

STAR SUPER SURPLUS (FLOATER) INSURANCE POLICY



EXTRA PROTECTION FOR ENTIRE FAMILY



Health
Insurance

The Health Insurance Specialist

Star Super Surplus (Floater) Insurance Policy

Unique Identification No.: SHAHLIP22034V062122

Traditional health policy offer basic cover plan for the insured. But foreseeing the magnitude of health problems is as difficult as predicting a health problem itself. Sometimes ailments and related complications demand much more than what we are prepared for.

Star Health brings you Super Surplus Insurance. It offers much larger coverage than the ones offered by basic plans. So, no matter what, you are always prepared to face the most unfortunate of health eventualities.

❖ Eligibility

- Any person aged between 18 years and 65 years
- Family:** Self, Spouse and economically dependent children aged from 91 days to 25 years
- Dependent Children** can be covered with either of Parent

❖ Policy term: 1 Year / 2 Years

Note: Where the policy is issued for more than 1 year, the Sum Insured including Deductibles / Defined limit is for each of the year, without any carry over benefit thereof. The said benefits / covers available for the 2nd year cannot be utilized in the 1st year itself. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each policy year

❖ Renewal: Life Long Renewals

❖ Policy Type: Floater

❖ Pre-acceptance Medical Screening (both Silver and Gold Plans): No Pre-acceptance Medical Screening is required.

❖ Day care Procedures: All Day Care Procedures are covered.

❖ Long Term Discount: If the entire premium applicable for two years is paid in advance, discount available is 5%

❖ Instalment Facility available: Premium can be paid Quarterly and Half yearly. Premium can also be paid Annual and Biennial (Once in 2 years). For instalment mode of payment there will be loading as given below;

Quarterly - 3% | Half-year - 2%

Note: If premium is paid on instalment basis, long term discount of 5% is not available

❖ Plans Offered: Silver and Gold Plan

Sum Insured and Deductible Options for Silver Plan

Sum Insured Rs.	Deductible Rs.
10,00,000/-	3,00,000/- and 5,00,000/-

Under this plan an admissible claim gets paid only when it exceeds the deductible. Amount payable is only in excess of the deductible opted for each and every hospitalization.

Deductible means the amount upto which the company will not be liable for each and every hospitalization.

Note: Deductible opted cannot be changed even at the time of renewal.

Sum Insured and Defined Limit Options for Gold Plan

Sum Insured Rs.	Defined Limit Rs.
5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-, 50,00,000/-, 75,00,000/-, 1,00,00,000/-	3,00,000/-, 5,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/-, 25,00,000/-

Under this plan an admissible claim gets paid only when the aggregate of expenses under hospitalization (single or more than one) exceeds the Defined limit opted. Amount payable is only in excess of the Defined limit*.

Defined limit means the amount upto which the company will not be liable during the policy period.

Note: Defined Limit once opted cannot be changed either during the currency of the policy or at the time of renewal

❖ **Coverage**

Silver Plan	Gold Plan
Hospitalization cover: Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home subject to a maximum of Rs.4,000/- per day.	Hospitalization cover: Room (Single Private A/C room), Boarding, nursing expenses as provided by the Hospital / Nursing Home.
Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses.	Anesthesia, Blood, Oxygen, Operation Theatre charges, ICU Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses.
Pre-hospitalization Expenses: Medical expenses incurred up to 30 days immediately before the insured person is hospitalized.	Pre-hospitalization Expenses: Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.
Post Hospitalization Expenses: Medical expenses incurred up to 60 days immediately after the insured person is discharged from the hospital	Post Hospitalization Expenses: Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital
Coverage for Modern Treatments: Expenses are subject to the limits (For details please refer website www.starhealth.in)	Coverage for Modern Treatments: Expenses are subject to the limits (For details please refer website www.starhealth.in)
	Emergency ambulance charges up-to Rs.3,000/- per policy period for transportation of the insured person to the hospital
	Air Ambulance expenses Up-to 10% of the sum insured per hospitalisation. Applicable for sum insured option of Rs.10 lacs and above.
	Facility of obtaining E-Medical Opinion
Note (Applicable for both silver and Gold Plan): Note: Hospitalisation expenses which vary based on the room rent occupied by the insured person will be considered in proportion to the room category stated in the policy or actuals whichever is less. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.	

❖ **Special Features for Gold Plan**

- **Delivery Expenses** for a Delivery including Delivery by Caesarean section (including pre-natal, post-natal expenses and lawful medical termination of pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force.

Special Conditions

1. This Benefit is subject to a waiting period of 12 months from the date of commencement of first Star Super Surplus (Floater) Insurance Policy and continuous renewal thereof with the company.
 2. Pre-hospitalization and Post Hospitalization expenses are not applicable for this benefit.
 3. This cover is available only when both Self and Spouse are covered under this policy
 4. The policy covering the self and spouse are in force when this benefit becomes payable.
 5. Claims under this section will not reduce the Sum Insured
- **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.
 - **Recharge Benefit:** If the sum insured under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. The unutilized Recharge amount cannot be carried forward. This benefit is not available for Modern Treatments

Defined Limit Rs.	Recharge Limit Rs.
3,00,000/-	50,000/-
5,00,000/-	75,000/-
10,00,000/-	1,00,000/-
15,00,000/- and above	2,50,000/-

- ❖ **Wellness Services:** Wellness services can be availed through mobile App and customer portal. For details please refer website www.starhealth.in
- ❖ **Waiver of Deductible (Applicable for Gold Plan):** The Proposer can opt at the beginning of 6th year before renewal of this policy or later during any successive renewal, for an Indemnity Health Insurance policy without defined limit offered by the Company (subject to underwriting) with continuity of benefits for the average sum insured of immediately preceding 5 years period subject to the following;
 - a) All Insured Persons are insured with the Company under this policy before the age of 50 years and have been continuously renewed without any break
 - b) No claim has been made during the immediately preceding 5 years
 - c) The proposer should exercise this option for all the insured persons
 - d) This policy shall not be further renewed if the option is exercised
- ❖ **Exclusions (Applicable for Both Silver and Gold Plan):** 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. Pre-Existing Diseases - Code Excl 01

- A. **Applicable for Silver Plan:** Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
Applicable for Gold Plan: Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer.
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- C. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- D. **Applicable for Silver Plan:** Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
Applicable for Gold Plan: Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease / procedure waiting period - Code Excl 02

- A. **Applicable for Silver Plan:** Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
Applicable for Gold Plan: Expenses related to the treatment of the following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- B. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- C. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- D. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- E. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- F. List of specific diseases/procedures
 1. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
 2. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 3. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
 4. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),

5. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genitourinary tract calculi.
 6. All types of Hernia,
 7. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 8. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 9. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 10. Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hydrocele,
 11. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 12. Varicose veins and Varicose ulcers
 13. All types of transplant and related surgeries.
 14. Congenital Internal disease / defect
- 3. 30-day waiting period - Code Excl 03**
- A. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - B. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
 - C. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- 4. Investigation & Evaluation - Code Excl 04**
- A. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - B. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 5. Rest Cure, rehabilitation and respite care - Code Excl 05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 2. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 6. Obesity/ Weight Control - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfill 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);
 1. greater than or equal to 40 or
 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnea
 - d. Uncontrolled Type2 Diabetes
- 7. Change-of-Gender treatments - Code Excl 07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- 8. Cosmetic or plastic Surgery - Code Excl 08:** Expenses for cosmetic or plastic surgery or any treatment to change 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.
- 9. Hazardous or Adventure sports - Code Excl 09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, 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.
- 10. Breach of law - Code Excl 10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. **Excluded Providers - Code Excl 11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - **Code Excl 12**
13. 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 reasons - **Code Excl 13**
14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure - **Code Excl 14**
15. **Refractive Error - Code Excl 15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diptres.
16. **Unproven Treatments - Code Excl 16:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility -Code Excl 17:** Expenses related to sterility and infertility. This includes;
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
18. **Maternity:-Code Excl 18 (Except to the extent under Delivery expenses)**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
19. Circumcision(unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA - **Code Excl 19**
20. Congenital External Condition / Defects / Anomalies - **Code Excl 20**
21. Convalescence, general debility, run-down condition, Nutritional deficiency states - **Code Excl 21**
22. Intentional self injury - **Code Excl 22**
23. 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) - **Code Excl 24**
24. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials - **Code Excl 25**
25. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other similar therapies - **Code Excl 26**
26. Unconventional, Untested, Experimental therapies - **Code Excl 27**
27. Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy - **Code Excl 28**
28. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted - **Code Excl 29**
29. All treatment for Priapism and erectile dysfunctions, Change of Sex - **Code Excl 30**
30. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - **Code Excl 31**
31. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization (Dental implants are not payable) - **Code Excl 32**

32. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - **Code Excl 33**
 33. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - **Code Excl 34**
 34. Cochlear implants and procedure related hospitalization expenses, Cost of spectacles and contact lens(in excess of what is specifically provided), hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids - **Code Excl 35**
 35. Expenses incurred for treatment of diseases/illness/accidental injuries which does not warrant hospitalization - **Code Excl 36**
 36. Other Excluded Expenses as detailed in our website www.starhealth.in - **Code Excl 37**
 37. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - **Code Excl 38**
 38. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy - **Code Excl 39**
 39. Any medical expenses incurred towards treatment of New Born Baby - **Code Excl 44**
- ❖ **Moratorium Period (Applicable for both Silver and Gold Plan):** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract
 - ❖ **Renewal:** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
 1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
 2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
 3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
 4. 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.
 5. Coverage is not available during the grace period.
 6. No loading shall apply on renewals based on individual claims experience
 - ❖ **Migration:** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987
 - ❖ **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869
For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987
 - ❖ **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.
 - ❖ **Revision in sum insured:** Any Revision in sum insured is permissible only at the time of Renewal. The insured person can propose such revision and may be allowed subject to company's approval and payment of appropriate premium.

- ❖ **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

- ❖ **Premium Payment 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

- ❖ **Withdrawal of the 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.

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

- ✓ Upon the death of the Insured Person. This also means that, the cover for the surviving members of the family will continue, subject to other terms of the policy
- ✓ Upon exhaustion of the sum insured under the policy

- ❖ **Disclosure to information norms:** The policy shall become 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**

- 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 month	22.5% of the policy premium
Exceeding one month up to 3 months	37.5% of the policy premium
Exceeding 3 months up to 6 months	57.5% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	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 one month	45% of the total premium received
Exceeding one month up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	65% of the total premium received
Exceeding 7 months up to 10 months	85% of the total premium received
Exceeding 10 months	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 one month	87.5% of the total premium received
Exceeding one month up to 3 months	100% of the total premium received
Exceeding 3 months up to 4 months	87.5% of the total premium received
Exceeding 4 months up to 6 months	100% of the total premium received
Exceeding 6 months up to 7 months	85% of the total premium received
Exceeding 7 months up to 9 months	100% of the total premium received
Exceeding 9 months up to 10 months	85% of the total premium received
Exceeding 10 months	100% of the total premium received

Cancellation table applicable for Policy Term 2 Years without instalment option

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

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

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

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

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

❖ Claims Procedure

- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888
- In case of Planned hospitalization inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization
- Cashless facility wherever possible in network hospital