



Date : 19-Sep-2023

**IMPORTANT**

To,  
RAKESH MANILAL BEDMUTHA  
MAHAVEER NAGAR  
PACHORA ROAD  
JALGAON  
Jamner Tehsil, Maharashtra-424206  
Mobile : 9423977330

Dear Customer,

**Re: Health Insurance Policy - 11240413287214**

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

**Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.**

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorised Signatory

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

**Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.**

Sum Insured of this Policy is meant for utilization till its expiry. Bearing this aspect in mind, we have no doubt, you will choose appropriate hospital, room rent and treatment charges etc.

Should you need any assistance, our customer care will be delighted to assist you, whose toll free no. is 1800-425-2255/1800-102-4477.

However, the ultimate decision will be that of yours only.

## Family Health Optima Insurance Plan Unique Identification No. SHAHLIP23164V072223 POLICY SCHEDULE

<b>Policy No.</b> : 11240413287214	<b>Previous Policy No</b> : P/151115/01/2023/014122
<b>Customer Code</b> : 814495	<b>GSTIN</b> : 27AAJCS4517L1ZY
<b>Customer Name</b> : RAKESH MANILAL BEDMUTHA	<b>SAC Code</b> : 997133 / Accident and Health Insurance Services
<b>Proposer Code</b> : 814495	<b>Issuing Office Code</b> : 151115
<b>Proposer Name</b> : RAKESH MANILAL BEDMUTHA	<b>Issuing Office Name</b> : Branch Office - Aurangabad
<b>Proposer Address</b> : MAHAVEER NAGAR PACHORA ROAD JALGAON Jamner Tehsil Maharashtra 424206	<b>Issuing Office Address</b> : 6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner Aurangabad Town - M H Maharashtra 431001
<b>Phone No</b> : 9423977330	<b>Phone No</b> : 0240-6651003/0240-6651004
<b>E-mail Id</b> : bedmuthaoffset@gmail.com	<b>E-mail Id</b> : aurangabad@starhealth.in
<b>Proposer GSTIN</b> : NO	<b>Place of Supply</b> : Maharashtra
<b>Proposal date</b> : 25-Sep-2010	<b>Fulfiller Code</b> : SH6642
<b>Date of Inception of first policy</b> : 26-Sep-2009	<b>Intermediary Code</b> : LC0000000248  <b>Name</b> : M/S.JAINUINE INSURANCE BROKERS PVT LTD <b>Phone No</b> : 2225747 <b>E-mail Id</b> : insurance@kailashjain.in
<b>Policy Category</b> : Fourteenth Year	
<b>Collection No</b> : 191127017931	
<b>Collection Date</b> : 19-Sep-2023	
<b>Premium</b> : Rs. 20,104/-	
<b>CGST @ 9%</b> : Rs. 1,809/-	
<b>SGST @ 9%</b> : Rs. 1,809/-	
<b>Total Premium</b> : Rs. 23,722/-	
<b>Stamp Duty</b> : Re. 1/-	
<b>Total Premium In Words : Rupees Twenty Three thousand seven hundred twenty two only</b>	
<b>PERIOD OF INSURANCE</b> : From : 27-Sep-2023 00:00	To : Midnight Of 26-Sep-2024
<b>Policy Term</b> : 1 Year	
<b>Installment Facility Option</b> : No	<b>Premium Payment Frequency</b> : Annual
<b>Installment Amount Rs.</b> : 0/-	
<b>Scheme Description (Family Size)</b> : 2A+2C	<b>Basic Floater Sum Insured</b> : Rs. 5,00,000/-
<b>Bonus</b> : Rs. 4,00,000/-	<b>Limit of Coverage</b> : Rs. 9,00,000/-
<b>Recharge Benefit</b> : Rs. 1,50,000/-	

Entered by : CUSTPORTAL

Approved by : PORTAL

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Email ID: info@starhealth.in

For Star Health and Allied Insurance Company Ltd.

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**Attached to and forming part of Policy No: 11240413287214**

**Details of Insured Persons :**

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	RAKESH BEDMUTHA	Male	10-Nov-1975	47	Self	814495-1	26-Sep-2009
<b>Pre Existing Disease :</b> No PED Declared							
2	LALITA BEDMUTHA	Female	20-Feb-1980	43	Spouse	814495-2	26-Sep-2009
<b>Pre Existing Disease :</b> No PED Declared							
3	RUSHALI BEDMUTHA	Female	03-Feb-2001	22	Daughter	814495-3	26-Sep-2009
<b>Pre Existing Disease :</b> No PED Declared							
4	KUNAL BEDMUTHA	Male	18-Feb-2005	18	Son	814495-4	26-Sep-2009
<b>Pre Existing Disease :</b> No PED Declared							

**Nominee Details:**

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	LALITA RAKESH BEDMUTHA	Spouse	44	100			

**Sector Classification:**

Rural
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**"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023"**

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

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

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

**Important**

In the event of hospitalization of insured person, intimation should be given to the Company immediately, however, within 24 hrs from the time of admission.

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

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Aurangabad on 19th Day of September 2023.

Entered by : CUSTPORTAL  
Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.



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## Hospitalisation Benefit Policy

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

**Policy No** : 11240413287214

**Type of Policy** : Family Health Optima Insurance  
- 2022

**Issue Office** : 151115-Branch Office - Aurangabad

**Address** : 6 & 7  
Suyash Complex  
Baba Hardas Nagar , Kalda Corner  
Aurangabad Town - M H Maharashtra 431001

**Tel / Fax** : 0240-6651003/0240-6651004

**Email** : aurangabad@starhealth.in

This is to certify that RAKESH MANILAL BEDMUTHA has paid Rs 23,722/- (Total Premium : Indian Rupees Twenty Three thousand seven hundred twenty two only ) towards Premium for Hospitalization Insurance vide Policy No: 11240413287214 for the Period 27-Sep-2023 To 26-Sep-2024 issued on 19-Sep-2023.

Payment received by Payment Gateway vide Receipt No: 191127017931/1 Receipt Date: 19-Sep-2023

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

**Date** : 19-Sep-2023

For and on behalf of

**Place** : Branch Office - Aurangabad

**Star Health and Allied Insurance Company Ltd.**

**IRDA Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**


  
**Authorised Signatory**

**Email ID: info@starhealth.in**

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For Star Health and Allied Insurance Company Ltd.

  
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## Tax Invoice



<b>Invoice No.</b> : 2723091001988168	<b>Customer ID</b> : 814495		
<b>Invoice Date</b> : 19-Sep-2023	<b>Policy No.</b> : 11240413287214		
<b>Recipient</b>		<b>Supplier</b>	
<b>GSTIN</b> :	<b>GSTIN</b> :	<b>GSTIN</b> : 27AAJCS4517L1ZY	
<b>Name</b> :	<b>Name</b> :	Star Health and Allied Insurance Co Ltd - Branch Office - Aurangabad	
<b>Address</b> :	<b>Address</b> :	6 & 7 Suyash Complex Baba Hardas Nagar , Kalda Corner	
<b>City</b> :	<b>City</b> :	Aurangabad Town - M H	<b>Pin Code</b> : 431001
<b>State</b> :	<b>State</b> :	Maharashtra	<b>Place of supply</b> : Maharashtra
<b>Pin Code</b> :	<b>Client Category</b> :	424206	IND

HSN / SAC Code	Description of Service(s)	Total A	Discount B	Taxable Value C = A - B	IGST @ 18% D = C * IGST	CGST @ 9% E = C * CGST	UT/SGST @ 9% F = C * UTGST or SGST	CESS @ 1% G = C * Cess	Total Invoice Value H = C + D + E + F + G
997133	Insurance Services	20,104.00	0	20,104.00	0	1,809.00	1,809.00	0	23,722.00

**Total Invoice Value (in Figures)** : Rs. 23,722/-

**Total Invoice Value (in Words)** : Rupees Twenty Three thousand seven hundred twenty two only

**Amount of Tax Subject to reverse Charge** : No

### Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

### E. & O.E

*This is a digitally signed document and hence no physical signature is required*

**IRDA Regn.No.129**

**Corporate Identity Number L66010TN2005PLC056649**

**Email ID: stargst@starhealth.in**

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Approved by : PORTAL

For Star Health and Allied Insurance Company Ltd.

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**Forming part of Policy Number : 11240413287214**

**Covering Flu Vaccination Approved by ICMR under Health Check Up benefit and Home Care Treatment**

Notwithstanding anything stated to the contrary in the within mentioned policy it is hereby agreed and declared that this Policy would hereinafter provide the following covers without charging additional premium till 31.03.2024:

1. Cover for Flu Vaccine Approved by ICMR under Health check up benefit as per relevant clause with the same limits and conditions provided therein.

2. Cover for Home Care Treatment as per the details provided herein.

**Home care treatment :** Payable up to 10% of the sum insured subject to maximum of Rs.5 lakhs in a policy year, for treatment availed by the Insured Person at home, only for the specified conditions mentioned below, which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a. The Medical practitioner advises the Insured person to undergo treatment at home

b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment

c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

d. Insured can avail "Home Care Treatment" service on **cashless basis**, if availed from the list of our Home Health Care Network service providers given in our website "[www.starhealth.in](http://www.starhealth.in)"


**List of Conditions covered under Home care treatment**

1. Fever and Infectious diseases which can be managed as Inpatient
2. Uncomplicated Urinary tract infections but needing Parenteral Antibiotics
3. Asthma and COPD -Mild Exacerbations needing Home Nebulization
4. Acute Gastritis/Gastroenteritis
5. I.V. Chemotherapy [Where advised by the doctor]
6. Palliative Cancer care requiring medical assistance
7. Acute Vertigo
8. Diabetic foot and Cellulitis
9. IVDP[Cervical and Lumbar disc diseases]
10. Major Surgeries/Arthroplasties needing IV Antibiotics Post Discharge
11. Care for Brain and Spinal Injury Cases Post Discharge
12. Post CVA Care at Home after Discharge
13. Chronic Severe Refractory Asthma

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