Date : 22-Mar-2024 IMPORTANT

Page 1 of 6

MRS.TARABAI RATANLAL AGRAWAL 219,ADARSH NAGAR, NEAR RC PATEL SCHOOL MAIN BUILDING, SHIRPUR,DHULE-425405 Shirpur Tehsil,Maharashtra-**425405** Mobile : NA/9890601111

Dear Customer,

To,

Re: Health Insurance Policy - 11240796163206

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,

R. Mosm

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.

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO.03/GEN/2022 DATED 31-JAN-2022

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129



Senior Citizens Red Carpet Health Insurance Policy Unique Identification No. SHAHLIP22199V062122

In Consideration of payment of Rs. 26,550/- towards renewal premium of <u>policy</u> <u>number:P/201115/01/2023/025789</u>, the policy stands renewed for a further period of 1 Year as per the details given below

Proposer NameMRS.TARABAI RATANLAL AGRAWALIssuingProposer Address219,ADARSH NAGAR, NEAR RC PATEL SCHOOL MAIN BUILDING, SHIRPUR,DHULE-425405 Shirpur Tehsil Maharashtra 425405IssuingPhone No:NA/9890601111 agrawalcoldstorage@gmail.comPhone E-mail Phone E-mailProposer GSTIN:NOPlace of FulfillerProposal date:26-Mar-2018 0 first policyFulfillerRenewal Year:Sixth Year 18-Mar-2024Interr CodePremium:Rs. 22,500/-Name	Code ng Office Code ng Office Nam ng Office Addr ag Office Addr e No il Id of Supply er Code rmediary e		23AAJCS451 997133 / Ac Insurance So 201115 Branch Offic Office No. 3 Station Road Corporate H Indore Towr 452001 0731-40312 indore.bo2@ Madhya Prad SH19338	ccident and F ervices ce - Indore II , 169, R.N.T d louse, n Madhya Pra 219 Ostarhealth.i	I . Mar
Cust CKYC No : - Proposer Code : 8991298 Issuing Proposer Name : MRS.TARABAI RATANLAL Issuing AGRAWAL Proposer Address : 219,ADARSH NAGAR, NEAR RC PATEL SCHOOL MAIN BUILDING, SHIRPUR,DHULE-425405 Shirpur Tehsil Maharashtra 425405 Issuing Phone No : NA/9890601111 Phone E-mail Id : agrawalcoldstorage@gmail.com E-mail Proposer GSTIN : NO Place of Proposal date : 26-Mar-2018 Fulfiller Date of Inception : : 26-Mar-2018 Interr Collection No : 201115/RV/2024/0117042266 Code Collection Date : 18-Mar-2024 Name Premium : Rs. 22,500/- Interr IGST @ 18% : Rs. 4,050/- Phone	ng Office Code ng Office Nam ng Office Addr ng Office Addr e No il Id of Supply er Code	le :	Insurance Se 201115 Branch Offic Office No. 3 Station Road Corporate H Indore Towr 452001 0731-40312 indore.bo2@ Madhya Prad SH19338	ervices ce - Indore II , 169, R.N.T d louse, n Madhya Pra 219 Ostarhealth.i	I . Mar
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only	Personal & Carnos	gelalist	A	5	
PERIOD OF INSURANCE : From : 28-Mar-2024 00:00	To: Midnight	t Of 27-	Mar-2025	Policy Term	:1 Ye
Installment Facility Option: No Premium Payment Frequency : A	: Annual	Inst	allment Amo	unt Rs. : 0/-	~
Policy Type : INDIVIDUAL	The Health Insurance S	e Specialist	Λ	- 5	Pors



Attached to and forming part of Policy No: 11240796163206

SI. No.	Personal & Corris Insurante Personal & Corris Insurante Person	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	OP Limit	Co- Pay	Sum Insured	Inception date
1	MRS.TARABAI RATANLAL AGRAWAL	Female	20-Sep-1951	72	Self	8991298- 1	1,400	30	10,00,000	26-Mar-2018
Pre	Existing Disease :	Hyperten	Mellitus and its c sion and its comp at of diseases rela	olications		em Tresonal a	Health caring Health Insurance		nal a Carina Insurance Insurance Specialist	THE HEIMAN

Nominee Details:

	Nominee Det	ails for the Pro	pose	KSTAR	Insurance The Insurance Appo	intee Details	Person
S.No	Name	Relationship with proposer		% of the claim	Appointee Name	Appointee Age	Relationship with nominee
Spect IIIel	SAURABH	Son Personal & carine	39	100	ATAR	Health Idsurance	Carina Insurance Inco Specialist

Sector Classification:

Urban

"CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO.03/GEN/2022 DATED 31-JAN-2022"

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 dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio(from inception).

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

Condition No. 4 regarding delay in payment of claim shall read as follows and not as stated in policy wordings: "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"

IMPORTANT

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

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

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

Entered by : SH8785 Approved by : SH8785 This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO.03/GEN/2022 DATED 31-JAN-2022 For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Page 3 of 6

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in IRDAI Regn.no: 129

It is hereby made clear that all terms, conditions, clauses, warranties, exclusions etc., as already issued, forming part of the policy of insurance originally issued at the time of inception of this relationship, shall continue to be operative and unaltered, forming part of this renewal insurance cover also.

Reference may be made to those terms, conditions etc., for identifying the scope/extent of coverage.

Other excluded expenses as detailed in our website <u>www.starhealth.in</u>

Health

Entered by

Approved by : SH8785

: SH8785

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Indore II on 22nd Day of March 2024.

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129

For Star Health and Allied Insurance Company Ltd

Page 4 of 6

Authorised Signatory

This is an electronically generated document(Policy

Schedule). CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO.03/GEN/2022 DATED 31-JAN-2022

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Forming part of Policy Number : <u>11240796163206</u>

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"

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

Entered by : SH8785 Approved by : SH8785

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY PAID VIDE PROCEEDING NO.03/GEN/2022 DATED 31-JAN-2022

Authorised Signatory

For Star Health and Allied Insurance Company Ltd.

Page 6 of 6

Annexure 1A

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800 Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in IRDAI Regn.no: 129