

FAMILY HEALTH OPTIMA INSURANCE POLICY - SCHEDULE

Policy No. : P/161113/01/2015/000532	Previous Policy No. : P/161113/01/2014/000582
Proposer's Code : 2412364	Issuing Office Code : 161113
Proposer's Name : HARDEEP SINGH RAI	Issuing Office Name : Branch Office - Chandigarh
Address : HNo-21, Guru Nanak Engineering College Gill Road Ludhiana, Ludhiana, Punjab-141006	Address : SCO No- 257, 2nd Floor Sector 44 C, Chandigarh CHANDIGARH
Phone No : .9855225007/	Toll Free No : 0172 4011030-37
E-mail id : .	E-mail id : chandigarh.ao@starhealth.in
Proposal date : 22/06/2011	Fulfiller Code : SH5593 Sector : Urban
Date of Inception of first policy : 22/06/2011	Intermediary Code : SD161113 Name : 161113 SD CODE Phone No : / E-mail id : NIL
Renewal Year : Third Year	
Receipt No : 1115000721	
Receipt Date : 15/06/2014	
Premium : Rs 10,565.00 /- Service Tax : Rs 1,306.00 /- Stamp Duty : Re 1.00 /- Total Premium : Rs 11,871.00 /-	
Total Premium In Words : Rupees Eleven Thousand Eight Hundred Seventy-One Only	
PERIOD OF INSURANCE FROM : 06/07/2014 00:00:00 TO : Midnight Of 05/07/2015	
SCHEME - DESCRIPTION : 2 ADULTS + 1 CHILD	BASIC FLOATER SUM INSURED : Rs 300000 /- (Three Lakhs Only)
LIMIT OF COVERAGE : Rs.405000 /-	Bonus : Rs 105000 /-

Details of Insured Persons :

Sl. No.	Name of the Insured	Sex	Date of Birth	Age-Yrs/Mths	Relationship with Proposer	Pre Existing Disease/s	ID Card No
1	HARDEEP SINGH RAI	MALE	10-11-1965	48 Yrs 7 Mths	SELF	NIL	1771797-1
2	NARMEET RAI	FEMALE	23-09-1968	45 Yrs 9 Mths	SPOUSE	NIL	1771797-2
3	ARHANT RAI	MALE	30-08-1992	21 Yrs 9 Mths	DEPENDANT CHILD	NIL	1771797-3

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Expenses relating to the hospitalisation will be in proportion to the room rent stated in the policy.

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

IMPORTANT

IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY, HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.

Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in Fax No: 1800 425 5522.

In the event of the policy being withdrawn in future, intimation about the withdrawal will be sent 3 months prior to the date when renewal falls due. The insured will have the option of migrating to any other similar health insurance policy offered by the Company at the relevant time. Continuity of benefits for waiting period and bonus, if any and if applicable, will be given provided the insured had been renewing the policy without any break (or renewing within the grace period offered)

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Chandigarh on 15th Day of June 2014.

Entered By : PREMIA

IRDA Regn. No 129

Corporate Identity Number U66010TN2005PLC056649

Email ID : info@starhealth.in

This is an electronically generated document (Policy Schedule)

For Star Health and Allied Insurance Company Ltd.



Authorised Signatory



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Attached to and forming part of Policy No. P/161113/01/2015/000532

Revision in sum insured: In case of an upward revision in sum insured on renewal, in respect of disease, sickness, illness the sum insured will be restricted to that policy sum insured when the signs or symptoms was diagnosed or received medical advice or treatment.

It is hereby declared and agreed that

Point No 1.0 (A) appearing in the policy shall read as follows:

Room, Boarding expenses as provided by the Hospital / Nursing Home at:

2% of the Sum Insured, subject to a maximum of Rs.5,000/- per day in Class "A" Cities,

1% of the Sum Insured, subject to a maximum of Rs.3,000/- per day in Class "B" Cities and

1% of the Sum Insured, subject to a maximum of Rs.1,000/- per day in other locations.

Further the definition of Class A and Class B cities mentioned in the policy stands amended as follows:

Class "A" cities means

Ahmedabad, Bangalore, Chennai, Hyderabad including Secunderabad, Kolkata, Mumbai including Thane, Pune , New Delhi including Noida, Gurgaon, Faridabad and Ghaziabad

Class "B" cities means

Agra, Baroda, Coimbatore, Cochin, Indore, Kanpur, Ludhiana, Surat, Meerut, Jalandhar, Amritsar , Nagpur and All State Capitals other than those falling under Class "A".

Other Locations means

Rest of India not falling under Class A and Class B above.

All other terms and conditions of the policy remain unaltered.

Entered By : PREMIA

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Attached to and forming part of Policy No. P/161113/01/2015/000532

The clause no. 1.0 (A) of the policy stands amended as follows.

A) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home as per the table given below :-

Sum Insured (Rs)	Class A Cities	Class B Cities	Other Locations
1,00,000/- 2,00,000/- 3,00,000/- 4,00,000/-	2% of the sum insured subject to a maximum of Rs.5,000/- per day	1% of the sum insured subject to a maximum of Rs.3,000/- per day	1% of the sum insured subject to a maximum of Rs.2,000/- per day
5,00,000/-	2% of the sum insured subject to a maximum of Rs.7,500/- per day	upto a maximum of Rs.7,500/- per day	upto a maximum of Rs.7,500/- per day
10,00,000/-	2% of the sum insured subject to a maximum of Rs.10,000/- per day	upto a maximum of Rs.10,000/- per day	upto a maximum of Rs.10,000/- per day
15,00,000/-	2% of the sum insured subject to a maximum of Rs.10,000/- per day	upto a maximum of Rs.10,000/- per day	upto a maximum of Rs.10,000/- per day

All other terms and conditions remains unaltered.



Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : P/161113/01/2015/000532 **Type Of Policy** : FHO-Policy
Issue Office : 161113 - Branch Office - Chandigarh
Address : SCO No- 257, 2nd Floor
Sector 44 C, Chandigarh
Toll Free No : 0172 4011030-37
Email : chandigarh.ao@starhealth.in

This is to certify that HARDEEP SINGH RAI has paid Rs 11871 (Total Premium In Words : Indian Rupees Eleven Thousand Eight Hundred Seventy-One Only) towards Premium for Hospitalization Insurance vide Policy No: P/161113/01/2015/000532 for the Period 06-JUL-14 To 05-JUL-15 issued on 15-JUN-14 .
Payment received by Cheque/Credit/Debit Card vide collection No: 1115000721 15-JUN-14

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

For Star Health and Allied Insurance Company
Ltd.

Authorised Signatory