

**A Special  
Cover for  
the Women  
We Admire**



# STAR WOMEN CARE INSURANCE POLICY

Unique Identification No.: SHAHLIP23132V022223

**Star Women Care Insurance Policy** is an exclusive health product designed to meet the needs of today's women and her family, by the way of providing cover for regular hospitalization and comprehensive maternity-related benefits. This product comes with a host of special features such as *no pre-acceptance medical screening, entry during pregnancy and instalment option in premium payment.*

## ELIGIBILITY

**Individual Sum Insured:** Only females aged between 18 years to 75 years.

**Floater Sum Insured:** Adults 18 years to 75 years (at least one adult female should be there in the family)

**Dependent Children:** 91 days to 25 years for all children. Daughter Can Continue as a dependent child if Un-married and/or Un-employed beyond 25 yrs and max up to 30 yrs, and beyond 30 yrs she will be treated as an Adult.

**Surrogate Mother:** Adults 25 years to 35 years (Proposer has to be one of the intending couple)

**Oocyte Donor:** Adults 25 years to 35 years (Proposer has to be one of the intending couple)

### Eligibility for Surrogacy Cover and / or Oocyte Donor Cover

- Intending couple/ Intending woman will be the proposer Surrogate Mother and / or Oocyte donor will be the Insured.
- The Proposal for insurance has to be made 30 days before the embryo transfer for the surrogate mother and for 30 days before ovarian stimulation for oocyte donor.
- Proposer has to be one of the intending couple.
- Intending Couple can purchase separate policy for Surrogate Mother and / or Oocyte Donor
- For Surrogate Mother:** After completion of 36 months period, Surrogacy cover will be excluded for the Surrogate Mother and the coverage under Section II (except Surrogacy cover) will continue.
- For Oocyte Donor:** After completion of 12 months period, Oocyte Donor cover will be excluded for the Oocyte Donor and the coverage under Section II (except Oocyte cover) will continue.  
On completion of the policy term, the Insured can renew their Star Women care Insurance policy, continuity benefits will be applicable for all coverages except the respective surrogacy cover or Oocyte donor cover or both covers.

## FAMILY

Self, Spouse and 3 dependent children (2A+ 3C).

**Pregnant women** can also buy this policy by submitting the scan reports taken at **Star Health specified scan centres** during their 12<sup>th</sup> and 20<sup>th</sup> Week of their pregnancy period. The cost of such scan shall be borne by the insured.

In case if we accept this proposal and issue the policy, the new born will be covered immediately after its birth till the end of the policy period (including for congenital defects) up to the new born sub limits mentioned in the Delivery section

After renewal new born will be covered up to the sum insured (including the congenital defects), if the premium is paid for the new born

## POLICY TERM

- One year / Two years / Three years.
- For policies more than one year, the Basic Sum Insured is for each year, without any carry over benefit thereof.
- If the Insured is a Surrogate Mother: The policy term will be given for three years only.
- If the Insured is a Oocyte Donor: The policy term will be given for one year. They can also opt for two or three years cover. However, post 12 month, Oocyte Donor cover will be excluded for the Oocyte Donor and the coverage under Section II (except Oocyte cover) will continue.

- If the Insured is both Surrogate Mother and Oocyte Donor: The policy term will be given for three years. However, Oocyte Donor cover will be restricted to one year.

## LONG TERM DISCOUNT

10% discount on 2 year premium and 11.25% on 2 and 3 year premium.

## SUM INSURED OPTIONS

Rs.5,00,000/-, Rs.10,00,000/-, Rs.15,00,000/-, Rs.20,00,000/-, Rs.25,00,000/-, Rs.50,00,000/- and Rs.1,00,00,000/-

## PRE-ACCEPTANCE MEDICAL SCREENING

There is no Pre-acceptance medical screening.

## INSTALMENT FACILITY AVAILABLE

Premium can be paid Quarterly and Half-yearly  
Premium can also be paid Annual, Biennial and Triennial  
For instalment mode of payment, there will be loading as given below:

- Quarterly: 3%
- Half Yearly: 2%

**Note:** This loading will be applied on annual premium

## MIDTERM INCLUSION

Permissible on payment of proportionate premium subject to the following;

- Newly Married / Wedded spouse and/or legally adopted child:** Intimation about the marriage/adoption should be given within 45 days from the date of marriage or date of adoption.
- New born baby:** Intimation about the new born baby should be given within 90 days from the date of birth. The cover for new born commences from 91st day of its birth

## Special conditions

- Waiting periods as stated in the policy will be applicable from the date of inclusion of such newly married/wedded spouse, new born baby, legally adopted child.
- Such midterm inclusion will be subject to underwriter's approval

## COVERAGE

- Room, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home as per the limits given below;

Sum Insured (Rs.)	Limit
5,00,000/-	Upto 1% of Sum Insured per day
10,00,000/-, 15,00,000/-, 20,00,000/- and 25,00,000/-	Any Room (except suite or above category)
50,00,000/- and 1,00,00,000/-	Any Room

**Note:** Expenses relating to Associated Medical Expenses will be considered in proportion to the eligible room rent/room category stated in the policy schedule 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

### 2. Star Mother Cover

- Where the insured person is a child age less than 12 years, the Company will provide for expenses up to **Single Private A/c room** for stay of the mother in the hospital provided,
  - Insured child is under treatment in ICU
  - There is an admissible claim for hospitalization of child

- This benefit is available only for the period the insured child was under treatment in ICU.
- If the room is not available in the same hospital, the Company will reimburse Rs.2,500/- per day subject to maximum of 7 days per hospitalization towards stay of the mother in the Hotel room if the hotel room is within 2 kms from the hospital.

### 3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.

4. Anesthesia, Blood, Oxygen, Operation theatre charges, ICU charges, Surgical appliances, Medicines and Drugs, Diagnostic materials and X-ray, Diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, stent and similar expenses. With regard to coronary stenting, Implants and such other similar items the Company will pay cost of stent as per the Drug Price Control Order (DPCO) / National Pharmaceuticals Pricing Authority (NPPA) Capping.

### 5. All day care procedures are covered.

6. **Coverage for Non-medical Items:** Covered subject to an admissible claim under the policy. (For details please refer website: [www.starhealth.in](http://www.starhealth.in))

7. **Road ambulance expenses:** Subject to an admissible hospitalization claim, road ambulance expenses incurred for the following are payable;

- for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons or
- for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment or
- for transportation of the insured person from the hospital where treatment is taken to their place of residence provided the requirement of an ambulance to the residence is certified by the medical practitioner.

8. **Air Ambulance** charges up to 10% of the Sum Insured per year is payable.

**Note:** This benefit is available for sum insured options of Rs.10,00,000/- and above only.

9. **Pre-hospitalization Expenses:** Medical expenses incurred up to 60 days immediately before the insured person is hospitalized.

10. **Post Hospitalization Expenses:** Medical expenses incurred up to 90 days immediately after the insured person is discharged from the hospital.

11. **Organ Donor Expenses:** In patient hospitalization expenses incurred for organ transplantation from the Donor to the Recipient Insured Person are payable provided the claim for transplantation is payable. In addition, the expenses incurred by the Donor, (if any) for the complications that necessitate a Redo Surgery / ICU admission will also be covered.  
The coverage limit under this section is over and above the Limit of Coverage and upto the Sum Insured. **This additional Sum Insured can be utilized by the Donor and not by the Insured.**

**Note:** Limit of Coverage means Sum Insured plus Cumulative bonus earned wherever applicable

12. **AYUSH Treatment:** In patient Hospitalization Expenses incurred for treatment of diseases / illness / accidental injuries by system of medicines other than allopathic up to the Sum Insured per year.

**Note:** Yoga and Naturopathy systems of treatments are excluded from the scope of coverage under AYUSH treatment.

13. **Bariatric Surgery:** Expenses incurred on hospitalization for bariatric surgical procedure and its complications thereof are payable subject to limits mentioned in the table given below, during the policy period. This maximum limit of Rs.2,50,000/- and Rs.5,00,000/- are inclusive of pre-hospitalization and post-hospitalization expenses.

Sum Insured (Rs.)	Limit per policy period (Rs.)
5,00,000/- to 15,00,000/-	2,50,000/-
Above 15,00,000/-	5,00,000/-

**Note:** Claims under this benefit shall be processed only on cashless basis.

14. **Coverage for Modern Treatment:** Expenses are subject to the limits. (For details please refer website: [www.starhealth.in](http://www.starhealth.in))

15. **Automatic Restoration of Sum Insured:** There shall be automatic restoration of the Sum Insured once by 100% subject to the following;

- The automatic restoration shall be immediately upon partial / full utilization of the limit of coverage.
- Such Restored Sum Insured can be utilized for all claims for subsequent hospitalisation during the policy period.
- The maximum liability of the Company in a Single claim under a policy year shall not exceed the limit of coverage.
- The unutilized restored sum insured cannot be carried forward

16. **Cumulative Bonus:** In respect of a claim free year of Insurance, the insured would be entitled to benefit of bonus of 20% of the expiring Sum Insured from the second year onwards. The maximum allowable bonus shall not exceed 100%.

## Special Conditions

- The Cumulative bonus will be calculated on the expiring Sum Insured
- If the insured opts to reduce the Sum Insured at the subsequent renewal, the limit of indemnity by way of such Cumulative bonus shall not exceed such reduced sum insured
- In the event of a claim resulting in;
  - Partial utilization of Sum Insured, such cumulative bonus so granted will not be reduced
  - Full utilization of Sum Insured and nil utilization of cumulative bonus accrued, such cumulative bonus so granted will not be reduced
  - Full utilization of Sum Insured and partial utilization of cumulative bonus accrued, the cumulative bonus granted on renewal will be the balance cumulative bonus available and will be reduced at the same rate at which it has accrued
  - Full utilization of Sum Insured and full utilization of cumulative bonus accrued, the cumulative bonus on renewal will be "nil"

17. **Shared accommodation:** If the Insured person occupies, a shared accommodation during in-patient hospitalization, then a sum of Rs.2,000/- per day subject to a maximum of 7 days(per hospitalization) will be payable for each continuous and completed period of 24 hours of stay in such shared accommodation.

18. **Rehabilitation and Pain Management:** The company will pay the medical expenses for Rehabilitation and Pain Management up to the sub-limit (or) maximum up to 10% of the sum insured whichever is less, per policy year.

**Rehabilitation:** The company will pay the expenses for rehabilitation, if availed at authorized centres as an In-patient/Out-patient, and if there is an admissible claim for In-patient hospitalization for an injury, disease or illness specified below;

- Poly Trauma
- Head injury
- Diseases of the spine
- Stroke

**Pain Management treatment:** Cover for treatment of pain management subject to the limits

**Important Note:** Rehabilitation and/or Pain management treatment can be taken only at the Authorized centres mentioned in our website – [www.starhealth.in](http://www.starhealth.in)

**19. Assisted Reproduction Treatment:** The Company will reimburse medical expenses incurred on Assisted Reproduction Treatment, where indicated, for sub-fertility subject to:

1. A waiting period of 36 months from the date of first inception of this policy with the Company for the insured person
2. Company will pay one Assisted Reproduction Treatment cycle for each policy year
3. For the purpose of claiming under this benefit, in-patient treatment is not mandatory

Sum Insured (Rs.)	Limit of Liability of the Company for each policy year (Rs.)
5,00,000	50,000
10,00,000	1,00,000
15,00,000	1,50,000
20,00,000 and 25,00,000	2,00,000
50,00,000	2,50,000
1,00,00,000	3,00,000

**Surrogacy Cover:** The company will indemnify the inpatient hospitalization expenses covering post-partum delivery complications for a period of 36 months incurred for the Surrogate mother up to the sub-limits specified under "Assisted Reproduction Treatment". The cover will commence from the date of initiation of treatment / procedure.

The company will pay lump sum amount in case of "Miscarriage due to Accident" for surrogate mother as specified under Section II (23) and waiting period mentioned under this cover is not applicable.

**Oocyte Donor cover:** The company will indemnify the inpatient hospitalization expenses for the complications arising out of Assisted Reproductive Treatment Procedures, for the Oocyte donor up to the sub-limits specified under "Assisted Reproduction Treatment" for a period of 12 months. The cover will commence from the date of initiation of treatment / procedure.

**20. Ante-Natal Care (Pregnancy Care):** Company pays the expenses for Ante-natal care after confirmation of Pregnancy, incurred as an Out-patient up to the limits given below.

Sum Insured (Rs.)	Limit per policy year
5,00,000/-, 10,00,000/-, 15,00,000/-	Rs. 2,500/-
20,00,000/-, 25,00,000/-, 50,00,000/-, 1,00,00,000/-	Rs. 5,000/-

**21. In Utero Fetal Surgery/Repair:** The Company will pay the expenses incurred for In Utero Fetal Surgeries and Procedures mentioned below after the waiting period: Payment under this benefit forms part of the sum insured and will impact the Bonus

**Note:** The above mentioned waiting periods will not apply for treatment related to congenital Internal disease / defects for the Unborn.

#### Types of in utero-surgeries covered

- 1) Open Fetal Surgery
- 2) Fetendo Fetal Surgery
- 3) Fetal Image-Guided Surgery (FIGS-IT)
- 4) EXIT procedure

#### Types of in utero-surgeries/procedures covered

Type of Intervention	Description	Surgeries
OPEN SURGERY	Hysterotomy	CPAM - Lobectomy SCT - Resection MMC - Repair Cervical Teratoma - Resection EXIT Tracheal occlusion Neck tumors CDH (EXIT to ECMO)
FETENDO	Fetoscopic Surgery	Balloon Occlusion of Trachea (for CDH) Laser Ablation of Vessels (for TTTS) Cord Ligation/Division Cystoscopic Ablation Valves (Urinary Obstruction) Amniotic Bands Release
FIGS	Fetal Image Guided Surgery	Amnioreduction/Infusion Fetal Blood Sampling RFA Anomalous Twins Vesico/Pleuro Amniotic Shunts Balloon Dilation Aortic Stenosis
EXIT procedure	Planned Specialized Delivery	CHAOS Removal of the CDH Tracheal Occlusion Balloon Pulmonary Sequestration CCAM

#### List of procedures covered under in utero-surgeries

- Amniotic band syndrome
- Bronchopulmonary sequestration of the lung
- Congenital cystic adenomatoid malformation (CCAM) of the lung
- Congenital diaphragmatic hernia (CDH)
- Congenital high airway obstruction syndrome (CHAOS)
- Fetal anemia
- Lower urinary tract obstruction (LUTO)
- Mediastinal teratoma
- Neck mass
- Sacrococcygeal teratoma (SCT)
- Spina bifida (myelomeningocele)
- Twin reversed arterial perfusion (TRAP) sequence
- Twin-twin transfusion syndrome (TTTS)

**22. Voluntary Sterilization Expenses:** The Company will pay the expenses incurred for Voluntary Sterilization (Tubectomy / Vasectomy), after a waiting period of 24 months from the date of first inception of this policy, provided if Insured is a Married Person and his/ her age is 22 years and above.

**Note:** Expenses incurred for Reversal of Sterilization are not payable.

**23. Miscarriage due to Accident:** The Company will pay the lumpsum amount as per the table given below towards miscarriage arising due to accident subject to a waiting period.

Sum Insured (Rs.)	Limit of liability (Rs.)
5,00,000/- to 15,00,000/-	25,000/-
20,00,000/- and 25,00,000/-	35,000/-
50,00,000/- and 1,00,00,000/-	40,000/-

**Note:** This benefit is available only once in lifetime

**24. Delivery Expenses:** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and post natal expenses) up to the limits given below is payable, subject to the following;

1. This benefit is available only for a maximum of 2 deliveries in the life time under this policy.
2. Pre-hospitalisation and Post Hospitalization expenses are not applicable for this section.

Sum Insured (Rs.)	Limit per Delivery up to (Rs.)
5,00,000/-	25,000/-
10,00,000/-, 15,00,000/-, 20,00,000/-	50,000/-
25,00,000/- and 50,00,000/-	75,000/-
100,00,000/-	1,00,000/-

**25. Hospitalization expenses for treatment of New Born Baby**

#### A. Birth of New born baby during the policy year:

In-patient hospitalization expenses (Including Congenital Internal and External defects / anomalies) are covered from day 1 subject to a maximum of 25% of the sum insured (including medical and surgical treatment expenses, neonatal and Postnatal surgery/repair).

**Note:** The above mentioned sub-limit will not apply for treatment related to congenital Internal disease / defects for the new born.

**B. In the subsequent year (on payment of applicable premium for New born):** In-patient hospitalization expenses (Including Congenital Internal and External defects/anomalies) are covered up to 100% of the sum insured.

**C. Vaccination Expenses:** Vaccination expenses for the new born baby are payable up to the 12 months from the birth of the new born. The Company's liability for vaccination is as per the limits mentioned in the table below;

Sum Insured (Rs.)	Limit (Rs.)
5,00,000/- and 10,00,000/-	2,500/-
15,00,000/- and above	3,500/-

**D. Metabolic Screening:** Test for New Born is payable once for each new born subject to a limit of Rs.3,500/-

**E. Pediatrician Consultation** up to 4 consultations per year are payable up to 12 year of age subject to policy is in force. The Company's liability for each consultation is up to Rs.500/-.

**Note:** Expenses for treatment of new born baby is covered subject to

- a) Admissible delivery claim or
- b) At the time of inception of the policy, if the mother has submitted the Scan reports taken during 12<sup>th</sup> and 20<sup>th</sup> week of her pregnancy and the same has been accepted by the Company for issuance of the policy. In such case, the new born baby will be covered (Including Congenital Internal and External defects/anomalies) without any waiting period.

**26. Expenses of Medical Consultations as an Outpatient** up to the limits mentioned in the table below are payable.

Sum Insured (Rs.)	Limit per policy year up to (Rs.)
5,00,000/- to 15,00,000/-	2,500/-
20,00,000/- and 25,00,000/-	3,500/-
50,00,000/- and 1,00,00,000/-	5,000/-

#### Note

1. This benefit is available only for female insured person
2. Unlimited Gynecologist Consultation through Star tele health app is available

Payment of any claim under this section shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract

**27. Preventive Health Check Up:** Expenses incurred towards cost of preventive health check-up for the tests mentioned in the table up to the limits for each policy year is payable.

Gender	Benefit Description	Limit per policy year up to (Rs.)	Tests
Female	Adolescent Puberty Age: 13 - 19 yrs	1,000/-	USG Abdomen
Female	Adult Reproductive Age: 20-39 yrs	3,000/-	Thyroid profile, PAP, Vitamin D, USG Abdomen
Female	Middle Aged Menopausal Age: 40 - 59 yrs	5,000/-	Dexa Scan, Sonomamogram, PAP, USG Abdomen
Female	Sr Citizens Age: 60 yrs and above	4,000/-	Dexa Scan, PAP, USG Abdomen
Male	Any age	1,000/-	Any tests
The above limit is inclusive of cost of Vaccination			

**Note:** Payment of any claim under this section shall not be construed as a waiver of Company's right to repudiate any claim on grounds of non disclosure of material fact or pre-existing disease, for hospitalization expenses under hospitalization provisions of the policy contract

**28. 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 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 through Star Health customer mobile app "Star Power" and through "Star Health Customer Portal (digital platform)"

The following table shows the discount on 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%

Please refer website [www.starhealth.in](http://www.starhealth.in) for more details



**29. Lump sum on diagnosis of Cancer (Optional Cover - Available on payment of additional premium):** If the insured person shall contract Cancer as a first incidence, then Company will pay the sum insured opted for Lump sum.

**Note**

1. This benefit is available only for the insured persons named in the schedule.
2. The available sum insured options under this benefit cover 5/10/15/20 and 25 lacs only
3. This benefit is available on individual sum insured basis only.
4. Available only once in lifetime.
5. Once a claim has been paid under this optional cover, the optional cover cannot be renewed further.
6. On payment of claim under the optional cover, the optional cover will cease and the policy will continue for the balance period without this optional cover. Subsequently on renewal, the policy will be renewed without the optional cover
7. This cover should be opted only at the time of first inception of this policy and cannot be opted at the time of renewal.
8. This optional cover is available only for female insured persons who are aged between 91 days to 65 years.
9. Enhancement of sum insured under this benefit is subject to underwriting

**Waiting Period:** An initial waiting period of 180 days is applicable from the date of commencement of this policy. In case of enhancement of sum insured this waiting period shall apply afresh to the extent of sum insured increase

**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:-

**Standard Exclusions**

**1. Pre-Existing Diseases - Code Excl 01**

- A. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 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. Coverage under the policy after the expiry of 24 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) Expenses related to the treatment of the 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.
- 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 calculi 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, Spermatocele, 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 [except for Unborn in Coverage (21) and New Born in Coverage (25)]

**Waiting period for the following benefits are as follows:**

- a. **Bariatric Surgery:** A waiting period of 24 months from the date of first commencement of this policy and continuous renewal thereof.
- b. **Assisted Reproduction Treatment:** A waiting period of 36 months from the date of first inception of this policy with the Company
- c. **Voluntary Sterilization:** A waiting period of 24 months from the date of first inception of this policy

- d. **Ante natal care:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.

- e. **In Utero Fetal surgery / Repair:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.

**Note:** The above mentioned waiting period will not apply for treatment related to congenital Internal disease / defects for the Unborn.

- f. **Delivery expenses:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.

- g. **Miscarriage due to Accident:** For sum insured option of Rs.5 lakhs and Rs.10 lakhs – A waiting period of 24 months from the date of first inception of this policy. For sum insured option of Rs.15 lakhs and above – A waiting period of 12 months from the date of first inception of this policy.

**3. 30-day waiting period - Code Excl 03 (Not Applicable for Accidents)**

- 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 (except to the extent covered under Rehabilitation and Pain Management) and respite care - Code Excl 05:**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. 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.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**6. Obesity/ Weight Control (Except to the extent covered under Bariatric Surgery) - Code Excl 06:**

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions;

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and

4. Body Mass Index (BMI);
  - a. greater than or equal to 40 or
  - b. 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:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. 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 dioptres.

**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 (Except to the extent covered under Assisted Reproduction Treatment and Voluntary Sterilization Expenses) - Code Excl 17:**

- Expenses related to sterility and infertility. This includes;
- i. Any type of contraception, sterilization

- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

#### 18. Maternity (Except to the extent covered under Delivery Expenses) - Code Excl 18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

#### Specific Exclusions

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 (except to the extent covered under Hospitalization expenses for treatment of New Born Baby) - 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 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 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 therapies similar to those mentioned herein under this exclusion - 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. Inoculation or Vaccination (except to the extent covered under Vaccination Expenses and for post-bite treatment and for medical treatment for therapeutic reasons) - Code Excl 31
30. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable) - Code Excl 32
31. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders - Code Excl 33
32. Hospital registration charges, admission charges, record charges, telephone charges and such other charges - Code Excl 34
33. 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 - Code Excl 35
34. Any hospitalization which are not medically necessary / does not warrant hospitalization - Code Excl 36
35. 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

#### MORATORIUM PERIOD

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.

#### CLAIM 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
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents subject to terms and conditions of the policy
- KYC (Identity proof with Address) of the proposer, as per AML Guidelines

#### DISCLOSURE OF INFORMATION

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

#### AUTOMATIC TERMINATION

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 this 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, Limit of Coverage, Limit of Coverage plus Restore Sum Insured.

#### RENEWAL OF POLICY

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. 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

**For Surrogate Mother:** After completion of 36 months period, all other coverages will continue except Surrogacy Cover.

**For Oocyte Donor:** After completion of 12 months period, all other coverages will continue except Oocyte Donor Cover.

#### 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

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
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 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 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.

- 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

#### 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/fmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_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 Detailed Guidelines on portability, kindly refer the link**  
[https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/fmGuidelines_Layout.aspx?page=PageNo3987)

#### 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 instalments from the claim amount due under the policy

#### 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

#### 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;

#### REVISION OF SUM INSURED

Reduction or enhancement of Sum Insured is permissible only at the time of renewal. The acceptance for enhancement and the amount of enhancement will be at the discretion of the Company and subject to **Exclusion Code Excl 01, Exclusion Code Excl 02 and Exclusion Code Excl 03.**

#### 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

#### THE COMPANY

Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 as India's first Standalone Health Insurance provider. As an exclusive Health Insurer, the Company is providing sterling services in Health, Personal Accident & Overseas Travel Insurance and is committed to setting international benchmarks in service and personal caring.

#### STAR ADVANTAGES

- No Third Party Administrator, direct in-house claims settlement
- Faster and hassle – free claim settlement
- Cashless hospitalization

#### TAX BENEFITS

Payment of premium by any mode other than cash for this policy is eligible for relief under Section 80D of the Income Tax Act 1961.

#### TAXES ARE SUBJECT TO CHANGES IN TAX LAWS

#### PROHIBITION OF REBATES

Section 41 of Insurance Act 1938: 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.