



**TENDER FOR GROUP MEDICLAIM INSURANCE  
POLICY  
FOR THE PERIOD FROM 20.03.25 to 19.03.2026**



**Cuttack Central Co-operative Bank Ltd.**

**କଟକ କେନ୍ଦ୍ର ସମବାୟ ବ୍ୟାଙ୍କ ଲିଡ**



# Cuttack Central Co-operative Bank Ltd.

Head Office, Nimchouri, Chandini Chouk, Cuttack – 753 002

Email : ccbho@cuttackccb.co.in

Ref. No. 5253

Date. 14.03.2025

## TENDER FOR GROUP MEDICLAIM INSURANCE POLICY

FOR THE PERIOD FROM 20.03.2025 to 19.03.2026

Date: 14.03.2025

Closing date: 28.03.2025

Sub: Group Mediclaim Insurance Policy from 20.03.2025 to 19.03.2026 (both days inclusive)

CUTTACK CENTRAL COOPERATIVE BANK LTD., with its Head Office at Cuttack is inviting quotation from registered and reputed Insurance Companies/Brokers/Consultancy/Agencies to provide Medical cover for all the staffs with their dependents under Group Mediclaim Insurance Policy for the medical Insurance cover for a period of one year effective 20.03.2025.

### Scope of Cover :-

The Insurance Policy would cover the following:

1	Scope of Cover	Terms
1.1	Policy Type	Group health insurance Family Floater policy
1.2	Renewal/Fresh	Renewal- Existing Insurer Star Health And Allied Insurance Co.Ltd
1.3	Sum insured per family Unit	Rs 10,00,000
1.4	Service Category	Both Cashless & Reimbursement
1.5	Family size	1+4 (Employee, legally wedded spouse, first three dependent children up to the age of 25)
1.6	Entry age & Renewal	1 day-70 years
1.7	Waiting period of 30 days	To be Waived
1.8	Waiting Period (1 <sup>st</sup> Year/2 <sup>nd</sup> Year/3 <sup>rd</sup> Year	To be Waived
1.9	Pre-existing Diseases	To be covered from Day 1
1.10	Pre & Post Hospitalization Period	Pre-Hospitalization 30 days and Post Hospitalization 60 days for 100% sum insured.
1.11	Whether Day care covered	Yes.
1.12	Cover for Maternity	Employees & Spouse
1.13	Limit of coverage for Maternity	For Normal: Rs. 40,000/- For Caesarean: Rs.75,000/- Maximum: 2 delivery only. For complications in pregnancy is covered under family sum insured
1.14	Maternity waiting period	Without waiting period of 9 months
1.15	Cover for newborn child from day one	Yes



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1.16	Newborn child is covered from day one, please specify the limit of coverage for the child	Within family floater sum insured
1.17	Organ Transplantation	Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured upto Family Sum Insured.
1.18	Corporate buffer required, please specify the terms	Policy Limit Rs. 20 lakhs. Upto Family floater Sum Insured Limit.
1.19	Sub Limits	Room Rent, boarding & Nursing Expenses: Rs.10,000/- & ICU charges: Rs.20,000/- per day or actual whichever is less.
1.20	Co-Pay	No Co-pay
1.21	Disease wise capping	No Disease wise capping
1.22	Cataract Limit	Rs 100,000 per Eye
1.23	Modern Treatment	Limit to 50% Of Sum Insured
1.24	Free Health checkup camp	Annually at Head Office
1.25	Ambulance Charges	Rs. 2000/- per event subject to overall admissibility of the claim
1.26	Period of policy	12 months
1.27	Number of Lives	358 (Please refer Annexure-2)
1.28	Claim Dumps and Summery Updated On 03.03.2025	Details Available in Web site

## Other Terms & Conditions –

1. The insurance Brokers interested in participating must comply with the following criteria. Documentary evidence to be provided.
  - a) Should have branch office at Cuttack/Bhubaneswar
  - b) Declaration: Not being blacklisted by Govt/ Banks/ Financial Institutions
  - c) Should have done revenue from insurance business of at least 20 Crs in the last FY i.e. 2023-24
  - d) Insurance Broking company must have started its operation on or before 2017.
2. The validity of the bid should be for 60 days.
3. The number of employees indicated under this policy is only provisional and Cuttack CCB reserves its right to increase or decrease the same depending upon requirement during the award of insurance business.
4. Submitting the offer does not guarantee the acceptance of your offer. Cuttack CCB reserves the right to accept or reject any or all offers or part thereof at its sole discretion, without assigning any reason whatsoever.
5. Any offer received after the expiry of the time & date specified for receiving the offer is liable to be rejected without assigning any reasons.
6. Bids which are late/vague/conditional/incomplete/not confirming to the laid down procedure in any respect will be rejected.
7. Bids sent by fax & email will not be accepted.



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8. In case of differences arising in the terms & conditions of the tender documents with the firms, the decision of Cuttack CCB. shall prevail.
9. Cuttack CCB reserves the right to modify/change/delete/add any further terms and conditions prior to issue of agreement.
10. All the pages of this tender document need to be signed & stamped, signifying acceptance of all the terms & conditions.
11. **Terms of Payment**  
Total premium (all inclusive) shall be paid on finalization of order and acceptance by the bidder.
12. **Force Majeure:**  
Any delay in or failure of the performance of either party hereto shall not constitute default hereunder or give rise to any claims for damages, if any, to the extent such delays failure of performance is caused by occurrences such as Acts of God or the public enemy expropriation or confiscation of facilities by Government Authorities, compliance with any order or request of any Governmental Authorities, was fires, floods, riots or illegal strikes.
13. **No price Escalation:**  
No price escalation shall be entertained during the validity of the Insurance Coverage.
14. **Termination of Contract:**  
Cuttack CCB may terminate the agreement by giving a written one-month advance notice to the Service Provider, if:
  - i. The Service Provider becomes bankrupt or is otherwise declared insolvent.
  - ii. The Service Provider being a company is wound up voluntarily or by the order of a court or a receiver, or manager is appointed on behalf of the debenture holders or circumstances occur entitling the court or debenture holders to appoint a receiver or a manager, provided that such termination will not prejudice or affect any right of action or remedy accrued or that might accrue thereafter to the Purchaser.
  - iii. The quality of services rendered to Cuttack CCB gets degraded.
  - iv. The Service Provider resorts to any deviation from the contract or violates the contract. In the event that the contract is terminated, pro-rata premium will have to be refunded to Cuttack CCB by the Service Provider within ten working days.
15. For any queries, please contact Mr Biswajit Behera-7008125597.



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**The last date for submitting your offer at Cuttack CCB, Cuttack office in the following address before 28.03.2025 up to 3 Pm.** and the same would be opened on **28.03.2025 at 4 Pm.** On the same date all the participating insurers or their representative should remain present. All Offers must be submitted in sealed envelopes super-scribing **"Tender for Group Mediclaim Insurance Cover"** in attached format of Price Bid along with Annexure 1 (Nil Deviation) and should reach the following address:-

To,

The Manager Establishment

C/O Cuttack CCB Head Office, Nimchouri, Chandni Chowk, Cuttack -753002.

Interested bidders are requested to submit their most competitive offer within the stipulated date and time, and in the manner and method prescribed.

The premium shall be quoted in both words and figures. Any correction / overwriting / scoring / Cancellation should be counter-signed. If there is any difference in words and figures, the words will supersede figures. In case of illegibility, the interpretation of M/s Cuttack C.C.B shall be final. All entries shall be in English language only.

Chief Executive officer

For Cuttack Central Cooperative Bank

Chief Executive Officer  
Cuttack Central Co-operative Bank Ltd.  
Cuttack



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## List of Documents to be Submitted by Bidder

1. Tender document needs to be signed & stamped, signifying acceptance of all the terms & conditions by the Insurance Company
2. Price Bid Format- In Insurance Company's letter Head
3. Annexure – 1

## PRICE BID-

1. **Total No. of Lives** :
2. **Total Sum Insured (Rs.):**
3. **Validity of the plan** :
4. **Quotation**

Net Premium (Incl. all expenses)	
GST 18%	
Final Premium Payable	

Final Premium Payable in Words –

(Authorised Signatory)with Name ,designation

Date :

Place :



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## Annexure – 1

### Declaration by the Insurance Company

To,

The CEO,  
Cuttack Central Cooperative Bank Head Office  
Nimchouri, Chandni Chowk , Cuttack - 753002

Dear Sir,

### Sub: Nil Deviation

With reference to the above, I am/we are offering our competitive prices for Group Mediclaim Policy for employees & dependents of M/s Cuttack CCB

I/We hereby reconfirm and declare that I/We have carefully read and understood the above referred tender document including instructions, terms & conditions, specifications, schedule and all the contents stated therein, and I/We accept the same without any deviation.

Thanking you,

Yours faithfully,

(Signature of the Bidder)

Name : \_\_\_\_\_  
Designation : \_\_\_\_\_

Date : \_\_\_\_\_

Stamp : \_\_\_\_\_



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## EMPLOYEE & DEPENDENT DETAILS

## Annexure – 2

SL. NO.	EMP NO	INSURED NAME	AGE	GENDRER	RELATIONSHIP	SUM INSURED
1	10581	BISWAJIT MISHRA	36	Male	Self	10 Lakh
2	10489	HRUSHIKESH PANDA	55	Male	Self	10 Lakh
		SUSHAMA MANJARI PANDA	47	Female	spouse	
		SAGAR PANDA	25	Male	Son	
3	10563	SOUBHAGYA RANJAN DAS	28	Male	Self	10 Lakh
		APARNA ARPITA DAS	24	Female	Spouse	
		SWAYAM SAMARPIT DAS	1	Male	Son	
4	10532	KAMALA KANTA MOHANTY	49	Male	Self	10 Lakh
		GITANJALI MOHANTY	37	Female	spouse	
		KUMKUM MOHANTY	16	Female	Daughter	
		AYUSHMAN MOHANTY	11	Male	Son	
5	20113	CHOUDHURY AJEET KUMAR DAS	60	Male	Self	10 Lakh
		MRUNALINI DAS	56	Female	spouse	
		CHOUDHURY AMEET KUMAR DAS	24	Male	Son	
		ANKITA CHOUDHURY	20	Female	Daughter	
6	10615	KEDAR BAHADUR KHETRI	33	Male	Self	10 Lakh
		SWAPNALI PATI	22	Female	Spouse	
7	20509	RASMIPRAVA SUTAR	59	Female	Self	10 Lakh
8	10480	RATNAKAR SAHOO	55	Male	Self	10 Lakh
		URBASHI SAHOO	48	Female	Spouse	
9	10543	KARTIK CHANDRA NAYAK	55	Male	Self	10 Lakh
		USHARANI NAYAK	53	Female	Spouse	
		SIMA RANI NAYAK	21	Female	Daughter	
10	10449	SUDHANSU SAHOO	57	Male	Self	10 Lakh
		BISWAJITA SAHOO	55	Female	spouse	
11	10560	SUMIT PRADHAN	35	Male	Self	10 Lakh
12	10576	BISWA PRAKASH SAMAL	37	Male	Self	10 Lakh
13	10603	SUBAS KUMAR BEHERA	38	Male	Self	10 Lakh
		TANUSHREE SETHY	32	Female	Spouse	
14	10499	BHARAT KUMAR SATAPATHY	51	Male	Self	10 Lakh
		GEETANJALI SATAPATHY	48	Female	spouse	
		TANUJA SATAPATHY	22	Female	Daughter	
		GAYATRI SATAPATHY	18	Female	Daughter	
15	10574	AVNEET KAUR	41	Female	Self	10 Lakh
		HARANGAD SINGH	13	Male	Son	
16	10567	TIRTHANKAR ROUTRAY	35	Male	Self	10 Lakh
		PRAGATI PRIYADARSANI ROUT	30	Female	Spouse	
		RISHITA ROUTRAY	1	Female	Daughter	



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17	10577	<b>KEDAR BEHERA</b>	37	Male	Self	10 Lakh
		SONISHA BEHERA	36	Female	spouse	
		SK JANGYASENI BEHERA	8	Female	Daughter	
18	10597	<b>SANTOSH KUMAR ROUT</b>	41	Male	Self	10 Lakh
		SAUDAMINI SWAIN	35	Female	spouse	10 Lakh
		SUDIPTA ROUT	7	Female	Daughter	
		SUBHALAXMI ROUT	1	Female	Daughter	
19	10535	<b>AMIYA KUMAR MOHANTY</b>	42	Male	Self	10 Lakh
		ABHISIKTA JENA	41	Female	Spouse	
20	10591	<b>PRAMOD KUMAR JENA</b>	41	Male	Self	10 Lakh
		SUBHALAKSHMI SASMAL	30	Female	spouse	
		KRITI DIVYANSHI	4	Female	Daughter	
21	10575	<b>TAPAS RANJAN SWAIN</b>	37	Male	Self	10 Lakh
		NIKITA MOHANTY	37	Female	spouse	
		TRISHIKA TAANAYA	2	Female	Daughter	
22	10277	<b>SURESH CHANDRA PATTNAIK</b>	58	Male	Self	10 Lakh
		KIRANABALA PATTNAIK	59	Female	spouse	
23	10155	<b>BIRANCHI NARAYAN MOHAPATRA</b>	59	Male	Self	10 Lakh
		SANJUKTA RANI TRIPATHY	57	Female	spouse	
		BIPASA MOHAPATRA	25	Female	Daughter	
24	20568	<b>RAJAT KUMAR RAY</b>	54	Male	Self	10 Lakh
		PRATIMA RAY	50	Female	spouse	
		PRARAMBHIKA RAY	22	Female	Daughter	
		PRATIK RAY	17	Male	Son	
25	10533	<b>SADASIV DAS</b>	43	Male	Self	10 Lakh
		SMRUTI REKHA DAS	40	Female	spouse	
		SWAYAM PRAKASH DAS	11	Male	Son	
		SUBHASHREE DAS	3	Female	Daughter	
26	10573	<b>SUCHITRA SAHOO</b>	41	Female	Self	10 Lakh
		SUBRAT KUMAR SAHOO	40	Male	spouse	
		SAKSHAM SUBRACHIT SAHOO	10	Male	Son	
		SAANVI SUBRACHIT SAHOO	3	Female	Daughter	
27	10158	<b>SANTOSH KUMAR SAHOO</b>	54	Male	Self	10 Lakh
		LAXMI PRIYA SAHOO	47	Female	Spouse	
28	10616	<b>ANTARYAMI MOHAPATRA</b>	45	Male	Self	10 Lakh
		PRAVATI MAHAPATRA	45	Female	spouse	
		CHIRANJIBI MOHAPATRA	13	Male	Son	
29	10521	<b>SUJIT KUMAR DAS</b>	50	Male	Self	10 Lakh
		PRANAYA MANJARI MALLA	43	Female	spouse	
		SANSKAR DAS	10	Male	Son	



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		SPANDAN DAS	5	Male	Son	
30	10536	SUMITRA DASH	37	Female	Self	10 Lakh
		JYOTIRANJAN DASH	49	Male	spouse	
31	10555	KRUSHNA CHANDRA SAMAL	57	Male	Self	10 Lakh
		SAROJINE SAMAL	53	Female	spouse	
32	10524	AKSHAYA KUMAR DASH	57	Male	Self	10 Lakh
		PRIYADARSHINI DASH	49	Female	spouse	
		ASHUTOSH DASH	20	Male	Son	
33	10596	GITANJALI CHOUDHURY	40	Female	Self	10 Lakh
		UMAKANTA SAHOO	43	Male	spouse	
		BHAGYASHREE SAHOO	13	Female	Daughter	
34	10619	JYOTI RANJAN SWAIN	35	Male	Self	10 Lakh
		JAMINIBALA SWAIN	30	Female	Spouse	
35	10448	CHITTARANJAN SAHU	57	Male	Self	10 Lakh
		MANORAMA SAHU	53	Female	Spouse	
36	10540	PABITRA KUMAR SENAPATI	49	Male	Self	10 Lakh
		PUJARANI SENAPATI	41	Female	spouse	
		PRIYANSI SENAPATI	11	Female	Daughter	
		SHREYANSI SENAPATI	7	Female	Daughter	
37	10600	HARAPRASAD SAMAL	34	Male	Self	10 Lakh
		RUPALI MOHAPATRA	31	Female	Spouse	
		SRIRAJ SAMAL	1	Male	Son	
38	20031	BASANTA KUMAR PARIDA	59	Male	Self	10 Lakh
		ALAKA PARIDA	55	Female	spouse	
39	10218	SURENDRA NATH DAS	57	Male	Self	10 Lakh
		MATAJI DAS	56	Female	spouse	
40	10494	SAUDAMINI MULIA	52	Female	Self	10 Lakh
		SARADA PRASANNA SWAIN	53	Male	spouse	
		SATYAM SWAIN	23	Male	Son	
41	10525	DURGA MADHAB NANDA	52	Male	Self	10 Lakh
		SUBHASHREE NANDA	50	Female	Spouse	
		SONALI NANDA	22	Female	Daughter	
42	10590	PRIYARANJAN RATH	40	Male	Self	10 Lakh
		ROJALIN ACHARYA	30	Female	spouse	
		DIVYANSHI RATH	6	Female	Daughter	
43	10487	PRAFULLA KUMAR BEHERA	48	Male	Self	10 Lakh
		AMITA BEHERA	45	Female	spouse	
		TRILOCHAN BEHERA	25	Male	Son	
44	10613	AINTHA NAYAK	52	Male	Self	10 Lakh
		LAXMIPRIYA NAYAK	44	Female	spouse	
		RASMIPRIYA NAYAK	23	Female	Daughter	



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		BISWAJIT NAYAK	17	Male	Son	
45	10522	KSHETRA MOHAN LENKA	58	Male	Self	10 Lakh
		RAJASHREE LENKA	51	Female	spouse	
		AYESHKANT LENKA	24	Male	Son	
46	10544	SANUJA KUMAR ROUT	49	Male	Self	10 Lakh
		KUNALATA ROUT	40	Female	spouse	
		JAYADEV ROUT	14	Male	Son	
		JAGANATH ROUT	8	Male	Son	
47	10500	TAPAS PRASAD SINGH	54	Male	Self	10 Lakh
		SANJUKTA SINGH	46	Female	spouse	
		BANSITA SINGH	23	Female	Daughter	
		ARCHITA SINGH	18	Female	Daughter	
48	10578	SUSOVAN NAYAK	37	Male	Self	10 Lakh
		CHANDANA SAHOO	27	Female	Spouse	
		SRIMAY SRICHANDAN NAYAK	2	Male	Son	
49	10610	BIKASH PRASAD SINGH	35	Male	Self	10 Lakh
50	10392	KSHIROD KUMAR SAHOO	56	Male	Self	10 Lakh
		BIDYULATA SAHOO	46	Female	spouse	
		SUBHALAXMI SAHOO	25	Female	Daughter	
		ABHIJIT SAHOO	22	Male	Son	
51	10618	GAGAN KUMAR SAHOO	53	Male	Self	10 Lakh
		SABITRI SAHOO	42	Female	spouse	
		ASIT KUMAR SAHOO	19	Male	Son	
52	10617	NITYANANDA DAS	31	Male	Self	10 Lakh
53	10568	JAGANNATH BEHURA	47	Male	Self	10 Lakh
		PRATIVA BEHURA	14	Female	Daughter	
		PRATIKSHYA BEHURA	17	Female	Daughter	
		SANJUKTA BEHURA	47	Female	spouse	
54	10595	NIRUPAMA BAYEE	41	Female	Self	10 Lakh
		SRIKANTA DAS	43	Male	Spouse	
		PRAYASHI DAS	12	Female	Daughter	
55	10539	ITISHRIKANTA SWAIN	40	Male	Self	10 Lakh
		MONALISHA SWAIN	39	Female	spouse	
		SASHANKA SEKHAR SWAIN	12	Male	Son	
		SITIKANTHA SWAIN	7	Male	Son	
		SHIVA SUNDAR SWAIN	6	Male	son	
56	10614	NIROD KUMAR DASH	47	Male	Self	10 Lakh
		SWARNA PRAVA KAR	40	Female	spouse	
		RITURAJ CHOUDHURY DASH	12	Male	Son	
57	10491	RANJIT KUMAR MOHAPATRA	56	Male	Self	10 Lakh
		SANJUKTA DAS	57	Female	spouse	



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58	10501	<b>SAKUNTALA MOHANTY</b>	48	Female	Self	10 Lakh
		SUVENDU KUMAR NAYAK	57	Male	spouse	
		AIRA KHARABELA NAYAK	19	Male	Son	
59	10569	<b>SNEHANJALI RAY</b>	38	Female	Self	10 Lakh
		ASHUTOSH RAY	41	Male	spouse	
		AARUSH RAY	7	Male	Son	
60	10601	<b>PRADIPTA RANJAN SAHOO</b>	41	Male	Self	10 Lakh
		NARMADA PATRA	32	Female	spouse	
		AARAV SAHOO	4	Male	Son	
61	10611	<b>MANOJ KUMAR BEHERA</b>	41	Male	Self	10 Lakh
		SONALI BISWAL	41	Female	spouse	
		SUBHALAXMI BEHERA	12	Female	Daughter	
		GAURISANKAR BEHERA	9	Male	Son	
62	10542	<b>DEBENDRA KUMAR DEO</b>	56	Male	Self	10 Lakh
		KABERI DEO	39	Female	spouse	
		SAI SUMIT DEO	21	Male	son	
		MITUL RANJAN DEO	13	Male	son	
63	10589	<b>SUSHANTA KUMAR BISWAL</b>	39	Male	Self	10 Lakh
		TAPASHI MANIK	39	Female	Spouse	
		RAJASMITA BISWAL	10	Female	Daughter	
		JAGRUTI BISWAL	6	Female	Daughter	
		GOUTAM KUMAR BISWAL	3	Male	Son	
64	10584	<b>RUNIBALA PRADHAN</b>	36	Female	Self	10 Lakh
		JITENDRA KUMAR SUNDARAY	36	Male	Spouse	
		RAJBIR SUNDARAY	1	Male	Son	
65	10585	<b>PRASANTA KUMAR MOHAPATRA</b>	35	Male	Self	10 Lakh
		SASHI PRAVA MOHANTY	35	Female	spouse	
		PRAYANSHI MOHAPATRA	2	Female	Daughter	
66	10486	<b>JENAMANI SANJIB KUMAR RAY</b>	54	Male	Self	10 Lakh
		URMILA SAMANTRAY	49	Female	Spouse	
		JENAMANI ADITYA KUMAR RAY	5	Male	Son	
67	10528	<b>SITIKANTHA MOHARANA</b>	59	Male	Self	10 Lakh
		SASMITA MOHARANA	50	Female	spouse	
		SATWIK ANIMESH	25	Male	son	
68	10453	<b>SULOCHANA NAYAK</b>	59	Female	Self	10 Lakh
		NARENDRA KUMAR SAHOO	66	Male	spouse	
		KUMAR OMKAR	20	Male	Son	
69	10579	<b>SANJAY KUMAR NAYAK</b>	36	Male	Self	10 Lakh
70	10605	<b>PRASANTA KUMAR MALLIK</b>	38	Male	Self	10 Lakh
		DEEPTIREKHA JENA	33	Female	spouse	
		ANKIT ANIRVED	4	Male	Son	



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		HRISHIKA MALIK	0	Female	Daughter	
71	10608	SATYASHANKAR SETHY	43	Male	Self	10 Lakh
		MINATI SETHI	38	Female	spouse	
		SHREEMON SANSKAR	9	Male	Son	
		ITISHREE BARIK	39	Female	Self	
72	10604	TRUPTIRANJAN MOHAKUL	39	Male	Spouse	10 Lakh
		TRISHIKA MAHAKUL	4	Female	Daughter	
		AYASKANTA MOHANTY	41	Male	Self	
73	10548	SUCHISMITA MUDULI	33	Female	spouse	10 Lakh
		SAMARTH MOHANTY	3	Male	Son	
		SAUMYA SURAJIKA	36	Female	Self	
74	10583	SANGRAM KESHARI DASH	36	Male	spouse	10 Lakh
		SAANVI DASH	6	Female	Daughter	
		BISWAJIT BEHERA	36	Male	Self	
75	10607	PRASANTA KUMAR PRADHAN	39	Male	Self	10 Lakh
76	10566	ASHIT PRADHAN	5	Male	son	10 Lakh
		CHINMAYEE SAMAL	27	Female	spouse	
		SANTOSA KUMAR SAHOO	53	Male	Self	
77	10529	APARNNA SAHOO	47	Female	spouse	10 Lakh
		ASHUTOSH SAHOO	20	Male	Son	
		AKANKSHA SAHOO	17	Female	Daughter	
		SUNIL KUMAR SHAW	38	Male	Self	
78	10588	K SATYANARAYAN	49	Male	Self	10 Lakh
79	10546	KOTI BHARATHI	47	Female	spouse	10 Lakh
		KOTI KIRAN KUMAR	21	Male	Son	
		SULTAN KHAN	56	Male	Self	
80	10481	AZIZA BEGUM	41	Female	spouse	10 Lakh
		RABI NARAYAN BEHERA	54	Male	Self	
81	10530	MINATI BEHERA	50	Female	spouse	10 Lakh
		BIRABAR BARIK	57	Male	Self	
82	10485	PARBATI BARIK	52	Female	spouse	10 Lakh
		RANJAN KUMAR PARIDA	54	Male	Self	
83	10493	NABANITA PARIDA	48	Female	spouse	10 Lakh
		ABINASH PRIYADARSHI	20	Male	Son	
		RAJNANDINI PRIYADARSHINI	16	Female	Daughter	
		SURAJ KUMAR SWAIN	39	Male	Self	
84	10623	SANDHYA RANI SWAIN	39	Female	Spouse	10 Lakh
		SUBHAM KUMAR SWAIN	4	Male	Son	
		NIRAD KUMAR NAYAK	45	Male	Self	
85	10538	CHINMAYEE NAYAK	38	Female	spouse	10 Lakh
		RITURAJ NAYAK	12	Male	Son	



# Cuttack Central Co-operative Bank Ltd.

Head Office, Nimchouri, Chandini Chouk, Cuttack – 753 002  
Email : ccbho@cuttackccb.co.in

Ref. No.....

Date. ....

86	10609	PRATAP KUMAR BEHURA	46	Male	Self	10 Lakh
		MADHUSMITA MOHANTY	35	Female	spouse	
		PRATYASHA BEHURA	4	Female	Daughter	
87	10495	AJAYA KUMAR PARIDA	59	Male	Self	10 Lakh
		SASMITA PARIDA	49	Female	spouse	
		SIMRAN PARIDA	21	Female	Daughter	
88	10085	BHAGIRATHI NAYAK	59	Male	Self	10 Lakh
		REKHA NAYAK	43	Female	spouse	
89	10553	DEBENDRA SWAIN	40	Male	Self	10 Lakh
		PUSPALATA SWAIN	39	Female	Spouse	
		SIHANSHU SWAIN	9	Male	Son	
		DIPTIREKHA SWAIN	5	Female	Spouse	
90	10471	SUJIT KUMAR MOHANTY	49	Male	Self	10 Lakh
		CHINMAYEE MOHANTY	42	Female	spouse	
		AYESHA MOHANTY	20	Female	Daughter	
		OM KUMAR MOHANTY	17	Male	Son	
91	10541	JITENDRA KUMAR MOHANTY	40	Male	Self	10 Lakh
		RINA JENA	35	Female	spouse	
		RITURAJ MOHANTY	10	Male	Son	
		YUVRAJ MOHANTY	7	Male	Son	
92	10483	CHITTA RANJAN DAS	55	Male	Self	10 Lakh
		RAJASHREE DAS	45	Female	spouse	
		ADARSH DAS	20	Male	Son	
		ADYASHA DAS	17	Female	Daughter	
93	10637	PRITHVIRAJ ANAND	27	Male	Self	10 Lakh
94	10653	LIPINA PRUSTHI	31	Female	Self	10 Lakh
95	10587	BAILOCHAN DAS	37	Male	Self	10 Lakh
		SURITA PATRA	31	Female	Spouse	
96	10638	SATYABRATA NANDA	27	Male	Self	10 Lakh
97	10658	CHAITANYA PRASAD MAJHI	39	Male	Self	10 Lakh
		MADHUSMITA MARANDI	30	Female	Spouse	
98	10549	SUJIT KUMAR BARIK	41	Male	Self	10 Lakh
		SMITA BARIK	35	Female	Spouse	
		ATULYA ADHIRAJ BARIK	6	Male	Son	
99	10665	JYOTI RANJAN PRADHAN	29	Male	Self	10 Lakh
100	10425	SASADHARA DASH	58	Male	Self	10 Lakh
		SHASHIREKHA DASH	55	Female	Spouse	
101	10468	SIMANTINI SAMAL	59	Female	Self	10 Lakh
		SUDARSHAN SAMAL	60	Male	Spouse	
102	10545	SUNITA DAS	53	Female	Self	10 Lakh
		LALITENDU BHUYAN	59	Male	Spouse	



# Cuttack Central Co-operative Bank Ltd.

Head Office, Nimchouri, Chandini Chouk, Cuttack – 753 002

Email : ccbho@cuttackccb.co.in

Ref. No. ....

Date. ....

		DEBASISH BHUYAN	21	Male	Son	
103	10652	RAJAT KESARI SAHOO	30	Male	Self	10 Lakh
104	10634	RAKESH KUMAR SAHOO	27	Male	Self	10 Lakh
105	10632	SMRUTI RANJAN MOHAPATRA	35	Male	Self	10 Lakh
106	10642	AJAY KUMAR KANDULNA	29	Male	Self	10 Lakh
107	10668	DEEPANJALI MUNDARI	33	Female	Self	10 Lakh
		SARAT CHANDRA SINGH	41	Male	Spouse	
108	10081	BISWANATH BEHERA	59	Male	Self	10 Lakh
		SULOCHANA BEHERA	54	Female	Spouse	
109	10570	SONALIN MOHAPATRA	35	Female	Self	10 Lakh
		SUVENDU KUMAR PRADHAN	35	Male	Spouse	
		SAISHREYA PRADHAN	6	Female	Daughter	
110	10649	SAMEER MANDAL	29	Male	Self	10 Lakh
111	10469	HAREKRUSHNA RATH	50	Male	Self	10 Lakh
		PRAVASINI RATH	50	Female	spouse	
		ANSUMAN RATHA	20	Female	Son	
		SUBHASMITA RATH	23	Female	Daughter	
112	10664	NARENDRA NARAYAN MURMU	37	Male	Self	10 Lakh
113	10639	CHANDAN KUMAR NAYAK	28	Male	Self	10 Lakh
114	10676	SOUBHAGYA KUMAR ROUTRAY	43	Male	Self	10 Lakh
		SASMITA ROUTRAY	35	Male	Spouse	
		SIBA PRASAD ROUTRAY	15	Male	Son	
		RUDRA NARAYAN ROUTRAY	13	Male	Son	
115	10599	PUSPANJALI DASH	44	Female	Self	10 Lakh
		ADARSHA BIHARI DASH	19	Male	Son	
		AMAN KUMAR DASH	18	Male	Son	
116	10681	PRAHALLAD PADHI	36	Male	Self	10 Lakh
		KALYANI PADHI	35	Female	Spouse	
		PRIYANSH PADHI	9	Male	Son	
		CHANDRASEKHAR PADHI	3	Male	Son	
117	10671	SUBHASIS MAJHI	32	Male	Self	10 Lakh
118	10678	HIMANSHU SENAPATI	29	Male	Self	10 Lakh
119	10679	MRUTYUNJAYA ROUTRAY	46	Male	Self	10 Lakh
		SASMITA ROUTRAY	36	Female	Spouse	
		MEDHANSHU ROUTRAY	10	Male	Son	
120	10640	ASHIS MOHAPATRA	30	Male	Self	10 Lakh
121	10673	DHRITI RANJAN BARIK	38	Male	Self	10 Lakh
		DAMAYANTI BARIK	37	Female	spouse	
		MONALISHA PRIYADARSHINI	13	Female	Daughter	
		GYANAPRIYADARSHI BARIK	11	Male	Son	
122	10646	BISWANATH GIRI	32	Male	Self	10 Lakh

8



# Cuttack Central Co-operative Bank Ltd.

Head Office, Nimchouri, Chandini Chouk, Cuttack – 753 002

Email : ccbho@cuttackccb.co.in

Ref. No.....

Date. ....

		SILPANJALI SIA	30	Female	Spouse	
123	10682	ASWINI KUMAR MOHANTY	42	Male	Self	10 Lakh
		LAKSHMIPRIYA SAHANI	25	Female	Spouse	
		AAROHI MOHANTY	3	Female	Daughter	
124	10654	SANGRAMJIT TARAI	29	Male	Self	10 Lakh
125	10647	SUJATA JENA	30	Female	Self	10 Lakh
126	10672	PRİYADARSINI PADHY	28	Female	Self	10 Lakh
127	10675	ANIL KUMAR MAHARANA	28	Male	Self	10 Lakh
128	10684	GOURPRASAD SINHA	31	Male	Self	10 Lakh
129	10580	ALPHARASMI SWAIN	39	Male	Self	10 Lakh
		SOUMYA SUCHARITA LENKA	32	Female	Spouse	
		ASHUTOSH SWAIN	2	Male	Son	
130	10670	ANUGRAH TOPNO	32	Male	Self	10 Lakh
131	10680	RASMI RANJAN SAHOO	38	Male	Self	10 Lakh
		SONALI SAHOO	34	Female	Spouse	
		PRIYANSHU SAHOO	8	Male	Son	
		DIBYANSHU SAHOO	5	Female	Son	
132	10620	BISWARANJAN MALIK	48	Male	Self	10 Lakh
		SANDHYARANI MALIK	38	Female	spouse	
		SUBHALAXMI MALIK	16	Female	Daughter	
		RAJALAXMI MALIK	14	Female	Daughter	
		HIMANSHU MALIK	10	Male	Son	
133	10686	AJIT KUMAR DEBATA	42	Male	Self	10 Lakh
		RASMITA SARANGI	35	Female	Spouse	
		LAXMIPRIYA DEBATA	8	Female	Daughter	
		ASHUTOSH DEBATA	2	Male	Son	
134	10674	SHUBHRAJIT NANDA	26	Male	Self	10 Lakh
135	10656	NISHANT TUDU	28	Male	Self	10 Lakh
136	20327	PRAHALLAD MOHANTY	58	Male	Self	10 Lakh
		JHUNARANI MOHANTY	55	Female	Spouse	
137	10622	SANTOSH KUMAR SENAPATI	41	Male	Self	10 Lakh
138	10689	SURYA NARAYAN NAYAK	43	Male	Self	10 Lakh
		PRIYATAMA PRADHAN	38	Female	spouse	
		SARTHAK NAYAK	9	Male	Son	



Star Health and Allied Insurance company Limited  
Claims Analysis Report

Policy Number  
PTIR/2001/001024001084

Policy Holder : CUTTACK CENTRAL CO-OPERATIVE BANK LTD.  
Policy Number : P/191200/01/2024/001084  
Broker Name : M/S.SAFERISK INSURANCE BROKERS PVT. LTD  
Policy Period : 20 March 2024 to 19 March 2025

Claims Summary

Data Updated Time : 3/3/2025 11:01:15 PM

Claim Type	No of Claims	Value	% Claims	% Value
Cashless	11	663,664	78.6%	75.0%
Reimbursement	2	60,338	14.3%	6.8%
In Process	1	161,071	7.1%	18.2%
Total	14	885,073	100.0%	100.0%

Premium Summary

First Time Premium	1,799,999
Addition Premium	0
Total	1,799,999

Claims Ratio

Incurred Ratio on Gross Premium %	49.2%
Incurred Ratio on Gross Premium - Our Share % (If Applicable)	0.0%
Earned Premium	1,716,163
Incurred Ratio on Earned Premium %	51.6%
Incurred Ratio on Earned Premium - Our Share % (If Applicable)	

Morbidity Ratio

No of Lives Insured	379
No of Claims	14
Incidence Rate	3.7%
No of Lives Inception	379
Addition	0
Deletion	0
Current Lives	379

Distribution Across Age

Age Band	No of Claims	Paid Amount	% Claims	% Value
6-18	1	14,435	7.7%	1.99%
19-35	4	368,849	30.8%	50.95%
36-40	2	143,520	15.4%	19.82%
46-50	2	95,458	15.4%	13.18%
51-55	2	58,000	15.4%	8.01%
56-60	2	43,740	15.4%	6.04%
Total	13	724,002	100.0%	100.00%

Distribution Across Beneficiary

Beneficiary	No of Claims	Value	% Claims	% Value
SELF	6	272,718	46.2%	37.7%
SPOUSE	4	178,903	30.8%	24.7%
CHILD	3	272,381	23.1%	37.6%
Total	13	724,002	100.0%	100.0%

Amount Band wise Analysis

Amount Band	No of Claims	Value	% Claims	% Value
10K & 50K	8	236,078	61.5%	32.6%
50K & 100K	4	305,781	30.8%	42.2%
100K & 200K	1	182,143	7.7%	25.2%
Total	13	724,002	100.0%	100.0%

Ailment Profile

ICD Group	No of Claims	Value	% Claims	% Value
Diseases Of The Digestive System	1	50,000	7.7%	6.9%
Diseases Of The Eye And Adnexa	3	61,740	23.1%	8.5%
Diseases Of The Genitourinary System	2	38,435	15.4%	5.3%
Diseases Of The Musculoskeletal System And Connective Tissue	2	257,946	15.4%	35.6%
Diseases Of The Nervous System	1	93,520	7.7%	12.9%
Diseases Of The Respiratory System	1	71,458	7.7%	9.9%
Factors Influencing Health Status And Contact With Health Services	1	40,000	7.7%	5.5%
Pregnancy, Childbirth And The Puerperium	2	110,903	15.4%	15.3%
Total	13	724,002	100.0%	100.0%

Repeated Utilization Report for Employees

No of Claims	No of Employees	Value	% Claims	% Value
1	6	272,718	100.0%	100.0%
Total	6	272,718	100.0%	100.0%

Repeated Utilization Report for Dependents

No of Claims	No of Employees	Value	% Claims	% Value
1	7	451,284	100.0%	100.0%
Grand Total	7	451,284	100.0%	100.0%

Top 10 Hospitals

Hospital Name & City	Provider Type	No of Claims	Value	% Claims	% Value
Sum Hospital, BHUBANESWAR	Networked	2	257,946	15.4%	35.6%
ASHWINI TRAUMA CENTRE-UNIT OF CHPL, CUTTACK	Networked	1	40,000	7.7%	5.5%
Amri Hospitals Limited, BHUBANESWAR	Networked	1	65,000	7.7%	9.0%
Dr Agarwal Eye Hospital Cuttack, CUTTACK	Networked	1	14,460	7.7%	2.0%
HITECH MEDICAL COLLEGE AND HOSPITAL BHUBA.	Networked	1	24,000	7.7%	3.3%
Prachee Institute of Mother and Child Care, CUTTACK	Non Networked	1	45,903	7.7%	6.3%
Prachi Nursing Home, CUTTACK	Non Networked	1	14,435	7.7%	2.0%
SRUSTI HOSPITAL, CUTTACK	Networked	1	18,000	7.7%	2.5%
Sara Gastro and Laparoscopic Hospital-A Unit of K. Shanti Hospital, CUTTACK	Networked	1	50,000	7.7%	6.9%
Shanti Hospital, CUTTACK	Networked	1	93,520	7.7%	12.9%

All Reports are Based on Settled Claims except Claims summary & Claims Ratio  
Amount is in INR....

**Star Group Health Insurance**  
Unique id : SHAHLGP23021V032223  
Policy Schedule

<b>Policy No.</b> :	<b>P/191200/01/2024/001084</b>	<b>Previous Policy No.</b> :	
Proposer's Code :	35027283	GSTIN :	21AAJCS4517L1ZA
Proposer's Name :	CUTTACK CENTRAL CO- OPERATIVE BANK LTD.	SAC Code :	997133/Accident and Health Insurance Services
Address :	CUTTACK CHANDINCHOWK, H.O CUTTACK SADAR ODISHA 753002 . . Cuttack,Cuttack,ODISHA-753002	Issuing Office Code :	191200
Phone No :	NIL/9439814993/	Issue Office Name :	Zonal Office - Bhubaneswar
Email id :	prabhat9437@gmail.com	Address :	2nd Floor,Plot No.23 E Behind Hotel Royal Midtown Ashok Nagar, Bhubaneswar-751009
Proposer GSTIN :	21AAABC0373Q1ZT	Phone No :	674 - 2531340 / 2531370
		Email id :	bhubaneswar.ao@starhealth.in
		Place of Supply :	ODISHA / State Code : 21
Collection No :	1248017053	Fulfiller Code :	SO191200
Collection Date :	22/03/2024	<b>Intermediary Code :</b>	<b>LC0000000421</b>
Premium :	Rs. 17,99,999	<b>Name :</b>	<b>M/S.SAFERISK INSURANCE BROKERS PVT. LTD</b>
CGST @9% :	162,000 /- SGST/UTGST@9%: 162,000 /-	<b>Phone :</b>	<b>0674-2741322/8908013222</b>
Stamp Duty :	Re. 1	<b>Email id :</b>	<b>sumeetmohanty@saferisk.in</b>
Total Premium :	Rs. 21,23,999		

Total Premium in words	: Indian Rupees Twenty One Lakhs Twenty Three Thousand Nine Hundred Ninety Nine Only
Period Of Insurance From	: 20/03/2024 00:00 Hrs To Midnight Of : 19/03/2025 23:59:59
<b>Co-insurance</b>	

**Risk Coverage Details**

No. of Employees / Members Covered	154
No. of Dependents Covered	225
Total No. of Persons covered	379
Sum Insured Slab	Rs. 10,00,000/- only
Total Sum Insured	Rs. 15,40,00,000/- only
Total Sum Insured (in words)	Indian Rupees Fifteen Crores Forty Lakhs Only

**Extensions Offered**

30 days waiting Period	Exclusion no.3 appearing in the policy clause stands deleted
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Entered by : SH52649

Approved by : SH62802

Place : BHUBANESWAR

Date : 28/03/2024

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



Authorised Signatory  
Please see overleaf

**IRDAI Regn. No 129**

**Corporate Identity Number L66010TN2005PLC056649**

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

First Year Exclusion	Exclusion no.2 (12 months) appearing in the policy clause stands deleted
First Two Year Exclusion	Exclusion no.2 (24 months) appearing in the policy clause stands deleted
Pre-existing Diseases Exclusion	Exclusion no.1 appearing in the policy clause stands deleted
Delivery Expenses	Covered subject to limits provided in the special conditions
Waiting Period for Delivery	Waiting period of 9 months for Delivery is hereby waived.

### Special Conditions

Family Definition	Family Floater(Employee, Spouse and Children)
Room Rent limits including Boarding, Nursing Charges, etc,	<p>Restricted to 5000/- for Normal and 10000/- for ICU .</p> <p>If the Insured occupies a room /ICU with room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent /ICU or actuals, whichever is lower.</p>
Maternity Benefits limits	<p>Normal - Rs. 25000 Caesarean - Rs. 65000 Maternity benefits, applicable only for the Employee or Dependent spouse.</p> <p>This policy is extended to cover the child delivery expenses incurred by the insured up to the limits indicated in the special conditions. In consequence thereof, exclusion no.17 &amp; 18 stands amended as follows:</p> <p>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: Family planning treatment and all types of treatment for infertility and its complications thereof.</p>
Corporate Buffer limits	<p>Corporate buffer with the limit of Rs. 3000000 Corporate Buffer limit restricted to Individual/Individual Family Sum Insured. Corporate buffer benefit can be utilized for all ailments.</p> <p>- Corporate Buffer shall not be applicable for maternity and other related claims where disease wise capping is applicable .</p>
Pre & Post Hospitalisation limits	<p>- Pre Hospitalization - 30 Days - Post Hospitalization - 60 Days</p>
Ambulance Expenses limits	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.

Entered by : SH52649

Approved by : SH62802

Place : BHUBANESWAR

Date : 28/03/2024

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



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Sub Limits	No disease capping and Modern Treatment Sublimit as per SGHI clause .
Addition / Deletion of Employees & Dependents	<p>After the inception of the Policy , NO midterm inclusion of any employee &amp; dependents unless he/she is a new joinee and dependents of the already insured employee unless they are newly married spouse and new born child (only after completion of 5 months of age) and such inclusion is also subject to payment of additional premium on pro rata basis. For newly joined employees, the Insured shall provide the date of joining &amp; for inclusion of dependents of the already insured employees, the Insured should provide the date of marriage for newly married spouse &amp; date of birth for newly born child.</p> <p>We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium.</p> <p>The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month.</p> <p>Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium, if there is a change in the group size.</p> <p>The Cover for Children is only for dependent children. In the case of female children, the cover will cease once they become earning member or on getting married. In the case of dependent Male Children, the cover will cease once they become earning member.</p> <p>Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years.</p>
Other conditions	<p>We shall issue photo ID cards in respect of all the covered persons and we require the passport size/stamp size photo for the same.</p> <p>AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.</p> <p>All Day Care Procedures covered</p>

Entered by : SH52649

Approved by : SH62802

Place : BHUBANESWAR

Date : 28/03/2024

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



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	<p>Any hospitalisation expenses taken in our excluded Hospitals is not admissible. For detailed list on on the excluded service providers kindly visit our website</p> <p>Hospitalization arising out of Terrorism covered.</p> <p>Dental Treatment : Covered if due to accident and requiring Hospitalization.</p>
Other conditions	<p>- ORGAN DONOR EXPENSES - Expenses Incurred towards the transportation of the donated Organ(Any Mode) including the hospitalization expenses with 30 Days Pre Hospitalization &amp; 60 Days Post Hospitalization to be paid for the Donor excluding organ cost.</p> <p>- Treatment to be taken in our network hospitals for cashless, However for treatment in other Hospitals the claim will be processed through reimbursement only. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalization</p>
Other conditions	<p>Claims will be settled through Inhouse claims team.</p> <p>All Other Terms &amp; Conditions Subject to printed Policy (Star Group Health Insurance Policy) Clauses attached.</p>

**Sector Classification :**

Urban		
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**Renewability:** In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.

**The cover for the persons covered earlier under the group policy will be granted only as per standard retail policies. However, in respect of persons who have been covered continuously for a period of one year under the group policy with our Company, we shall waive the 30 days waiting period and First year exclusions. In respect of persons who have been covered continuously for a period of two years under the group policy with our Company, we shall waive the 30 days waiting period, First year exclusions and First two year exclusions.**

**In respect of persons who have been continuously covered for a period a four years under the group policy with our Company, we shall grant cover for Pre Existing diseases also.**

**Condition precedent:** In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 or 1800 102 4477, 044 2826 3300 (chargeable), or email: support@starhealth.in or fax - 1800 425 5522.

STAR value added unique services : Web enabled service for Policy details and health tips  
Inhouse Cashless facility for treatment at network hospitals across india.  
24\*7 customer care center  
Free General Physician advice

Entered by : SH52649

Approved by : SH62802

Place : BHUBANESWAR

Date : 28/03/2024

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



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Please see overleaf

P/191200/01/2024/001084

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).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

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Entered by : SH52649  
Approved by : SH62802  
Place : BHUBANESWAR  
Date : 28/03/2024

For and on behalf of  
Star Health and Allied Insurance Company Ltd.



Authorised Signatory  
Please see overleaf

## TAX Invoice



Invoice No. : 21L248Y24P000193	Customer ID : CB0000133446
Invoice Date : 28/03/24	Policy No : P/191200/01/2024/001084
Recipient	Supplier
GSTIN : 21AAABC0373Q1ZT	GSTIN : 21AAJCS4517L1ZA
Proposer's Name : CUTTACK CENTRAL CO-OPERATIVE BANK LTD.	NAME : Star Health and Allied Insurance Co Ltd - Zonal Office - Bhubaneswar
Address : CUTTACK CHANDINCHOWK, H.O CUTTACK SADAR ODISHA 753002	Address : 2nd Floor, Plot No.23 E Behind Hotel Royal Midtown Ashok Nagar, Bhubaneswar-751009
City :	City : BHUBANESWAR
State : ODISHA	State : Odisha
Pincode : 753002	Pincode : 751009
Client Category : CORP	Place of Supply : ODISHA / State Code : 21

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	1799999	0	1799999		162000	162000		Rs. 21,23,999

Total Invoice Value (in Figures) : Rs. 21,23,999

Total Invoice Value (in Words) : Indian Rupees Twenty One Lakhs  
Twenty Three Thousand Nine  
Hundred Ninety Nine 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**IRDAI Regn. No 129 Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in**

Entered by : SH52649

Approved by : SH62802

Place : BHUBANESWAR

Date : 28/03/2024

For and on behalf of  
Star Health and Allied Insurance Company Ltd.

Authorised Signatory  
Please see overleaf

Attached to and forming part of Policy P/191200/01/2024/001084

INSURED PERSON DETAILS :

No of Persons Covered : 0

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
1	Mr.Biswajit Mishra	Employee	14/03/1989	35	0	Male	350272832400000100		Others	1000000	0	
2	Mr.Laxmidhar Panda	Employee	30/06/1964	59	8	Male	350272832400000200		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Abanti Panda	Spouse	23/06/1967	56	8	Female	350272832400000201					
3	Mr.Hrushikesh Panda	Employee	14/05/1970	53	10	Male	350272832400000300		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sushama Manjari Panda	Spouse	14/02/1974	50	1	Female	350272832400000301					
	Mr.Sagar Panda	Son	02/03/2000	24	0	Male	350272832400000302					
4	Mr.Chitaranjan Padhiary	Employee	10/03/1965	59	0	Male	350272832400000400		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Susama Padhihari	Spouse	03/08/1968	55	7	Female	350272832400000401					
	Ms.Preeti Spandita Padhihari	Daughter	10/03/2002	22	0	Female	350272832400000402					
5	Mr.Soubhagya Ranjan Das	Employee	24/11/1996	27	3	Male	350272832400000500		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Aparna Arpita Das	Spouse	11/07/2001	22	8	Female	350272832400000501					
6	Mr.Kamala Kanta Mohanty	Employee	04/05/1976	47	10	Male	350272832400000600		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Gitanjali Mohanty	Spouse	14/04/1988	35	11	Female	350272832400000601					
	Ms.Kumkum Mohanty	Daughter	22/03/2009	14	11	Female	350272832400000602					
	Mr.Ayushman Mohanty	Son	25/10/2013	10	4	Male	350272832400000603					
7	Mr.Choudhury Ajeet Kumar Das	Employee	25/07/1965	58	7	Male	350272832400000700		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Mrunalini Das	Spouse	28/10/1968	55	4	Female	350272832400000701					
	Mr.Choudhury Ameet Kumar Das	Son	03/04/2001	22	11	Male	350272832400000702					
	Ms.Ankita Choudhury	Daughter	13/12/2004	19	3	Female	350272832400000703					
8	Mr.Kedar Bahadur Khetri	Employee	17/06/1992	31	9	Male	350272832400000800		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Swapnali Pati	Spouse	08/12/2002	21	3	Female	350272832400000801					
9	Ms.Rasmiprava Sutar	Employee	11/04/1966	57	11	Female	350272832400000900		Others	1000000	0	

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
10	Mr.Ratnakar Sahoo	Employee	05/11/1969	54	4	Male	350272832400001000		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Urbashi Sahoo	Spouse	07/04/1977	46	11	Female	350272832400001001					
11	Mr.Kartik Chandra Nayak	Employee	12/01/1970	54	2	Male	350272832400001100		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sima Nayak	Daughter	30/10/2004	19	4	Female	350272832400001102					
	Ms.Usharani Nayak	Spouse	27/07/1972	51	7	Female	350272832400001101					
12	Mr.Sudhansu Sahoo	Employee	22/08/1968	55	6	Male	350272832400001200		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Ayusha Sahoo	Daughter	10/06/1999	24	9	Female	350272832400001202					
	Ms.Biswajita Sahoo	Spouse	24/05/1970	53	9	Female	350272832400001201					
13	Mr.Sumit Pradhan	Employee	04/07/1990	33	8	Male	350272832400001300		Others	1000000	0	
14	Mr.Biswa Prakash Samal	Employee	03/02/1988	36	1	Male	350272832400001400		Others	1000000	0	
15	Mr.Subas Kumar Behera	Employee	23/01/1987	37	1	Male	350272832400001500		Others	1000000	0	
16	Mr.Bharat Kumar Satapathy	Employee	10/05/1974	49	10	Male	350272832400001600		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Tanuja Satapathy	Daughter	06/08/2003	20	7	Female	350272832400001602					
	Ms.Gayatri Satapathy	Daughter	27/11/2006	17	3	Female	350272832400001603					
	Ms.Geetanjali Satapathy	Spouse	27/03/1977	46	11	Female	350272832400001601					
17	Ms.Avneet Kaur	Employee	09/09/1984	39	6	Female	350272832400001700		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Harangad Singh	Son	02/06/2012	11	9	Male	350272832400001701					
18	Mr.Tirthankar Routray	Employee	02/07/1990	33	8	Male	350272832400001800		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pragati Priyadarsani Rout	Spouse	17/06/1995	28	9	Female	350272832400001801					
19	Mr.Kedar Behera	Employee	03/05/1988	35	10	Male	350272832400001900		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sk Jangyaseni Behera	Daughter	31/07/2017	6	7	Female	350272832400001902					
	Ms.Sonisha Behera	Spouse	06/05/1989	34	10	Female	350272832400001901					

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

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
20	Mr.Fakir Charan Swain	Employee	11/04/1964	59	11	Male	350272832400002000		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Minati Swain	Spouse	12/04/1965	58	11	Female	350272832400002001					
21	Mr.Santosh Kumar Rout	Employee	15/04/1984	39	11	Male	350272832400002100		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sudipta Rout	Daughter	11/05/2018	5	10	Female	350272832400002102					
	Ms.Subhalaxmi Rout	Daughter	25/12/2023	0	2	Female	350272832400002103					
	Ms.Saudamini Swain	Spouse	05/07/1990	33	8	Female	350272832400002101					
22	Mr.Amiya Kumar Mohanty	Employee	19/06/1983	40	9	Male	350272832400002200		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Abhisikta Jena	Spouse	29/11/1983	40	3	Female	350272832400002201					
23	Mr.Pramod Kumar Jena	Employee	05/06/1984	39	9	Male	350272832400002300		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Subhalakshmi Sasmal	Spouse	12/06/1995	28	9	Female	350272832400002301					
	Ms.Kriti Divyanshi	Daughter	23/10/2020	3	4	Female	350272832400002302					
24	Mr.Tapas Ranjan Swain	Employee	15/07/1988	35	8	Male	350272832400002400		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Nikita Mohanty	Spouse	15/07/1988	35	8	Female	350272832400002401					
	Ms.Trishika Taanaya	Daughter	21/06/2023	0	8	Female	350272832400002402					
25	Mr.Suresh Chandra Pattnaik	Employee	05/04/1967	56	11	Male	350272832400002500		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Kiranabala Pattnaik	Spouse	15/01/1966	58	2	Female	350272832400002501					
26	Mr.Biranchi Narayan Mohapatra	Employee	30/01/1966	58	1	Male	350272832400002600		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sanjukta Rani Tripathy	Spouse	22/04/1968	55	10	Female	350272832400002601					
	Ms.Bipasa Mohapatra	Daughter	12/09/2000	23	6	Female	350272832400002602					
27	Mr.Rajat Kumar Ray	Employee	20/06/1971	52	9	Male	350272832400002700		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pratima Ray	Spouse	02/04/1975	48	11	Female	350272832400002701					
	Ms.Prarambhika Ray	Daughter	17/09/2003	20	6	Female	350272832400002702					
	Mr.Pratik Ray	Son	04/01/2008	16	2	Male	350272832400002703					
28	Mr.Sadasiv Das	Employee	16/07/1982	41	8	Male	350272832400002800		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
		Spouse					350272832400002801					

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Ms.Smrutirekha Das		15/06/1985	38	9	Female						
	Mr.Swayam Prakash Das	Son	23/06/2014	9	8	Male	350272832400002802					
	Ms.Subhashree Das	Daughter	24/04/2022	1	10	Female	350272832400002803					
29	Ms.Suchitra Sahoo	Employee	06/01/1984	40	2	Female	350272832400002900		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Subrat Kumar Sahoo	Spouse	28/06/1985	38	8	Male	350272832400002901					
	Mr.Saksham Subrachit Sahoo	Son	23/06/2015	8	8	Male	350272832400002902					
	Ms.Saanvi Subrachit Sahoo	Daughter	10/11/2021	2	4	Female	350272832400002903					
30	Mr.Prabir Kumar Behera	Employee	01/05/1983	40	10	Male	350272832400003000		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Swarnalata Behera	Spouse	10/06/1994	29	9	Female	350272832400003001					
31	Mr.Santosh Kumar Sahoo	Employee	19/05/1971	52	10	Male	350272832400003100		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Laxmi Priya Sahoo	Spouse	01/01/1978	46	2	Female	350272832400003101					
	Mr.Amana Kumar Sahoo	Son	03/06/1999	24	9	Male	350272832400003102					
	Mr.Suman Kumar Sahoo	Son	08/04/2004	19	11	Male	350272832400003103					
32	Mr.Antaryami Mohapatra	Employee	24/06/1980	43	8	Male	350272832400003200		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pravati Mahapatra	Spouse	09/04/1980	43	11	Female	350272832400003201					
	Mr.Chiranjibi Mohapatra	Son	14/06/2012	11	9	Male	350272832400003202					
33	Mr.Sujit Kumar Das	Employee	07/07/1975	48	8	Male	350272832400003300		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pranaya Manjari Malla	Spouse	15/05/1982	41	10	Female	350272832400003301					
	Mr.Sanskar Das	Son	22/03/2015	8	11	Male	350272832400003302					
	Mr.Spandan Das	Son	07/05/2020	3	10	Male	350272832400003303					
34	Ms.Sumitra Dash	Employee	02/04/1988	35	11	Female	350272832400003400		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Jyotiranjana Dash	Spouse	17/05/1976	47	10	Male	350272832400003401					
35	Mr.Nrusingha Charan Malla	Employee	17/07/1967	56	8	Male	350272832400003500		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Manjulata Malla	Spouse	01/06/1964	59	9	Female	350272832400003501					
36	Mr.Krushna Chandra Samal	Employee	16/03/1968	56	0	Male	350272832400003600		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
37	Ms.Sarojine Samal	Spouse	15/08/1972	51	7	Female	350272832400003601			1000000	2	
	Mr.Akshaya Kumar Dash	Employee	03/04/1968	55	11	Male	350272832400003700		Others			
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Priyadarshini Dash	Spouse	13/01/1976	48	2	Female	350272832400003701					
	Mr.Ashutosh Dash	Son	31/10/2004	19	4	Male	350272832400003702					
38	Mr.Basudev Moharana	Employee	26/06/1975	48	8	Male	350272832400003800		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Jharana Mahapatra	Spouse	23/07/1983	40	7	Female	350272832400003801					
	Ms.Shubhankaree Moharana	Daughter	12/05/2007	16	10	Female	350272832400003802					
	Mr.Aditya Prakash Moharana	Son	02/05/2011	12	10	Male	350272832400003803					
39	Ms.Gitanjali Choudhury	Employee	11/07/1985	38	8	Female	350272832400003900		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Umakanta Sahoo	Spouse	17/04/1982	41	11	Male	350272832400003901					
	Ms.Bhagyashree Sahoo	Daughter	05/10/2011	12	5	Female	350272832400003902					
40	Mr.Jyoti Ranjan Swain	Employee	04/08/1990	33	7	Male	350272832400004000		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Jaminibala Swain	Spouse	15/05/1995	28	10	Female	350272832400004001					
41	Mr.Chittaranjan Sahu	Employee	12/07/1968	55	8	Male	350272832400004100		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Manorama Sahu	Spouse	20/06/1972	51	9	Female	350272832400004101					
42	Mr.Pabitra Kumar Senapati	Employee	01/01/1976	48	2	Male	350272832400004200		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pujarani Senapati	Spouse	27/05/1984	39	9	Female	350272832400004201					
	Ms.Priyansi Senapati	Daughter	16/04/2014	9	11	Female	350272832400004202					
	Ms.Shreyansi Senapati	Daughter	10/11/2017	6	4	Female	350272832400004203					
43	Mr.Haraprasad Samal	Employee	14/06/1991	32	9	Male	350272832400004300		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Rupali Mohapatra	Spouse	05/04/1994	29	11	Female	350272832400004301					
	Mr.Sriraj Samal	Son	21/09/2023	0	5	Male	350272832400004302					
44	Mr.Basanta Kumar Parida	Employee	22/01/1966	58	1	Male	350272832400004400		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Alaka Parida	Spouse	15/05/1970	53	10	Female	350272832400004401					
45	Mr.Surendra Nath Das	Employee	02/12/1967	56	3	Male	350272832400004500		Others	1000000	1	

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Mataji Das	Spouse	01/01/1969	55	2	Female	350272832400004501					
46	Ms.Saudamini Mulia	Employee	02/02/1973	51	1	Female	350272832400004600		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Mr.Satyam Swain	Son	03/12/2001	22	3	Male	350272832400004602					
	Mr.Sarada Prasanna Swain	Spouse	10/06/1972	51	9	Male	350272832400004601					
47	Mr.Durga Madhab Nanda	Employee	24/11/1972	51	3	Male	350272832400004700		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Sonali Nanda	Daughter	22/01/2003	21	1	Female	350272832400004702					
	Ms.Subhashree Nanda	Spouse	03/03/1975	49	0	Female	350272832400004701					
48	Mr.Priyaranjan Rath	Employee	23/05/1985	38	9	Male	350272832400004800		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Divyanshi Rath	Daughter	20/09/2019	4	6	Female	350272832400004802					
	Ms.Rojalin Acharya	Spouse	07/09/1995	28	6	Female	350272832400004801					
49	Mr.Prafulla Kumar Behera	Employee	04/10/1976	47	5	Male	350272832400004900		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Mr.Trilochan Behera	Son	02/01/2000	24	2	Male	350272832400004902					
	Ms.Prangya Paramita Behera	Daughter	05/01/2003	21	2	Female	350272832400004903					
	Ms.Amita Behera	Spouse	05/05/1980	43	10	Female	350272832400004901					
50	Mr.Aintha Nayak	Employee	11/01/1973	51	2	Male	350272832400005000		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Rasmipriya Nayak	Daughter	19/10/2001	22	5	Female	350272832400005002					
	Mr.Biswajit Nayak	Son	16/01/2008	16	2	Male	350272832400005003					
	Ms.Laxmipriya Nayak	Spouse	01/01/1981	43	2	Female	350272832400005001					
51	Mr.Kshetra Mohan Lenka	Employee	22/05/1967	56	9	Male	350272832400005100		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Mr.Ayeshkant Lenka	Son	18/12/2000	23	3	Male	350272832400005102					
	Ms.Rajashree Lenka	Spouse	16/01/1974	50	2	Female	350272832400005101					
52	Mr.Rakesh Roshan Jena	Employee	23/06/1984	39	8	Male	350272832400005200		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Renubala Biswal	Spouse	21/05/1993	30	9	Female	350272832400005201					
	Mr.Bb Ritesh Jena	Son	19/01/2022	2	2	Male	350272832400005202					
53	Mr.Sanuja Kumar Rout	Employee	02/07/1976	47	8	Male	350272832400005300		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Ms.Kunalata Rout	Spouse	25/05/1985	38	9	Female	350272832400005301					
	Mr.Jayadev Rout	Son	19/03/2011	13	0	Male	350272832400005302					
	Mr.Jaganath Rout	Son	24/09/2016	7	5	Male	350272832400005303					
54	Mr.Tapas Prasad Singh	Employee	24/05/1971	52	9	Male	350272832400005400		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sanjukta Singh	Spouse	01/01/1979	45	2	Female	350272832400005401					
	Ms.Bansita Singh	Daughter	25/11/2001	22	3	Female	350272832400005402					
	Ms.Archita Singh	Daughter	25/08/2007	16	6	Female	350272832400005403					
55	Mr.Susovan Nayak	Employee	12/06/1988	35	9	Male	350272832400005500		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Chandana Sahoo	Spouse	12/02/1998	26	1	Female	350272832400005501					
	Mr.Srimay Srichandan Nayak	Son	22/06/2023	0	8	Male	350272832400005502					
56	Mr.Bikash Prasad Singh	Employee	25/05/1990	33	9	Male	350272832400005600		Others	1000000	0	
57	Mr.Kshirod Kumar Sahoo	Employee	08/03/1969	55	0	Male	350272832400005700		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Bidyulata Sahoo	Spouse	05/08/1979	44	7	Female	350272832400005701					
	Ms.Subhalaxmi Sahoo	Daughter	20/02/2000	24	0	Female	350272832400005702					
	Mr.Abhijit Sahoo	Son	21/12/2002	21	2	Male	350272832400005703					
58	Mr.Gagan Kumar Sahoo	Employee	16/10/1971	52	5	Male	350272832400005800		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sabitri Sahoo	Spouse	07/05/1983	40	10	Female	350272832400005801					
	Mr.Asit Kumar Sahoo	Son	29/08/2006	17	6	Male	350272832400005802					
59	Mr.Nityananda Das	Employee	08/07/1994	29	8	Male	350272832400005900		Others	1000000	0	
60	Mr.Jagannath Behura	Employee	01/01/1978	46	2	Male	350272832400006000		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Prativa Behura	Daughter	12/04/2011	12	11	Female	350272832400006001					
	Ms.Pratikshya Behura	Daughter	03/04/2008	15	11	Female	350272832400006002					
	Ms.Sanjukta Behura	Spouse	25/05/1978	45	9	Female	350272832400006003					
61	Ms.Nirupama Bayee	Employee	30/01/1984	40	1	Female	350272832400006100		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Srikanta Das	Spouse	17/10/1981	42	5	Male	350272832400006101					

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
62	Ms.Prayashi Das	Daughter	11/08/2013	10	7	Female	350272832400006102					
	Mr.Itishrikanta Swain	Employee	02/05/1985	38	10	Male	350272832400006200		Others	1000000	4	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Monalisha Swain	Spouse	14/05/1986	37	10	Female	350272832400006201					
	Mr.Sashanka Sekhar Swain	Son	20/11/2012	11	3	Male	350272832400006202					
	Mr.Sitikantha Swain	Son	09/12/2017	6	3	Male	350272832400006203					
	Mr.Shiva Sundar Swain	Son	22/05/2019	4	9	Male	350272832400006204					
63	Ms.Jyotir Mayee Nayak	Employee	06/07/1981	42	8	Female	350272832400006300		Others	1000000	0	
64	Mr.Nirod Kumar Dash	Employee	09/02/1978	46	1	Male	350272832400006400		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Rituraj Choudhury Dash	Son	08/03/2013	11	0	Male	350272832400006401					
	Ms.Swarna Prava Kar	Spouse	12/08/1985	38	7	Female	350272832400006402					
65	Mr.Ranjit Kumar Mohapatra	Employee	02/06/1969	54	9	Male	350272832400006500		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sanjukta Das	Spouse	08/06/1968	55	9	Female	350272832400006501					
	Ms.Samikhya Mohapatra	Daughter	04/09/1999	24	6	Female	350272832400006502					
66	Ms.Sakuntala Mohanty	Employee	01/07/1977	46	8	Female	350272832400006600		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Suvendu Kumar Nayak	Spouse	01/07/1968	55	8	Male	350272832400006601					
	Mr.Aira Kharabela Nayak	Son	25/01/2006	18	1	Male	350272832400006602					
67	Ms.Snehanjali Ray	Employee	06/07/1987	36	8	Female	350272832400006700		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Aarush Ray	Son	22/10/2017	6	4	Male	350272832400006701					
	Mr.Ashutosh Ray	Spouse	23/09/1984	39	5	Male	350272832400006702					
68	Mr.Janardan Tripathy	Employee	16/05/1965	58	10	Male	350272832400006800		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Jyotirmayee Tripathy	Daughter	10/11/2000	23	4	Female	350272832400006802					
	Ms.Malati Tripathy	Spouse	26/05/1972	51	9	Female	350272832400006801					
69	Mr.Pradipta Ranjan Sahoo	Employee	27/05/1984	39	9	Male	350272832400006900		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Aarav Sahoo	Son	12/10/2020	3	5	Male	350272832400006902					
	Ms.Narmada Patra	Spouse	07/06/1993	30	9	Female	350272832400006901					

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
70	Mr.Manoj Kumar Behera	Employee	27/07/1984	39	7	Male	350272832400007000		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Suvalaxmi Behera	Daughter	28/05/2013	10	9	Female	350272832400007002					
	Mr.Gaurisankar Behera	Son	29/04/2016	7	10	Male	350272832400007003					
	Ms.Sonali Biswal	Spouse	08/06/1984	39	9	Female	350272832400007001					
71	Mr.Debendra Kumar Deo	Employee	20/02/1969	55	0	Male	350272832400007100		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Sai Sumit Deo	Son	20/11/2003	20	3	Male	350272832400007102					
	Mr.Mitul Ranjan Deo	Son	24/06/2012	11	8	Male	350272832400007103					
	Ms.Kaberi Deo	Spouse	23/10/1985	38	4	Female	350272832400007101					
72	Mr.Sushanta Kumar Sahu	Employee	17/11/1964	59	4	Male	350272832400007200		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Parbati Sahoo	Spouse	15/10/1968	55	5	Female	350272832400007201					
73	Mr.Sushanta Kumar Biswal	Employee	08/03/1986	38	0	Male	350272832400007300		Others	1000000	4	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Tapashi Manik	Spouse	27/05/1986	37	9	Female	350272832400007301					
	Ms.Rajasmita Biswal	Daughter	29/11/2014	9	3	Female	350272832400007302					
	Ms.Jagruti Biswal	Daughter	03/02/2019	5	1	Female	350272832400007303					
	Mr.Goutam Kumar Biswal	Son	11/11/2021	2	4	Male	350272832400007304					
74	Ms.Runibala Pradhan	Employee	18/04/1989	34	11	Female	350272832400007400		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Jitendra Kumar Sundaray	Spouse	03/05/1989	34	10	Male	350272832400007401					
75	Mr.Prasanta Kumar Mohapatra	Employee	28/06/1990	33	8	Male	350272832400007500		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sashi Prava Mohanty	Spouse	09/05/1990	33	10	Female	350272832400007501					
	Ms.Prayanshi Mohapatra	Daughter	11/06/2023	0	9	Female	350272832400007502					
76	Mr.Jenamani Sanjib Kumar Ray	Employee	01/07/1971	52	8	Male	350272832400007600		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Urmila Samantray	Spouse	13/12/1975	48	3	Female	350272832400007601					
	Mr.Jenamani Aditya Kumar Ray	Son	27/11/2019	4	3	Male	350272832400007602					
77	Mr.Sitikantha Moharana	Employee	26/07/1966	57	7	Male	350272832400007700		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sasmita Moharana	Spouse	27/06/1975	48	8	Female	350272832400007701					

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
78	Mr.Satwik Animesh	Son	12/05/2000	23	10	Male	350272832400007702					
	Ms.Sulochana Nayak	Employee	20/07/1966	57	8	Female	350272832400007800		Others	1000000	2	
79	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Narendra Kumar Sahoo	Spouse	01/07/1959	64	8	Male	350272832400007801					
	Mr.Kumar Omkar	Son	29/06/2005	18	8	Male	350272832400007802					
	Mr.Sanjay Kumar Nayak	Employee	15/06/1989	34	9	Male	350272832400007900		Others	1000000	0	
80	Mr.Prasanta Kumar Mallik	Employee	18/07/1987	36	8	Male	350272832400008000		Others	1000000	2	
81	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Deeptirekha Jena	Spouse	15/02/1992	32	1	Female	350272832400008001					
	Mr.Ankit Anirved	Son	13/11/2020	3	4	Male	350272832400008002					
	Mr.Satyashankar Sethy	Employee	11/06/1982	41	9	Male	350272832400008100		Others	1000000	2	
82	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Minati Sethi	Spouse	06/06/1987	36	9	Female	350272832400008101					
	Mr.Shreemon Sanskar	Son	28/04/2016	7	10	Male	350272832400008102					
	Ms.Itishree Barik	Employee	04/02/1986	38	1	Female	350272832400008200		Others	1000000	2	
83	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Truptiranjan Mohakul	Spouse	10/12/1985	38	3	Male	350272832400008201					
	Ms.Trishika Mahakul	Daughter	19/10/2020	3	5	Female	350272832400008202					
	Mr.Ayaskanta Mohanty	Employee	16/12/1983	40	3	Male	350272832400008300		Others	1000000	2	
84	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Suchismita Muduli	Spouse	02/07/1992	31	8	Female	350272832400008301					
	Mr.Samarth Mohanty	Son	09/02/2022	2	1	Male	350272832400008302					
	Ms.Saumya Surajika	Employee	01/07/1989	34	8	Female	350272832400008400		Others	1000000	2	
85	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Sangram Keshari Dash	Spouse	08/07/1989	34	8	Male	350272832400008401					
	Ms.Saanvi Dash	Daughter	29/11/2018	5	3	Female	350272832400008402					
	Mr.Biswajit Behera	Employee	12/05/1989	34	10	Male	350272832400008500		Others	1000000	0	
86	Mr.Prasanta Kumar Pradhan	Employee	05/07/1986	37	8	Male	350272832400008600		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Chinmayee Samal	Spouse	13/04/1998	25	11	Female	350272832400008601					

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
87	Mr.Ashit Pradhan	Son	11/05/2020	3	10	Male	350272832400008602					
	Mr.Santosa Kumar Sahoo	Employee	20/05/1972	51	9	Male	350272832400008700		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Aparnna Sahoo	Spouse	07/07/1978	45	8	Female	350272832400008701					
	Mr.Ashutosh Sahoo	Son	06/02/2005	19	1	Male	350272832400008702					
	Ms.Akanksha Sahoo	Daughter	18/11/2007	16	4	Female	350272832400008703					
88	Mr.Sunil Kumar Shaw	Employee	07/03/1987	37	0	Male	350272832400008800		Others	1000000	0	
89	Mr.K Satyanarayan	Employee	03/05/1976	47	10	Male	350272832400008900		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Koti Bharathi	Spouse	01/01/1978	46	2	Female	350272832400008901					
	Mr.Koti Kiran Kumar	Son	09/08/2004	19	7	Male	350272832400008902					
	Ms.Koti Anitha	Daughter	10/02/1999	25	1	Female	350272832400008903					
90	Mr.Sultan Khan	Employee	15/10/1968	55	5	Male	350272832400009000		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Aziza Begum	Spouse	01/01/1984	40	2	Female	350272832400009001					
91	Mr.Rabi Narayan Behera	Employee	10/07/1971	52	8	Male	350272832400009100		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Minati Behera	Spouse	05/05/1975	48	10	Female	350272832400009101					
92	Mr.Birabar Barik	Employee	15/02/1968	56	1	Male	350272832400009200		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Parbati Barik	Spouse	12/05/1973	50	10	Female	350272832400009201					
93	Mr.Ranjan Kumar Parida	Employee	14/06/1971	52	9	Male	350272832400009300		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Abinash Priyadarshi	Son	06/03/2005	19	0	Male	350272832400009302					
	Ms.Rajnandini Priyadarshini	Daughter	19/10/2008	15	5	Female	350272832400009303					
	Ms.Nabanita Parida	Spouse	15/03/1977	47	0	Female	350272832400009301					
94	Mr.Gangadhar Singh	Employee	10/09/1964	59	6	Male	350272832400009400		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Satyabhama Singh	Spouse	14/03/1965	59	0	Female	350272832400009401					
95	Mr.Suraj Kumar Swain	Employee	05/05/1986	37	10	Male	350272832400009500		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Mr.Subham Kumar Swain	Son	02/03/2021	3	0	Male	350272832400009502					
	Ms.Sandhya Rani Swain	Spouse	15/06/1986	37	9	Female	350272832400009501					
96	Mr.Nirad Kumar Nayak	Employee	05/07/1980	43	8	Male	350272832400009600		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Chinmayee Nayak	Spouse	06/06/1987	36	9	Female	350272832400009602					
	Mr.Rituraj Nayak	Son	27/04/2013	10	10	Male	350272832400009601					
97	Mr.Pratap Kumar Behura	Employee	05/05/1979	44	10	Male	350272832400009700		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pratyasha Behura	Daughter	15/06/2021	2	9	Female	350272832400009702					
	Ms.Madhusmita Mohanty	Spouse	12/05/1990	33	10	Female	350272832400009701					
98	Mr.Ajaya Kumar Parida	Employee	01/05/1966	57	10	Male	350272832400009800		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Simran Parida	Daughter	03/07/2004	19	8	Female	350272832400009802					
	Ms.Sasmita Parida	Spouse	14/07/1976	47	8	Female	350272832400009801					
99	Mr.Bhagirathi Nayak	Employee	20/12/1965	58	3	Male	350272832400009900		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Rekha Nayak	Spouse	23/08/1982	41	6	Female	350272832400009901					
100	Mr.Debendra Swain	Employee	03/06/1985	38	9	Male	350272832400010000		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Siyanshu Swain	Son	14/05/2016	7	10	Male	350272832400010002					
	Ms.Diptirekha Swain	Daughter	08/11/2019	4	4	Female	350272832400010003					
	Ms.Pushpalata Swain	Spouse	15/03/1986	38	0	Female	350272832400010001					
101	Mr.Sujit Kumar Mohanty	Employee	07/02/1976	48	1	Male	350272832400010100		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Ayesha Mohanty	Daughter	11/02/2004	20	1	Female	350272832400010102					
	Mr.Om Kumar Mohanty	Son	10/01/2008	16	2	Male	350272832400010103					
	Ms.Chinmayee Mohanty	Spouse	10/02/1983	41	1	Female	350272832400010101					
102	Mr.Jitendra Kumar Mohanty	Employee	14/04/1985	38	11	Male	350272832400010200		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Rina Jena	Spouse	07/04/1990	33	11	Female	350272832400010201					
	Mr.Rituraj Mohanty	Son	06/10/2014	9	5	Male	350272832400010202					
	Mr.Yuvraj Mohanty	Son	31/07/2018	5	7	Male	350272832400010203					
103	Mr.Chitta Ranjan Das	Employee	20/05/1970	53	9	Male	350272832400010300		Others	1000000	3	
						ID No						

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex			Remarks			
	Ms.Rajashree Das	Spouse	25/10/1979	44	4	Female	350272832400010301					
	Mr.Adarsh Das	Son	21/02/2005	19	0	Male	350272832400010302					
	Ms.Adyasha Das	Daughter	23/12/2007	16	2	Female	350272832400010303					
104	Mr.Prithviraj Anand	Employee	09/03/1998	26	0	Male	350272832400010400		Others	1000000	0	
105	Ms.Lipina Prusthi	Employee	15/02/1994	30	1	Female	350272832400010500		Others	1000000	0	
106	Mr.Bailochan Das	Employee	06/05/1988	35	10	Male	350272832400010600		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Surita Patra	Spouse	02/06/1994	29	9	Female	350272832400010601					
107	Mr.Satyabrata Nanda	Employee	02/07/1998	25	8	Male	350272832400010700		Others	1000000	0	
108	Mr.Chaitanya Prasad Majhi	Employee	16/07/1986	37	8	Male	350272832400010800		Others	1000000	0	
109	Ms.Barsharani Barik	Employee	20/03/1996	28	0	Female	350272832400010900		Others	1000000	0	
110	Mr.Sukanta Kumar Das	Employee	21/03/1965	58	11	Male	350272832400011000		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Smita Das	Spouse	22/05/1969	54	9	Female	350272832400011001					
111	Mr.Bijay Kumar Ganthia	Employee	07/06/1987	36	9	Male	350272832400011100		Others	1000000	0	
112	Ms.Sumitra Nayak	Employee	11/12/2000	23	3	Female	350272832400011200		Others	1000000	0	
113	Mr.Satyanarayan Sethi	Employee	14/02/1998	26	1	Male	350272832400011300		Others	1000000	0	
114	Mr.Sujit Kumar Barik	Employee	03/06/1984	39	9	Male	350272832400011400		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No		Remarks			
	Ms.Smita Barik	Spouse	02/07/1990	33	8	Female	350272832400011401					
	Mr.Atulya Adhiraj Barik	Son	27/06/2019	4	8	Male	350272832400011402					
115	Mr.Jyoti Ranjan Pradhan	Employee	24/05/1996	27	9	Male	350272832400011500		Others	1000000	0	

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
116	Mr.Sasadhara Dash	Employee	03/05/1967	56	10	Male	350272832400011600		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Shashirekha Dash	Spouse	02/04/1970	53	11	Female	350272832400011601					
117	Ms.Simantini Samal	Employee	26/01/1966	58	1	Female	350272832400011700		Others	1000000	0	
118	Ms.Sunita Das	Employee	05/08/1972	51	7	Female	350272832400011800		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Lalitendu Bhuyan	Spouse	24/11/1965	58	3	Male	350272832400011801					
	Mr.Debasish Bhuyan	Son	20/04/2004	19	11	Male	350272832400011802					
119	Mr.Rajat Kesari Sahoo	Employee	14/06/1995	28	9	Male	350272832400011900		Others	1000000	0	
120	Mr.Rakesh Kumar Sahoo	Employee	28/03/1998	25	11	Male	350272832400012000		Others	1000000	0	
121	Mr.Smruti Ranjan Mohapatra	Employee	01/03/1990	34	0	Male	350272832400012100		Others	1000000	0	
122	Mr.Ajay Kumar Kandulna	Employee	22/12/1995	28	2	Male	350272832400012200		Others	1000000	0	
123	Ms.Deepanjali Mundari	Employee	23/07/1992	31	7	Female	350272832400012300		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Sarat Chandra Singh	Spouse	11/02/1984	40	1	Male	350272832400012301					
124	Mr.Suman Kumar	Employee	28/06/1996	27	8	Male	350272832400012400		Others	1000000	0	
125	Mr.Nihar Ranjan Swain	Employee	20/09/1964	59	6	Male	350272832400012500		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Anjali Swain	Spouse	20/09/1966	57	6	Female	350272832400012501					
126	Mr.Biswanath Behera	Employee	02/06/1966	57	9	Male	350272832400012600		Others	1000000	1	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sulochana Behera	Spouse	01/01/1971	53	2	Female	350272832400012601					
127	Mr.Sanjay Kumar Mohapatra	Employee	28/03/1997	26	11	Male	350272832400012700		Others	1000000	0	

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
128	Ms.Sonalin Mohapatra	Employee	13/04/1990	33	11	Female	350272832400012800		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Suvendu Kumar Pradhan	Spouse	03/11/1989	34	4	Male	350272832400012801					
	Ms.Saishreya Pradhan	Daughter	07/05/2019	4	10	Female	350272832400012802					
129	Mr.Sameer Mandal	Employee	12/06/1996	27	9	Male	350272832400012900		Others	1000000	0	
130	Mr.Harekrushna Rath	Employee	29/04/1975	48	10	Male	350272832400013000		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Pravasini Rath	Spouse	02/07/1975	48	8	Female	350272832400013001					
	Ms.Anshuman Rath	Son	22/02/2005	19	0	Female	350272832400013002					
	Ms.Subhasmita Rath	Daughter	20/04/2002	21	11	Female	350272832400013003					
131	Mr.Narendra Narayan Murmu	Employee	14/07/1988	35	8	Male	350272832400013100		Others	1000000	0	
132	Mr.Chandan Kumar Nayak	Employee	05/12/1996	27	3	Male	350272832400013200		Others	1000000	0	
133	Mr.Soubhagya Kumar Routray	Employee	06/03/1982	42	0	Male	350272832400013300		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Siba Prasad Routray	Son	10/06/2010	13	9	Male	350272832400013302					
	Mr.Rudra Narayan Routray	Son	07/09/2012	11	6	Male	350272832400013303					
	Mr.Sasmita Routray	Spouse	09/08/1990	33	7	Male	350272832400013301					
134	Ms.Puspanjali Dash	Employee	22/03/1981	42	11	Female	350272832400013400		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Aman Kumar Dash	Son	07/09/2007	16	6	Male	350272832400013402					
	Mr.Adarsha Bihari Dash	Son	29/11/2005	18	3	Male	350272832400013401					
135	Mr.Prahallad Padhi	Employee	05/06/1989	34	9	Male	350272832400013500		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Priyansh Padhi	Son	24/01/2016	8	1	Male	350272832400013502					
	Mr.Chandrasekhar Padhi	Son	17/08/2022	1	7	Male	350272832400013503					
	Ms.Kalyani Padhi	Spouse	07/05/1990	33	10	Female	350272832400013501					
136	Ms.Madhusmita Samal	Employee	14/11/1998	25	4	Female	350272832400013600		Others	1000000	0	
137	Mr.Subhasis Majhi	Employee	25/07/1993	30	7	Male	350272832400013700		Others	1000000	0	

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S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
138	Mr.Himanshu Senapati	Employee	04/01/1996	28	2	Male	350272832400013800		Others	1000000	0	
139	Mr.Ashrumochan Dash	Employee	14/07/1997	26	8	Male	350272832400013900		Others	1000000	0	
140	Mr.Puspanjali Praharaj	Employee	23/05/1996	27	9	Male	350272832400014000		Others	1000000	0	
141	Mr.Mrutyunjaya Routray	Employee	10/03/1979	45	0	Male	350272832400014100		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Mr.Medhanshu Routray	Son	21/05/2015	8	9	Male	350272832400014102					
	Ms.Sasmita Routray	Spouse	02/02/1989	35	1	Female	350272832400014101					
142	Mr.Ashis Mohapatra	Employee	20/06/1995	28	9	Male	350272832400014200		Others	1000000	0	
143	Mr.Dhriti Ranjan Barik	Employee	22/08/1987	36	6	Male	350272832400014300		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Monalisha Priyadarsini	Daughter	05/04/2012	11	11	Female	350272832400014302					
	Mr.Gyanapriyadarshi Barik	Son	21/05/2014	9	9	Male	350272832400014303					
	Ms.Damayanti Barik	Spouse	10/06/1988	35	9	Female	350272832400014301					
144	Mr.Biswanath Giri	Employee	07/06/1993	30	9	Male	350272832400014400		Others	1000000	0	
145	Mr.Aswini Kumar Mohanty	Employee	19/02/1985	39	1	Male	350272832400014500		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Aarohi Mohanty	Daughter	07/08/2022	1	7	Female	350272832400014502					
	Ms.Lakshmipriya Sahani	Spouse	15/03/2000	24	0	Female	350272832400014501					
146	Mr.Sangramjit Tarai	Employee	10/12/1995	28	3	Male	350272832400014600		Others	1000000	0	
147	Mr.Sujata Jena	Employee	24/06/1995	28	8	Male	350272832400014700		Others	1000000	0	
148	Ms.Priyadarsini Padhy	Employee	07/07/1997	26	8	Female	350272832400014800		Others	1000000	0	
149	Ms.Jyoti Jayamala	Employee	05/07/1991	32	8	Female	350272832400014900		Others	1000000	0	

Attached to and forming part of Policy P/191200/01/2024/001084

S.No	Name of Employee	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Emp Id	Occupation	Floater SI	No Dep.	Remarks
150	Mr.Anil Kumar Maharana	Employee	28/02/1997	27	0	Male	350272832400015000		Others	1000000	0	
151	Mr.Gourprasad Sinha	Employee	25/06/1994	29	8	Male	350272832400015100		Others	1000000	0	
152	Mr.Alpharasmis Swain	Employee	01/07/1986	37	8	Male	350272832400015200		Others	1000000	2	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Soumya Sucharita Lenka	Spouse	09/04/1993	30	11	Female	350272832400015201					
	Mr.Ashutosh Swain	Son	04/06/2023	0	9	Male	350272832400015202					
153	Mr.Anugrah Topno	Employee	06/04/1993	30	11	Male	350272832400015300		Others	1000000	0	
154	Mr.Rasmi Ranjan Sahoo	Employee	15/06/1987	36	9	Male	350272832400015400		Others	1000000	3	
	Dependant Details	Relationship	DOB	Age in Yrs	Age in Mths	Sex	ID No	Remarks				
	Ms.Sonali Sahoo	Spouse	10/06/1991	32	9	Female	350272832400015401					
	Mr.Priyanshu Sahoo	Son	12/04/2017	6	11	Male	350272832400015402					
	Ms.Dibyanshu Sahoo	Son	13/08/2020	3	7	Female	350272832400015403					

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)

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Zonal Office - Bhubaneswar on 28th Day of March 2024 .

## PREAMBLE

The declaration and other documents if any shall be the basis of this Contract and is deemed to be incorporated herein.

## A. DEFINITIONS

### Standard Definitions

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

**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.

**AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**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

**Co-Payment:** Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

**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-

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner/s in charge;
- iii) has fully equipped operation theatre of its own where surgical procedures are carried out;

iv) 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:

- i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. 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

**Dental Treatment:** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**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 a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

**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:

- i) has qualified nursing staff under its employment round the clock;
- ii) 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;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

**Hospitalization:** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**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;

- 1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- 2. it needs ongoing or long-term control or relief of symptoms
- 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- 4. it continues indefinitely
- 5. 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.

**Inpatient Care** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**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.

**ICU Charges:** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**Maternity expenses:** Maternity expenses means;

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization;
- b) 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 Expenses:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**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:

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

**Network Provider:** Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

**New Born Baby:** Newborn baby means baby born during the Policy Period and is aged upto 90 days.

**Non-Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.

**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.

**Nuclear, Chemical and Biological Terrorism** shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

**OPD treatment:** OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**Pre-Existing Disease:** Pre-existing Disease means any condition, ailment, injury or disease:

a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

or

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

**Pre-hospitalization Medical Expenses:** Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

**Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Qualified Nurse:** Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**Reasonable and Customary Charges:** Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**Room Rent:** Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**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**

**Associated medical expenses:** Associated medical expenses means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics.

**AYUSH Treatment:** AYUSH Treatment refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

**Basic Sum Insured:** Basic Sum Insured wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the sum insured is the amount shown against each individual / family unit respectively

**Company:** Company means Star Health and Allied Insurance Company Limited

**Dependent Child:** Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years

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

**Family:** Family means

- a. Insured Person / Beneficiary
- b. Spouse and
- c. Dependent Children not exceeding 2 numbers

**Group Administrator / Proposer:** Group Administrator / Proposer means the person/organization who has signed in the proposal form / declaration form and named in the Policy Schedule. He may or may not be insured under the policy

**Hazardous Sport / Hazardous Activities:** Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

**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.

**Insured Person:** Insured Person means the name/s of persons shown in the schedule of the Policy

**Sum Insured:** Sum Insured wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the sum insured is the amount shown against each individual / family unit respectively.

## **B.COVERAGE**

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

That if 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 or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist /Medical Practitioner or of duly Qualified Surgeon to incur Hospitalization expenses for medical/surgical treatment at any Nursing Home / Hospital in India as an in- patient, the Company will pay to the Insured Person/s the amount of such expenses as are reasonably and necessarily incurred up-to the limits mentioned in the schedule but not exceeding the sum insured stated in the schedule hereto.

- A) Room, boarding, nursing expenses as provided by the Hospital / Nursing Home up to the limits mentioned in the schedule
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- C) 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
- D) Emergency ambulance charges up to the limits mentioned in the schedule for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment, provided however there is

an admissible claim under the policy.

E) Relevant Pre-Hospitalization and Post-Hospitalization medical expenses up to the limits mentioned in the schedule

F) **AYUSH Treatment:** Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.

**G)Coverage for Modern Treatments:** The expenses payable during the entire policy period for treatment of the following diseases / conditions (either as a day care or as an in-patient exceeding 24hrs of admission in the hospital) is limited to the amount mentioned in table below

**Star Group Health Insurance**  
**Unique id : SHAHLGP23021V032223**  
**Policy Schedule**

	Uterine artery Embolization and HIFU	Balloon Sinuplasty	Deep Brain Stimulation	Oral Chemotherapy (Sublimits including pre & Post Hospitalization)	Immunotherapy-Monoclonal Antibody to be given as injection	Intra Vitreal injections
Sum Insured Rs	Limit per person, per policy period for each diseases / Condition Rs.					
Up to Rs.1,00,000	12500	5000	25000	12500	25000	5000
From Rs.1,00,001/- to Rs.2,00,000/-	25000	10000	50000	25000	50000	10000
From Rs.2,00,001/- to Rs. 3,00,000/-	37500	15000	75000	37500	75000	15000
From Rs.3,00,001/- To 4,00,000/-	100000	40000	200000	100000	200000	40000
From Rs.4,00,001/- to Rs.5,00,000/-	125000	50000	250000	125000	250000	50000
From Rs.5,00,001/- to Rs.7,50,000/-	125000	50000	250000	125000	275000	60000
From Rs.7,50,001/- to Rs.10,00,000/-	150000	100000	300000	200000	400000	75000
From Rs.10,00,001/- to Rs.15,00,000/-	175000	125000	400000	250000	500000	100000
From Rs.15,00,001/- to Rs.20,00,000/-	200000	150000	450000	275000	550000	125000
From Rs.20,00,001/- to Rs.25,00,000/-	200000	150000	500000	300000	600000	150000
From Rs.25,00,001/- to Rs.50,00,000/-	225000	175000	600000	400000	750000	175000
From Rs.50,00,001/- to Rs.75,00,000/-	250000	200000	700000	500000	900000	200000
From Rs.75,00,001/- to Rs.1,00,00,000/-	300000	200000	750000	600000	1000000	200000

**Star Group Health Insurance**  
**Unique id : SHAHLGP23021V032223**  
**Policy Schedule**

	Robotic surgeries	Stereotactic radio surgeries	Bronchical Thermoplasty, Vaporisation of the prostate(Green laser treatment or holmium laser treatment),IONM-(Intra Operative Neuro Monitoring)	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions
Sum Insured	Limit per person, per policy period for each diseases / Condition Rs.			
Up to Rs.1,00,000	25000	25000	Up to Sum Insured	25000
From Rs.1,00,001/- to Rs.2,00,000/-	50000	50000		50000
From Rs.2,00,001/- to Rs.3,00,000/-	75000	75000		75000
From Rs.3,00,001/- To 4,00,000/-	200000	175000		200000
From Rs.4,00,001/- to Rs.5,00,000/-	250000	200000		250000
From Rs.5,00,001/- to Rs.7,50,000/-	275000	275000		275000
From Rs.7,50,001/- to Rs.10,00,000/-	300000	225000		400000
From Rs.10,00,001/- to Rs.15,00,000/-	400000	250000		500000
From Rs.15,00,001/- to Rs.20,00,000/-	450000	275000		550000
From Rs.20,00,001/- to Rs.25,00,000/-	500000	300000		600000
From Rs.25,00,001/- to Rs.50,00,000/-	600000	350000		750000
From Rs.50,00,001/- to Rs.75,00,000/-	700000	375000		900000
From Rs.75,00,001/- to Rs.1,00,00,000/-	750000	400000		1000000

Expenses on Hospitalization are payable provided the hospitalization is for minimum period of 24 hours. However this time limit will not apply for the day care treatments / procedures taken in the Hospital / Nursing Home where the Insured is discharged on the same day. The company's liability for specified ailment / surgical procedure is up to the limits mentioned in the schedule.

**Expenses relating to hospitalization will be considered in proportion to the room rent limit stated in the policy schedule.**

**Co-payment: Claims payable subject to copayment as stated in the schedule.**

**Special Condition :** Treatment in network hospital only. However, in case of medical Emergencies and Accidents, treatment can be taken in other hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation

## **C.EXCLUSIONS**

### **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 48 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 48 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 following listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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.  
List of specific diseases/procedures
  - i. Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi
  - ii. All types of management for kidney and genitourinary tract calculi
  - iii. All Diseases of Prostate
  - iv. All types of Hernia
  - v. Hydrocele
  - vi. Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted)
  - vii. Pilonidal sinus and Fistula / Fissure in ano,
  - viii. Piles
  - ix. Sinusitis and related disorders

Expenses related to the treatment of the following 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.

List of specific diseases/procedures

- a) Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
- b) Desmoid tumour of anterior abdominal wall.
- c) All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
- d) Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
- e) Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- f) Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- g) Any transplant and related surgery
- 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**

- i. During the first year of operation of the Insurance cover, the expenses on 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 Diseases of Prostate, all types of Hernia,, Hydrocele, Congenital Internal disease/defect anomalies (Except to the extent covered under Newborn Baby Cover if specifically opted) Pilonidal sinus and Fistula / Fissure in ano,Piles, Sinusitis and related disorders, If these are Pre-Existing at the time of proposal they will be covered subject to exclusion number 3 mentioned below.
- ii. Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Stricture Urethra, all Obstructive Uropathies, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocoele, Varicocele, Hemorrhoids, Rectal Prolapse, Stress Incontinence.
- iii. Desmoid tumour of anterior abdominal wall.
- iv. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Uterine bleeding, Pelvic Inflammatory Diseases, Benign breast diseases, Umbilical sinus, Umbilical fistula.
- v. Conservative, operative treatment and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty [other than caused by accident]
- vi. Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system
- vii. Subcutaneous Benign lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal tunnel syndrome, Trigger finger,Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
- viii. Any transplant and related surgery

**3.30-day waiting period - Code Excl 03**

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 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 - Code Excl 06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions;

- A. Surgery to be conducted is upon the advice of the Doctor
- B. The surgery/Procedure conducted should be supported by clinical protocols
- C. The member has to be 18 years of age or older and
- D. Body Mass Index (BMI);
  1. greater than or equal to 40 or
  2. 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:
    - a. Obesity-related cardiomyopathy
    - b. Coronary heart disease

- c . Severe Sleep Apnea
- d. 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 dioptries.

**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 - Code Excl 17:** Expenses related to sterility and infertility. This includes;

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

**18.Maternity - 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 diseases/condition defects or anomalies -Code Excl 20.**

**21.Convalescence, general debility, run-down condition, Nutritional deficiency states -Code Excl 21.**

22. Intentional self injury. **-Code Excl 22.**

23. Venereal disease and Sexually transmitted diseases (Other than HIV) **-Code Excl 23.**

24. 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) **-Code Excl 24.**

25. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials. **-Code Excl 25.**

26. 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 similar therapies. **-Code Excl 26.**

27. Unconventional, untested, experimental therapies. **-Code Excl 27.**

28. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy Immunotherapy without proper indication. **-Code Excl 28.**

29. Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted. **-Code Excl 29.**

30. All treatment for Priapism and erectile dysfunctions **-Code Excl 30.**

31. Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases). **-Code Excl 31.**

32. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable). **-Code Excl 32.**

33. Medical and / or surgical treatment of Sleep apnea, treatment for endocrine disorders **-Code Excl 33.**

34. Hospital registration charges, admission charges, record charges, telephone charges and such other charges **-Code Excl 34.**

35. 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.**

36. Any hospitalizations which are not Medically Necessary **-Code Excl 36.**

37. Other Excluded Expenses as detailed in the website " www.starheath.in" **Code- Excl 37.**

38. 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.**

39. Naturopathy Treatment **-Code Excl 40.**

## **D.CONDITIONS**

### **Standard Conditions**

**1. Disclosure of Information:** 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 by the policy holder.

### **2. Claim Settlement**

- A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.
- B. **Documents for Cashless Treatment:**
  - a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 102 4477  
Senior Citizens may call at 044 40020888
  - b. Inform the ID number for easy reference

- c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate.
- g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits.
- h. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit [www.starhealth.in](http://www.starhealth.in) or contact the nearest branch.

In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents.

**Note:** The Company reserves the right to call for additional documents wherever required.

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

**C.For Reimbursement claims :** Time limit for submission of

Sl.no.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Claim must be filed within 15 days from the date of discharge from the Hospital.
2	Reimbursement of Post hospitalization	within 15 days after date of discharge from hospital

**D. Notification of Claim :** Upon the happening of the event, notice with full particulars shall be sent to the Company within 24 hours from the date of occurrence of the event irrespective of whether the event is likely to give rise to a claim under the policy or not.

**Note:** Conditions C and D 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.

**E.Documents to be submitted for Reimbursement:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.
- h. KYC (Identity Proof, Address Proof) of the proposer where claim liability is above Rs.1 Lakh as per AML Guidelines.

Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto

### **3.Provision for Penal Interest**

- i) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document
- ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
- iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document
- iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim
- v) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen

due.

**4.Complete Discharge:** Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

#### **5.Multiple Policies**

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

**6.Fraud:** If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

#### **7.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;

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	25% of annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

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.

ii. 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

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

1. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
4. 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.
5. Coverage is not available during the grace period.
6. In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.
  - a. The insured person/s covered under this group policy will be granted cover under Indemnity based Individual Health Policy. In respect of persons who have been covered continuously for a period of one year under this group policy with the Company, exclusion Code Excl - 03 shall be waived.
  - b. In respect of persons who have been covered continuously for a period of two years under this group policy with the Company, exclusions Code Excl-03 and Code Excl-02 shall be waived
  - c. In respect of persons who have been covered continuously for a period of four years under this group policy with the Company, exclusions Code Excl-03, Code Excl-02 and Code Excl-01 shall be waived.

**9. Withdrawal of policy**

- i. 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
- ii. 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

**10. 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.

**11. Redressal of Grievance:** In case of any grievance the insured person may contact the Company through

**Website : [www.starhealth.in](http://www.starhealth.in)**

**E-mail : [grievances@starhealth.in](mailto:grievances@starhealth.in), [gro@starhealth.in](mailto:gro@starhealth.in)**

**Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255**

**Senior Citizens may call at 044-69007500**

**Courier : 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014**

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600

For updated details of grievance officer, kindly refer the link. <https://www.starhealth.in/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal

of grievance as per Insurance Ombudsman Rules 2017

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

**12.Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

#### **Specific Conditions**

**13.** The Insured Person shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim

**14.** All claims under this policy shall be payable in Indian currency.

**15.** The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except acknowledged 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 admission 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.

**16.** Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s 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 at the Company's cost.

#### **17.Addition / Deletion**

1. **Addition : Enrolment of new insured persons / beneficiary** will be made during the period of insurance stated in the master policy schedule. The period of insurance for such newly enrolled insured person / beneficiary will be for a period of one year as stated in the certificate of insurance issued to the insured person / beneficiary.
2. **Deletion of insured persons / beneficiary** from the Group can be made and refund will be effected on pro-rata basis from the date of request for deletion of the insured person(s) / beneficiary subject to NO claim being made in respect of that insured person(s) / beneficiary or his/her family member(s).

**18.Notices :** Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28302200, Toll free no: 1800-425-2255, Toll free fax no: 1800-425-5522 Email: support@starhealth.in  
Notice and instructions will be deemed served 7 days after posting or **immediately** upon receipt in the case of hand delivery, facsimile or e-mail.

**19.Territorial Limit :** All medical/surgical treatments under this policy shall have to be taken in India.

**20.Automatic Termination:** The insurance under this policy with respect to each relevant insured person / family shall terminate immediately on the earlier of the following events:

1. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
2. Upon exhaustion of the sum insured

**21.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.

**22.Arbitration** If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to

the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**23. Automatic Termination of Individual Certificate of Insurance.** The Certificate of Insurance will terminate on the earliest of the following dates:

1. The date of expiry of certificate of insurance or
2. The date the Insured Person / beneficiary is no longer eligible to be within the classification of Insured Person(s) described in the Policy Schedule or
3. The Insured person / beneficiary ceases to be a resident of India or
4. From the date the Certificate of Insurance is cancelled either by the Company

**24.** All claims under this policy shall be payable in Indian currency. All medical /surgical treatments under this policy shall have to be taken in India.

**25. Important Note:**

- a. Where the policy is on floater basis the sum insured and sub-limits float amongst family members covered
- b. The Policy Schedule, Certificate of Insurance and 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 Special Conditions if any stated in the Schedule supersede these policy wordings.
- c. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
- d. The attention of the policy holder / Insured Person is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders

**26. Role of Group Administrator / Proposer**

The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes

- 1) Furnish to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards
- 2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).
- 3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.
- 4) If a member leaves the group as per group rules, group administrator should facilitate to provide option to migrate to another policy at premium as applicable for such individual insurance. In such event :-
  - a. Members who have been covered continuously for a period of one year under this Star Group Health Insurance Policy with the Company, 30 days waiting period and First year exclusions shall be waived.
  - b. Members who have been covered continuously for a period of two years under this Star Group Health Insurance Policy with the Company, 30 days waiting period, First year exclusions and First two year exclusions / First two year waiting period shall be waived.
  - c. In respect of members who have been covered continuously for a period a four years under this Star Group Health Insurance Policy with the Company, 30 days waiting period, First year, First two year exclusions, 48 months waiting period with reference to Pre Existing diseases shall be waived.

**27.Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, during normal business hours.

List of Ombudsman	
Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU</b> 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	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel.:- 0755-2769201/202 Email:- bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Email:- bimalokpal.bhubaneswar@cioins.co.in	Odisha.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/ 2706468 Email:-bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011 - 23232481/23213504 Email:- <b>bimalokpal.delhi@cioins.co.in</b>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484- 2358759/2359338 Email:- <b>bimalokpal.ernakulum@cioins.co.in</b>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
<b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361 - 2632204 / 2602205 Email:- <b>bimalokpal.guwahati@cioins.co.in</b>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> 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:- <b>bimalokpal.hyderabad@cioins.co.in</b>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- <b>bimalokpal.jaipur@cioins.co.in</b>	Rajasthan.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Email:- <b>bimalokpal.kolkata@cioins.co.in</b>	West Bengal, Sikkim, Andaman & Nicobar Islands.

**LUCKNOW**

Office of the Insurance Ombudsman,  
6th Floor, Jeevan Bhawan,  
Phase-II, Nawal Kishore Road,  
Hazratganj,  
Lucknow-226 001.  
Tel.: 0522-2231330 / 2231331  
Email:- bimalokpal.lucknow@cioins.co.in

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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

**MUMBAI**

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.  
Tel.: 69038821/23/24/25/26/27/28/29/30/31  
Email: bimalokpal.mumbai@cioins.co.in

Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

**NOIDA**

Office of the Insurance Ombudsman,  
Bhagwan Sahai Palace  
4th Floor, Main Road, Naya Bans, Sector 15,  
Distt: Gautam Buddh Nagar, U.P-201301.  
Tel.: 0120-2514252 / 2514253  
Email: bimalokpal.noida@cioins.co.in

State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

**PATNA**

Office of the Insurance Ombudsman,  
2nd Floor, Lalit Bhawan,  
Bailey Road, Patna 800 001.  
Tel.: 0612-2547068  
Email: bimalokpal.patna@cioins.co.in

Bihar, Jharkhand.

**PUNE**

Office of the Insurance Ombudsman,  
Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198,  
NC Kelkar Road, Narayan Peth, Pune - 411 030  
Tel: 020 -41312555  
Email:- bimalokpal.pune@cioins.co.in

Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

**Star Group Health Insurance**  
**Unique id : SHAHLGP23021V032223**  
**Policy Schedule**

<u>Items that are to be subsumed into Room Charges</u>	
Sl. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET

**Star Group Health Insurance**  
**Unique id : SHAHLGP23021V032223**  
**Policy Schedule**

27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

**Star Group Health Insurance**  
**Unique id : SHAHLGP23021V032223**  
**Policy Schedule**

<b><u>Items that are to be subsumed into Procedure Charges</u></b>	
<b>Sl. No.</b>	<b>Item</b>
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FIL
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

**Star Group Health Insurance**  
**Unique id : SHAHLGP23021V032223**  
**Policy Schedule**

<u>Items that are to be subsumed into costs of treatment</u>	
Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGE
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP & COST
8	HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGE
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGE
15	ALCOHOL SWABS
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG