.	Ramesh has completed De-stress & Mind Body Healing Program	125
Total Number of Wellness Points earned		825

Based on the number of Wellness Points earned Ramesh is eligible to get **10% discount on renewal premium.**

Scenario – 2

A 35 year old Individual Umesh buys **Star Critical Illness Multipay Insurance Policy** for two year period, with Sum Insured of 20 lacs, let's understand how he can earn **Wellness Points** by doing different wellness activities. He is suffering from Hypertension. Umesh enrolled under the Star Wellness Program and completed the following **wellness activities**.

Sr.No.	Name of the wellness activity taken up during the policy year	Wellness Points Earned in the First Year	Wellness Points Earned in the Second Year
1.	Completed Online Health Risk Assessment (HRA)	50	50
2.	Submitted Health Check-Up Report	200	200
3.	Participated in Walkathon	100	100
4.	Attended to Tai Chi Classes	100	-
5.	Achieved 10,000 average number of steps per day during the policy year	200	200
6.	Submitted his fitness success story	50	50
7.	Managed Hypertension through Chronic management program	250	250
Total Number of Wellness Points earned		950	850

Total Number of Wellness Points earned by Umesh = 1800 (950+850)
Calculation of Wellness Points as per two year policy condition = 900 (1800/2)

Based on the number of Wellness Points earned, Umesh is eligible to get **10% discount on renewal premium**

Exclusions: The Company shall not be liable to make any payment under this Policy towards a covered Major disease, caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
2. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the effective date of the policy issued by the insurer or its reinstatement

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.
6. Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies, inherited disorders or any complications or conditions arising there from including any developmental conditions of the Insured.
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving and selfie accident.
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any Critical Illness, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Any Critical Illness, caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe comorbidities

following failure of less invasive methods of weight loss:

 - i. Obesity related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes despite optimal therapy
17. Any Critical Illness, caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
18. Any Critical Illness, caused by treatment arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness, caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

Claim Settlement:

- A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.
- B. The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 days of notification of claim, the filled and signed claim form and all relevant documents, information medical records and any other information/ documents the Company may request, to establish the Claim made
The company may examine and relax the time limits depending upon the merits of the Case
Such documents include but not limited to the following :-
 - Claim form duly completed and signed
 - Medical Certificate confirming the diagnosis / treatment of Major Disease from the treating medical practitioner in letter head.
 - All Diagnostic test results / Imaging confirming positive existence of Major Disease
 - Discharge summary / in case papers / complete treatment records (wherever applicable)
 - Treating doctor's certificate regarding the duration & etiology of the Major Disease in letter head.
 - Any other document specific to the treatment/ illness
 - Copy of PAN Card
 - Copy of Aadhaar Card
 - KYC (Identity proof with Address) of the proposer as per AML Guidelines
- C. **Notification of Claim:** Upon hospitalization, notice with full particulars shall be sent to the Company within 24 hours from the time / date of occurrence of the event.
This is condition 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.
Note: Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477, Senior Citizens may call at 044 40020888
- D. **Provision for Penal Interest**
 - i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
 - ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
 - iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
 - iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
 - v. "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Multiple policies: In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.

Disclosure of information: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of mis-representation, mis description or non-disclosure of any material fact by the policy holder

Cancellation

- i. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below;

Cancellation table applicable for Policy Term 1 Year without instalment option	
Period on risk	Rate of premium to be retained
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium
Cancellation table applicable for Policy Term 1 Year with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 1 Year with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Year without instalment option

Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	25% of the policy premium
Exceeding 3 mths up to 6 mths	37.5% of the policy premium
Exceeding 6 mths up to 9 mths	47.5% of the policy premium
Exceeding 9 mths up to 12 mths	57.5% of the policy premium
Exceeding 12 mths up to 15 mths	67.5% of the policy premium
Exceeding 15 mths up to 18 mths	80% of the policy premium
Exceeding 18 mths up to 21 mths	90% of the policy premium
Exceeding 21 mths	Full of the policy premium

Cancellation table applicable for Policy Term 2 Year with instalment option of Half-yearly premium payment frequency

Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths	100% of the total premium received

Cancellation table applicable for Policy Term 2 Year with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding 1 mth up to 3mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received
Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths	100% of the total premium received

Cancellation table applicable for Policy Term 3 Year without instalment option

Period on risk	Rate of premium to be retained
Up to 1 Mth	17.5% of the policy premium
Exceeding one mth up to 3 mths	22.5% of the policy premium
Exceeding 3 mths up to 6 mths	30% of the policy premium
Exceeding 6 mths up to 9 mths	37.5% of the policy premium
Exceeding 9 mths up to 12 mths	42.5% of the policy premium
Exceeding 12 mths up to 15 mths	50% of the policy premium
Exceeding 15 mths up to 18 mths	57.5% of the policy premium
Exceeding 18 mths up to 21 mths	65% of the policy premium
Exceeding 21 mths up to 24 mths	72.5% of the policy premium
Exceeding 24 mths up to 27 mths	80% of the policy premium
Exceeding 27 mths up to 30 mths	85% of the policy premium
Exceeding 30 mths up to 33 mths	92.5% of the policy premium
Exceeding 33 mths	Full of the policy premium

Cancellation table applicable for Policy Term 3 Year with instalment option of Half-yearly premium payment frequency

Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding 1 mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 15 mths	90% of the total premium received
Exceeding 15 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 21 mths	90% of the total premium received
Exceeding 21 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 27 mths	95% of the total premium received
Exceeding 27 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 33 mths	92.5% of the total premium received
Exceeding 33 mths	100% of the total premium received

Cancellation table applicable for Policy Term 3 Year with instalment option of Quarterly premium payment frequency

Period on risk	Rate of premium to be retained
Up to 1 mth	87.5% of the total premium received
Exceeding 1 mth up to 3 mths	100% of the total premium received
Exceeding 3 mth up to 4mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received
Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths up to 12 mths	100% of the total premium received
Exceeding 12 mths up to 13 mths	97.5% of the total premium received
Exceeding 13 mths up to 15 mths	100% of the total premium received
Exceeding 15 mths up to 16 mths	95% of the total premium received
Exceeding 16 mths up to 18 mths	100% of the total premium received
Exceeding 18 mths up to 19 mths	95% of the total premium received
Exceeding 19 mths up to 21 mths	100% of the total premium received
Exceeding 21 mths up to 22 mths	92.5% of the total premium received
Exceeding 22 mths up to 24 mths	100% of the total premium received
Exceeding 24 mths up to 25 mths	97.5% of the total premium received
Exceeding 25 mths up to 27 mths	100% of the total premium received
Exceeding 27 mths up to 28 mths	97.5% of the total premium received
Exceeding 28 mths up to 30 mths	100% of the total premium received
Exceeding 30 mths up to 31 mths	95% of the total premium received
Exceeding 31 mths up to 33 mths	100% of the total premium received
Exceeding 33 mths up to 34 mths	95% of the total premium received
Exceeding 34 mths	100% of the total premium received

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

- Payment of Premium in Instalments:** If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);
- Grace Period of 7 days would be given to pay the instalment premium due for the policy.
 - During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
 - The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
 - No interest will be charged If the instalment premium is not paid on due date
 - In case of instalment premium due not received within the grace period, the policy will get cancelled
 - In the event of a claim, all subsequent premium instalments shall immediately become due and payable
 - The company has the right to recover and deduct all the pending installments from the claim amount due under the policy
- Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person policy shall expire immediately on the earlier of the following events:
- Upon the death of the Insured Person.
 - Upon exhaustion of the sum insured under the policy.
 - Upon payment of one claim under each of the four categories
- Renewal of policy:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person;
- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
 - Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
 - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
 - At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period

v. No loading shall apply on renewals based on individual claims experience
Note: Policy can be renewed if at least one category is left where there has been no claim made.

- Possibility of Revision of Terms of the Policy Including the Premium Rates:** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
- Enhancement of Sum insured:** Sum insured once opted cannot be enhanced even on renewal.
- Withdrawal of policy**
- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
 - Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.
- Buy this insurance:** Please contact our nearest Branch Office /our Agent or visit our website www.starhealth.in for online purchase Discount of 5% for direct online purchase. This discount is available for first purchase only
- Relief under Sec 80D of Income Tax Act:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.
- Important:** "IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint".
- Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.
- How much does it cost to take this insurance? :** The premium sheet is attached

Premium Chart (Excluding GST)

POLICY TERM 1 YEAR	
Age Band in yrs	Premium per mille Sum insured (in Rs.)
18-25	1.26
26-30	1.87
31-35	2.28
36-40	3.90
41-45	7.51
46-50	12.78
51-55	19.92
56-60	27.71
61-65	42.01
66-70	77.73
71-75	139.91
Above 75	223.85

POLICY TERM 2 YEARS

Age Band in yrs	Premium per mille Sum insured (in Rs.)
18-24	2.39
25	2.97
26-29	3.55
30	3.94
31-34	4.33
35	5.87
36-39	7.41
40	10.84
41-44	14.26
45	19.27
46-49	24.28
50	31.07
51-54	37.86
55	45.26
56-59	52.66
60	66.24
61-64	79.83
65	113.75
66-69	147.68
70	206.75
71-74	265.82
75	345.57
Above 75	425.31

POLICY TERM 3 YEARS

Age Band in yrs	Premium per mille Sum insured (in Rs.)
18-23	3.49
24	4.05
25	4.62
26-28	5.18
29	5.56
30	5.95
31-33	6.33
34	7.83
35	9.33
36-38	10.83
39	14.16
40	17.50
41-43	20.83
44	25.71
45	30.59
46-48	35.46
49	42.07
50	48.68
51-53	55.29
54	62.50
55	69.70
56-58	76.91
59	90.13
60	103.36
61-63	116.59
64	149.62
65	182.65
66-68	215.69
69	273.20
70	330.72
71-73	388.24
74	465.88
75	543.53
Above 75	621.18