



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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STAR HOSPITAL CASH INSURANCE POLICY

Unique Identification No.: SHAHLIP20046V011920

PREAMBLE

The proposal, declaration and other documents if any, given by the proposer shall be the basis of this Contract and is deemed to be incorporated herein

I. DEFINITIONS

STANDARD DEFINITIONS

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Break in policy: "Break in policy" means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Any one illness: Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body

b) External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body

Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Day Care Treatment: Day care treatment means medical treatment, and/or surgical procedure which is:

- Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition

Deductible: Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Disclosure to information norm: The policy shall be 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.

Grace Period: "Grace period" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

Hospital: A hospital means any institution established for *in-patient care* and *day care treatment* of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act **Or** complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;

- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Illness: Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment;

(a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics;

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- it continues indefinitely
- it recurs or is likely to recur

Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Intensive Care Unit: Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Maternity expenses: Maternity expenses means;

- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

Medically Necessary Treatment: Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a *medical practitioner*;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

Pre-Existing Disease: "Pre-existing disease (PED)" means any condition, ailment, injury or disease:

- that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer;
- or
- for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Portability: "Portability" means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Renewal: Renewal means the terms on which the contract of insurance can be renewed

on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Surgery or Surgical Procedure: Surgery or Surgical Procedure means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

Unproven/Experimental treatment: Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

SPECIFIC DEFINITIONS

Company: Company means Star Health and Allied Insurance Company Limited

Day: Day means a continuous period of 24 hours.

Dependent Child: Dependent Child means a child (natural or legally adopted) between the age of 91 days and 25 years who is financially dependent and does not have his or her independent source of income.

Diagnosis: Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Family: Family means Self, Spouse and up to 3 Dependent children

Insured Person: Insured Person means the Proposer and his/her spouse and dependent children whose names are shown in the schedule of the Policy.

In-Patient: In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

II. COVERAGE

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under

Applicable for Basic Plan and Enhanced Plan

A. Sickness Hospital Cash: During the period stated in the Schedule, if the insured person shall contract any disease or suffer from any **illness** and if such disease / illness shall, upon the advice of a duly qualified **Medical Practitioner**, require admission of the insured Person as an In-patient in any **Hospital** in India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, Hospital Cash Amount mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule.

Deductible: One day deductible is applicable only for Sickness Hospital cash under basic plan.

B. Accident Hospital Cash: During the period stated in the Schedule, if the insured person shall sustain bodily injury due to **accident** and if such **accident** shall, upon the advice of a duly qualified **Medical Practitioner**, require admission of the insured Person as an In-patient in any **Hospital** in India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, 150% of the **Hospital Cash Amount** mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule.

C. ICU Hospital Cash: If the insured person shall, upon the advice of a duly qualified **Medical Practitioner**, require admission in ICU for the purpose of treatment of Sickness / Accident / Injury, then the Company will pay to the insured person, 200% of the Hospital Cash Amount stated in the Schedule for every 24 hours of treatment In ICU.

Note

- Where the policy is issued on Individual Basis, ICU Hospital Cash is payable for a maximum of 30 days only per policy year.
- Where the policy is issued on Floater Basis, ICU Hospital Cash is payable for a maximum of 90 days only per policy year.

Applicable for Enhanced Plan

D. Convalescence Hospital Cash: During the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease / injury or accident shall, upon the advice of a duly qualified **Medical Practitioner**, require admission of the insured Person as an In-patient in any **Hospital** in India for the purpose of medical /surgical treatment for more than 5 consecutive days, then the Company will pay to the Insured Person a lump sum equal to one day **Hospital Cash Amount in addition to claim payable under A or B or C above.**

E. Child Birth Hospital Cash: During the period stated in the Schedule the insured person shall, upon the advice of a duly qualified **Medical Practitioner**, require admission of the Insured Person as an In-patient in any **Hospital** in India for the purpose of Child Delivery, then the Company will pay to the insured person Hospital Cash Amount stated in the schedule subject to maximum number of days stated in the schedule.

Special Condition

- The coverage under this benefit (E) is subject to a waiting period of 2 years from the first commencement of this **Star Hospital Cash Insurance Policy**
- Only female insured persons are eligible for this benefit

F. World Wide Hospital Cash: During the period stated in the Schedule, if the insured person shall contract any disease or suffer from any **illness** or sustain bodily injury through accident and if such disease / illness / injury or accident shall, upon the advice of a duly qualified **Medical Practitioner**, require admission of the insured Person as an In-patient in any **Hospital** outside India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, 200% **Hospital Cash**

Amount mentioned in the schedule for every 24 hours of hospitalization subject to maximum number of days stated in the Schedule.

Note applicable for II(A) to II(F)

- Where a claim under benefit (F) is payable, claim under A and/or B and/or C and/or D and/or E above will not be payable for the same event
- Claim under Basic Plan and Enhanced Plan are admissible only if the Hospitalization for a minimum period of 24 hours. However this time limit will not apply for the following day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day. Insured person is eligible for a claim in-respect IIA to IIC and IIF for the following day care treatments only for five times in a policy year.
 - Fractures (other than hairline fractures)
 - Cataract,
 - Dilatation and curettage
 - Hemodialysis
 - Parenteral Chemotherapy
 - Radio Therapy
 - Coronary Angiography
 - Lithotripsy
 - Manipulation for Dislocation under General Anesthesia
 - Cystoscopy under General Anesthesia

III. EXCLUSIONS

Applicable for Basic Plan and Enhanced Plan: The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

- Any diseases contracted by the insured person during the first 30 days from the commencement date of this policy.
 - The following specified ailments / illness / diseases for 24 consecutive months from the inception date of this policy.
 - 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.
 - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
 - 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].
 - 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),
 - 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.
 - All types of Hernia,
 - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
 - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
 - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
 - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
 - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
 - Varicose veins and Varicose ulcers
 - All types of transplant and related surgeries (Other than bone marrow transplant for acute hematological malignancies and acute medical emergencies when indicated)
 - Congenital Internal disease / defect
 - Applicable for Basic Plan:** Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed; since first inception of this policy.
 - Applicable for Enhanced Plan:** Pre Existing Diseases as defined in the policy until 24 consecutive months of continuous coverage have elapsed; since first inception of this policy.
- Exclusions 1, 2A to 2N, 3 and 4 are subject to Portability Regulations.**
- Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
 - Congenital External Condition / Defects / Anomalies
 - Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
 - Intentional self injury
 - Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
 - Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)

11. Injury or disease caused by or contributed to by nuclear weapons/materials
12. Weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
13. High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion.
14. Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons).
19. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
20. Treatment arising from or traceable to pregnancy, childbirth except to the extent covered under "child birth hospital cash", family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
21. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
22. Medical and / or surgical treatment of Sleep apnea, treatment of endocrine disorders.
23. Cochlear implants and procedure related hospitalization expenses

IV. CONDITIONS

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event.
3. Claim must be filed within 15 days from the date of discharge from the Hospital.
Note: Conditions 2 and 3 are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.
4. **The Insured Person/s shall submit to the Company**
 - a. Duly completed claim form, and
 - b. Discharge Summary from the hospital
 - c. Hospital Main bill with breakup details.
 - d. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
 - e. CKYC No. of the proposer (if available)

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

Note

 - KYC (Identity proof with Address) of the proposer, as per AML Guidelines
 - For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888
5. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company.
6. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the insured Person or by any other person acting on his behalf.
7. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period, the continuity of benefits with reference to Exclusions III (1, 2A to 2N, 3 and 4) will be allowed.
Note
 1. The actual period of cover will start only from the date of payment of premium
 2. Renewal premium is subject to change as per the extant Guidelines.

8. **Modification of the terms of the policy :** The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy as per the extant Guidelines. In such an event the insured will be intimated thirty days in advance
9. **Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.
10. **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 thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.
 - i. If the insured has not incurred 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
 - ii. 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
 - iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period
11. **Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim
12. **Cancellation:** The Company may cancel this policy on grounds of non co-operation of the insured by giving 15 days' written notice. In which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

Period on risk	Rate of premium to be retained
Policy with Term 1 year	
Up to 1 month	30% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Policy with Term 2 years	
Up to 1 month	25% of the policy premium
Exceeding one month up to 3 months	30% of the policy premium
Exceeding 3 months up to 6 months	40% of the policy premium
Exceeding 6 months up to 9 months	50% of the policy premium
Exceeding 9 months up to 12 months	60% of the policy premium
Exceeding 12 months up to 15 months	70% 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
Policy with Term 3 years	
Up to 1 month	23% of the policy premium
Exceeding one month up to 3 months	28% of the policy premium
Exceeding 3 months up to 6 months	35% of the policy premium
Exceeding 6 months up to 9 months	40% of the policy premium
Exceeding 9 months up to 12 months	48% of the policy premium
Exceeding 12 months up to 15 months	55% of the policy premium
Exceeding 15 months up to 18 months	60% of the policy premium
Exceeding 18 months up to 21 months	68% of the policy premium
Exceeding 21 months up to 24 months	75% of the policy premium
Exceeding 24 months up to 27 months	80% of the policy premium
Exceeding 27 months up to 30 months	88% of the policy premium
Exceeding 30 months up to 33 months	95% of the policy premium
Exceeding 33 months	Full policy premium

13. **Portability:** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 30 days before but not earlier than 60 days from the date when the renewal is due.
14. **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.
 - ✓ Upon exhaustion of the Hospital Cash amount chosen.
 - ✓ Upon exhaustion of the Maximum number of days per year chosen.

15. **Excluded Hospitals (providers):** Insured can refer the company website using the following link to get the list of excluded hospitals.
<https://www.starhealth.in/lookup/hospital/#excluded-hospital>
16. All claims under this policy shall be payable in Indian currency.
17. All treatments under this policy shall have to be taken in India. This condition is not applicable if the plan opted is Enhanced Plan
18. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the amount paid for Health Section by any mode other than cash.
19. **Important Note**
- Where the policy is issued for more than 1 year, the benefits under the policy is for each of the year, without any carry over benefit thereof
 - Where the policy is issued on floater basis, the benefits float amongst the insured members.
 - The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
 - The 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 relevant insured person. Failure to comply with may result in the claim being denied.
 - The attention of the policy holder is drawn to the website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.
20. **Policy disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

21. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or email to Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034. Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, e-mail: support@starhealth.in
- Notice and instructions will be deemed served 7 days after posting or **immediately** upon receipt in the case of hand delivery or e-mail.
22. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact Star Health and Allied Insurance Company Limited No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, during normal business hours.
23. **Grievances:** In case the Insured Person is aggrieved in any way, the insured may contact the Company at the specified address, during normal business hours.
- Grievance Department,** 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai-600014 or Call 044-69006900 during normal business hours or Send e-mail to gro@starhealth.in, grievances@starhealth.in, Senior Citizens may call at 044-69007500.
- In the event of the following grievances,
- any partial or total repudiation of claims by the Company
 - any dispute in regard to premium paid or payable in terms of the policy;
 - any dispute on the legal construction of the policies in so far as such disputes relate to claims;
 - delay in settlement of claims;
 - non-issuance of any insurance document to customer after receipt of the premium
- The insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited are located.

List of Insurance Ombudsman

<p>AHMEDABAD</p> <p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in</p> <p>JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>	<p>BENGALURU</p> <p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p> <p>JURISDICTION: Karnataka.</p>	<p>BHOPAL</p> <p>Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal - 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p> <p>JURISDICTION: Madhya Pradesh Chattisgarh.</p>	<p>BHUBANESWAR</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p> <p>JURISDICTION: Odisha.</p>
<p>CHANDIGARH</p> <p>Office of the Insurance Ombudsman, Jeevan Deep Building S.C.O. 20-27, Ground Floor Sector 17 - A, Chandigarh - 160 017. Tel.: 0172 - 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p> <p>JURISDICTION: Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>	<p>CHENNAI</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai - 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p> <p>JURISDICTION: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>	<p>DELHI</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p> <p>JURISDICTION: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>	<p>KOCHI</p> <p>Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja's College, M. G. Road, KOCHI - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p> <p>JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>GUWAHATI</p> <p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p> <p>JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p>HYDERABAD</p> <p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p> <p>JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>	<p>JAIPUR</p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p> <p>JURISDICTION: Rajasthan.</p>	<p>KOLKATA</p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p> <p>JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p> <p>JURISDICTION: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>MUMBAI</p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p> <p>JURISDICTION: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>	<p>NOIDA</p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> <p>JURISDICTION: State of Uttarakhnad and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>PATNA</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p> <p>JURISDICTION: Bihar, Jharkhand.</p>
			<p>PUNE</p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p> <p>JURISDICTION: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>

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