

Can there be a better gift than the gift of Security and Protection?

Introducing Star Wedding Gift Insurance Policy – a companion which protects you in adversity and supports you in moments of Joy.

★ **Eligibility**

- Any couple aged between 18 years and 40 years residing in India can take this insurance
- Renewable up to 45 years

★ **Policy Benefits**

I Hospitalization Cover

- In-patient hospitalization expenses for a minimum of 24 hours.
- Room, Boarding, Nursing Expenses up to Rs. 4,000/- per day
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees
- Cost of medicines and drugs
- Emergency ambulance charges for transporting the insured patient to the hospital upto a sum of Rs.1,000/- per hospitalization and overall limit of Rs. 1,500/- per policy period

II Delivery including Pre Natal and Post Natal Cover

- Expenses for delivery of child (Caesarean/Normal Delivery- for one delivery only) upto the limits
- Pre and Post natal expenses included
- Post delivery Complication cover for mother

III Free Benefit

- Cost of test incurred for detecting any disorders in the Foetus upto Rs. 1,000/- (after a waiting period of 27 months)

IV New Born Baby Care

- Newborn baby cover (including Congenital disorders/defects)

V Non Allopathic Treatments

- Upto 25% of sum insured per occurrence, subject to a maximum of Rs. 25,000/- per policy period

VI Pre Existing Disease

- Pre existing diseases are covered after 48 months of continuous insurance with the company

VII Pre & Post Hospitalization

- Pre-hospitalization medical expenses upto 30 days prior to the date admission
- Post-hospitalization - a lumpsum calculated at 7% of the hospitalization expenses (excluding room charges) subject to a maximum of Rs.5,000/- is payable.
- Not applicable for child delivery claims
- There is no pre acceptance medical screening

★ **Sum Insured**

Coverage	Option 1	Option 2
a. Hospitalisation Expenses	Rs. 3,00,000/-	Rs. 5,00,000/-
b. Child Delivery Expenses	Rs. 15,000/- for normal delivery and Rs. 20,000/- for caesarean delivery	Rs. 20,000/- for normal delivery and Rs. 25,000/- for caesarean delivery
c. Pre and Post Natal Expenses (as part of Child Delivery Expenses)	Pre Natal : Rs. 1,500/- Post Natal : Rs. 2,000/-	Pre Natal : Rs. 2,000/- Post Natal : Rs. 4,000/-
d. New Born Baby Cover : Hospitalisation expenses for treatment including congenital diseases	Rs. 30,000/-	Rs. 50,000/-
e. New Born Baby Cover : Lump sum payment for Down's Syndrome and Cerebral Palsy	Rs. 60,000/-	Rs. 1,00,000/-
f. Post Delivery Complications	Actuals within Hospitalisation Limits	Actuals within Hospitalisation Limits
g. Test for detecting congenital abnormality in foetus	Rs. 1,000/-	Rs. 1,000/-

Note : The coverage limits mentioned in (b) to (f) above, is part of the overall Sum Insured mentioned under (a) above.

★ **Policy Period**

Policy is offered for the following periods

- 1 year
- 2 year



★ **Policy Premium (Service Tax Extra)**

★ **Policy Period for One Year cover (Service Tax Extra)**

Option	Family Size	Premium (Rs.)	
		5 months – 35 years	36 years – 45 years
Option 1	2A	10305	10740
	2A + 1C	10535	11305
Option 2	2A	13960	14680
	2A + 1C	14470	15310

★ **Policy Period for Two Years cover (Service Tax Extra)**

Option	Family Size	Premium (Rs.)	
		5 months – 35 years	36 years – 45 years
Option 1	2A	18550	19335
	2A + 1C	18965	20350
Option 2	2A	25130	26425
	2A + 1C	26050	27560

A - Adult C - Child

★ **Tax Benefits:** Payment of premium by any mode other than cash for insurance under this policy is eligible for relief under section 80D of the Income Tax Act 1961.

★ **Renewal Condition**

A grace period of 30 days from the date of expiry of the policy is available for renewal.

In respect of disease / sickness / illness / condition for which claim/s has/have been made the sum insured will be restricted to that policy sum insured where the claim/s was/were first made.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Renewal premium is subject to change with prior approval from IRDA.

★ **Exclusion**

- Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
- Any disease contracted by the Insured Person during the first 30 days from the date of commencement of the policy.

This condition no. 2 above shall not however apply in case of the Insured Person having been covered under this scheme or any health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.

- Expenses for delivery of a child within 36 months of continuous renewal from the date of commencement of this policy with the company .
- During the First two Years of continuous operation of Insurance cover the expenses on treatment of Cataract, Hysterectomy, Dysfunctional Uterine Bleeding (DUB), Fibroid Uterus, Prolapsed Uterus, Treatment of Internal Derangement of Knee (other than caused by an accident), Treatment for Joints (other than caused by an accident), Intervertebral Disc Prolapse (other than caused by accident), degenerative Vertebral and Disc diseases, Varicose veins and Varicose ulcers. If these (other than congenital internal diseases/defects) are Pre-Existing at the time of proposal they will be covered subject to exclusion number 1 above.

- During the first year of operation of the Insurance cover the expenses on treatment of Deviated Nasal Septum, Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Fissure in anus, Sinusitis, and related disorders, Nasal Polyps, gall bladder calculi and renal calculi are not payable. If these diseases are Pre-Existing at the time of proposal they will be covered subject exclusion No1 above.

Note: Congenital disease/defects whether internal or external are covered for the Newborn.

- The amount of claim indicated in the schedule to be borne by the Insured Person.
- Injury/ Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not).
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post-bite treatment) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

9. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs and such other aids.
10. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
11. Convalescence, general debility, Run-down condition or rest cure, Psychosomatic disorders, Congenital external disease or defects or anomalies, infertility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
12. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
13. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
15. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.
16. Treatment arising from or traceable to pregnancy (other than ectopic pregnancy), miscarriage, abortion or complications of any of these other than what is stated under clause 1.
17. Naturopathy Treatment.
18. Hospital registration charges, record charges telephone charges and such other charges.
19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment.
20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
21. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic shall be restricted to 25% of the sum insured per occurrence subject to an overall limit of Rs. 25000/- during the entire policy period.
22. Other expenses as detailed elsewhere in the policy.

★ **Cancellation**

The Company may also cancel this policy on grounds of misrepresentation, fraud, moral hazard and non disclosure of material fact or non co-operation by the insured person.

The insured may at any time cancel this policy and in such event the Company shall allow refund of Premium after retaining premium at Company's short period rate (table given below) provided no claim has occurred up to the date of cancellation.

For policy with one year term	
PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of annual premium
Up to three Months	½ of annual premium
Up to six months	3/4th of annual premium
Exceeding six months	Full annual premium
For policy with two year term	
Up to two-month	1/3rd of policy premium
Up to six months	½ of policy premium
Up to twelve months	3/4th of policy premium
Exceeding twelve months	Full policy premium

★ **Free Look In Period**

A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy.

★ **Portability**

This policy is portable. If the insured is desirous of porting this policy to another Insure towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due. Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

★ **Claims Procedure**

- ❖ Call the 24 hour help-line for assistance - 1800 425 2255. Inform the ID/Policy number for easy reference.
- ❖ 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 hospitals
- ❖ In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

★ **The Company**

Star Health and Allied Insurance Co. Ltd., is a joint venture between NRIs, Oman Insurance Company UAE and an Indian Company being a special purpose vehicle formed by a group of Indian Businessmen. **M/s. ICICI Ventures, M/s. Sequoia Capital & M/s. TATA Capital Growth Fund have also invested in the Company.** It has a capital base of INR 651 crores. As an exclusive Health Insurance Company and first of its kind in India, the Company is committed in setting international benchmarks in service and personal caring.

★ **Star Advantages**

- ❖ No third Party Administrator, direct in-house claim settlement.
- ❖ Faster & hassle-free claim settlement.
- ❖ Cashless hospitalization wherever possible.

Star Wedding Gift

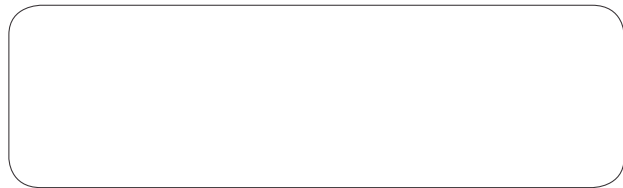
- ❖ Network of more than 6000 hospitals across India.
- ❖ 24 x 7 Toll Free Helpline.
- ❖ Information on health through free health magazine.
- ❖ Maintenance personal health record in electronic format

Prohibition rebates: Section 41 of Insurance Act 1938 (Prohibition of rebates): 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 lakh rupees.

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For more details on the risk factors, terms and conditions, please read the brochure carefully before concluding sale

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 you would appreciate
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