



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.



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Customer Information Sheet - DIABETES SAFE INSURANCE POLICY

Unique Identification No.: SHAHLIP18030V041819

TITLE	Description	Refer to Policy Clause Number
What am I covered for Section 1	a. In-patient Treatment - Covers hospitalisation expenses for period more than 24 hrs.	1a.(A,B,C)
	b. Emergency Ambulance - Up to Rs. 2000/- per policy period	1a.(D)
	c. Pre-Hospitalisation - Medical Expenses incurred up to 30 days prior to the date of hospitalisation,	1a.(E)
	d. Post-Hospitalisation-Medical Expenses incurred up to 60 days from the date of discharge from the hospital. Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1a.(F)
Special Condition for Section 1	a. Donor expenses for Kidney transplantation where the insured person is the recipient provided the claim for transplantation is payable and subject to the availability of sum insured	1b.(1)
	b. Expenses incurred on dialysis(inclusive of AV fistula/graft creation charges) upto Rs.1000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs upto 24 consecutive months	1b.(2)
	c. Cost of Artificial Limbs : Up to 10% of sum insured	1b.(3)
	d. Sublimit: Expenses incurred on treatment of Cardiovascular system	1b.(4)
	e. Sublimit for cataract surgery under Section 2 only	1b.(5)
	f. All other expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less	1b.(7)
Coverage for Section 2	a. In-patient Treatment - Covers hospitalisation expenses for period more than 24 hrs.	1c.(A,B,C)
	b. Emergency Ambulance - Up to Rs. 2000/- per policy period.	1c.(E)
	c. Pre-Hospitalisation - Medical Expenses incurred up to 30 days prior to hospitalisation,	1c.(D)
	d. Post-Hospitalisation - Medical Expenses incurred up to 60 days after discharge from the hospital. Medical Expenses incurred up to 7% of hospitalization expenses subject to a maximum of Rs.5000/-	1c.(F)
Special Condition for Section 2	a. The expenses as above are payable only where in - patient hospitalization is for a minimum period of 24 hrs. However this time limit will not apply to the day care treatments	1d.(1)
	b. Expenses incurred on treatment of Cataract - Sublimits	1d.(2)
	c. All other expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less	1d.(3)
Waiting Periods - Section 1 – Plan B	a. Initial Waiting Period : 30 days	1g.(Ia)
	b. Specific waiting period: 24 months for any transplant and related surgery	1g.(Ib)
	c. Complications of Diabetes : 12 months for Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer	
Waiting Periods - Section 2 – Plan A and Plan B	a. Initial Waiting Period : 30 days	1g.(II(1))
	b. Specific waiting period: 24 months	1g.(II(2))
	c. Pre-existing diseases : 48 months	1g.(II(3))

TITLE	Description	Refer to Policy Clause Number
What are the Major Exclusions in the policy – Section 1 and Section 3 (Plan A and Plan B)	I. Any hospital admission primarily for investigation diagnostic purpose	1h(13)
	II. Pregnancy, infertility	1h(23)
	III. Domiciliary treatment, treatment outside India	3(19)
	IV. Circumcision, sex change surgery, cosmetic surgery & plastic surgery	1h(1)1h(18) and 1h(19)
	V. Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries	1h(27)
	VI. Substance abuse, self - inflicted injuries, STDs and HIV/AIDS	1h(6) and 1h(10)
	VII. Hazardous sports, war, terrorism, civil war or breach of law	1h(8)
	VIII. Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital.	1h(29)
	(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	
Section 3	Out patient Expenses: The Company will pay the amount of such expenses as are reasonably and necessarily incurred at the network hospitals/diagnostic centers as an Out Patient.	1 (e)
Section 4	Personal Accident: Death only	1 (f)
What are the Major Exclusions in the policy – Section 4 (both Plans)	Substance abuse, self-inflicted injuries, STDs and HIV/AIDS	1i(3)
	Hazardous sports, war, terrorism, civil war or breach of law	1i(5) and 1i(9)
Waiting Periods for Section 4	No waiting periods applicable for this section	
Payment basis	Reimbursement of covered expenses up to specified limits AND/OR	1a.(A,B,C) and 1c.(A,B,C)
Loss Sharing for Section 1 and Section 2	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the followings Sublimits 1. Room charges Single Standard A/C Room for Section 1 and Section 2 2. For the following specified diseases: 3. Deductible of Rs..... per claim / per year /both 4. ---- of each claim as Co-payment	1a(A) and 1c(A) Nil Nil Nil
Renewal Conditions	Lifelong Renewal	3(9)
	Grace period of 30 days for renewing the policy is provided	
Renewal Benefits	Renewal Benefits	Nil
Cancellation	The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice	3(16)
Claims	For Cashless Service:	3(6)
	For Reimbursement of claim:	
Policy servicing / Grievances / Complaints	Company Officials	3(23) 3(24)
	IRDAI/(IGMS/Call Centre):	
	Ombudsman	
	(Note: Please provide the contact details Toll free number/e-mail)	
Insured's Rights	Free Look:	3(13)
	Implied renewability	3(9)
	Migration and Portability	3(14)
	Revision in SI during policy term	3(10)
	Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	3(5)
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	3(8)
	Disclosure of Material Information during the policy period such as change in occupation (Note: If applicable, please provide details of the format & to whom the form is to be sent)	Nil

LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail



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DIABETES SAFE INSURANCE POLICY

Unique Identification No.: SHAHLIP18030V041819

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

1. COVERAGE

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its Parts the Company by this Policy agrees as under:

a. Section 1 (Applicable for Plan A and Plan B)

If during the policy period stated in the schedule, the **Insured Person** shall develop any complications of Diabetes Mellitus and if such complications shall require the Insured Person, upon the advice of the duly Qualified **Medical Practitioner**, to incur hospitalization expenses for medical/surgical treatment at **Nursing Home / Hospital** in India as an inpatient, the Company will pay the amount of such expenses as are **reasonably and necessarily** incurred as would fall under different heads as stated hereto up-to the limits mentioned but not exceeding the sum insured in aggregate as stated in the schedule hereto.

- Room (Single Standard A/C room), Boarding and Nursing Expenses.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anaesthesia, Blood, Oxygen and Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, X-ray and stent. With regard to coronary stenting, the Company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
- Emergency ambulance charges up-to a sum of Rs. 2000/- per policy period 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 this section.
- Relevant **Pre Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness contracted following an admissible claim under the policy
- Post Hospitalization** expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization provided such expenses so incurred are in respect of ailment for which the insured person was hospitalized. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken.

b. Special conditions applicable for Section 1:

Plan A	Plan B															
1. Donor expenses for kidney transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable 2. Expenses incurred on dialysis (inclusive of AV fistula /graft creation charges) are payable up-to Rs.1,000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs and payable for up to 24 consecutive months provided the policy is in force. 3. Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy 4. Claims directly or indirectly relating to Cardio Vascular System, Renal System, Diseases of eye, Foot Ulcer, Diabetic Peripheral Vascular Diseases and other complications of diabetes are eligible to be payable under Section 1 only, except where specifically provided for.	1. Donor expenses for kidney transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable 2. Expenses incurred on dialysis (inclusive of AV fistula /graft creation charges) are payable up-to Rs.1,000/- per sitting commencing from the policy year in which Chronic Kidney disease occurs and payable for up to 24 consecutive months provided the policy is in force. 3. Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy 4. Claims directly or indirectly relating to any Cardio Vascular System, Renal System, Diseases of eye , Foot Ulcer and other complications of diabetes are eligible to be payable under Section 1 only, except where specifically provided for The expenses payable in respect of diseases relating to Cardio Vascular System is limited to the amount mentioned there against <table><tr><th>S. No.</th><th>Sum Insured (Rs).</th><th>Limit of the Company's Liability per policy period (Rs).</th></tr><tr><td>1</td><td>3,00,000/-</td><td>2,00,000/-</td></tr><tr><td>2</td><td>4,00,000/-</td><td>2,50,000/-</td></tr><tr><td>3</td><td>5,00,000/-</td><td>3,00,000/-</td></tr><tr><td>4</td><td>10,00,000/-</td><td>4,00,000/-</td></tr></table>	S. No.	Sum Insured (Rs).	Limit of the Company's Liability per policy period (Rs).	1	3,00,000/-	2,00,000/-	2	4,00,000/-	2,50,000/-	3	5,00,000/-	3,00,000/-	4	10,00,000/-	4,00,000/-
S. No.	Sum Insured (Rs).	Limit of the Company's Liability per policy period (Rs).														
1	3,00,000/-	2,00,000/-														
2	4,00,000/-	2,50,000/-														
3	5,00,000/-	3,00,000/-														
4	10,00,000/-	4,00,000/-														
5. Claim for cataract surgery is payable under Section 2 only 6. The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day 7. Expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less.	5. Claim for cataract surgery is payable under Section 2 only 6. The expenses as above are payable only where the in-patient hospitalization is for a minimum period of 24 hours. However this time limit will not apply to the day-care treatments / procedures, where treatment is taken in the Hospital/ / Nursing Home and the Insured is discharged on the same day 7. Expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less.															

Note (Applicable for Plan A and Plan B): Only complications of Diabetes that are declared by the insured and accepted by the company shall be considered as covered under Section 1.

c. Section 2 (Applicable for Plan A and Plan B)

If during the period stated in the Schedule the insured person, 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 for any disease/illness/sickness (Other than those falling under Section 1 above), accidental injuries 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 indicated but not exceeding sum insured in aggregate as stated in the schedule hereto

- Room (Single Standard A/C room), Boarding and Nursing Expenses.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.

- C. Anaesthesia, Blood, Oxygen, and Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities and X-ray. With regard to coronary stenting, the Company will pay such amount up to the extent of cost of bare metal stent/drug eluting cobalt-chromium stent/drug eluting stainless steel stent. In respect of medicines, Implants and such other similar items, the Company will pay up to the cost of alternate indigenous make.
- D. Relevant **Pre Hospitalization** medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, on the disease/illness contracted following an admissible claim under the policy.
- E. Emergency ambulance charges up-to a sum of Rs. 2000/- per policy period 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 this section.
- F. **Post Hospitalization** expenses incurred up to 60 days after discharge from the hospital. The amount payable shall not exceed the sum equivalent to 7% of the hospitalization expenses subject to a maximum of Rs.5,000/- per hospitalization provided such expenses so incurred are in respect of ailment for which the insured person was hospitalized. For the purpose of calculation of the 7%, only nursing expenses, surgeon's / consultants fees, diagnostic charges and cost of drugs and medicines will be taken.

d. Special conditions applicable for Section 2 (Applicable for Plan A and Plan B):

- Expenses on Hospitalization for a minimum period of 24 hours only are admissible. However this time limit will not apply for the day care treatments / procedures, where treatment is taken in the Hospital / Nursing Home and the Insured is discharged on the same day
- The expenses incurred on treatment of cataract are limited to

Sum Insured Rs.	Limit Rs.
3,00,000/- to 5,00,000/-	20,000/- per eye per hospitalisation and 30,000/- for the entire policy period.
10,00,000/-	30,000/- per eye per hospitalisation and 40,000/- for the entire policy period

- Expenses relating to the hospitalization will be considered in proportion to the eligible room rent or actual whichever is less.

e. Section 3 - Outpatient Expenses

The Company will pay the amount of such expenses as are reasonably and necessarily incurred at any **Networked Facility** in India herein defined as an Out-patient Treatment, provided policy is in force

- The Cost of Fasting and Post Prandial and HbA1C tests - once every six months – upto Rs.750/- per event upto Rs.1500/- per policy period.
- Other expenses like medical consultation, other diagnostics, medicines and drugs upto the limits given below per policy period.

Applicable for Plan A				
	Individual			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	1000/-	2500/-	3500/-	5500/-
	Floater			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	2000/-	3500/-	5500/-	7500/-
Applicable for Plan B				
	Individual			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	500/-	2000/-	3000/-	5000/-
	Floater			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP Benefit	1500/-	3000/-	5000/-	7000/-

This benefit forms part of Sum Insured.

f. Section 4 - Personal Accident (Applicable for Plan A and Plan B)

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from an Accident caused by external, violent and visible means and if such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation the Sum Insured mentioned in the Schedule

Note:

- Geographical Scope: The insurance cover under Section 4 applies Worldwide

- This Section is applicable for the person specifically mentioned in the Schedule.
- At any point of time only one person will be eligible to be covered under this Section
- The sum insured for this Section is equal to the sum insured opted for Section 1 / 2
- Any claim under Section 1 / 2 / 3 will not affect the Sum Insured under this section

g. Waiting Periods

I. Applicable For Section 1 (under Plan B)

- A waiting period of 30 consecutive days shall apply in respect of any disease or illness contracted by the insured person during the first 30 days from the date of commencement of the first policy with this insurer
- A waiting period of 12 months of continuous coverage without break from the date of commencement of this insurance will apply for any diseases directly or indirectly relating to Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer. Any transplant and related surgery shall have a waiting period of 24 months from the date of commencement of this insurance

II. Applicable for Section 2 (under Plan A and Plan B):

- A waiting period of 30 consecutive days shall apply in respect of any disease or illness contracted by the insured person during the first 30 days from the commencement date of the policy.
- A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
 - Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, benign prostatic hypertrophy, stapedectomy, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, and Congenital Internal disease / defect
 - Desmoid Tumour of anterior abdominal wall, Gall Bladder and Pancreatic diseases and All treatments (conservative, interventional, laparoscopic and open) for Hepato pancreato biliary diseases including gall bladder and pancreatic calculi. All types of management for kidney calculi and genitourinary tract calculi.
 - 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.
 - Conservative, operative treatment of all types of intervention for diseases related to tendon, ligament, Fascia, bones and joint including Arthroscopy and Arthroplasty [other than caused by accident]
 - Degenerative disc and vertebral diseases including Replacement of bones and joints and degenerative diseases of the musculo-skeletal system
 - Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome, Trigger Finger, lipoma, neurofibroma, ganglion and similar pathology
 - Any transplant and related surgery.
If these are pre-existing at the time of proposal they will be covered subject to the waiting period 3 below.
- A waiting period of 48 consecutive months of continuous coverage from the inception of this policy will apply in respect of pre-existing diseases as defined in the policy.

The waiting periods gla, gll-1, gll-2 and gll-3 above are subject to Portability Regulations

h. Exclusions applicable for Section 1, Section 2 and Section 3 (under Plan A and Plan B)

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by any Insured Person in connection with or in respect of:

- Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
- Congenital External Condition / Defects / Anomalies
- Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
- Psychiatric, mental and behavioral disorders.
- Intentional self injury
- Use of intoxicating substances, substances abuse, drugs / alcohol, smoking and tobacco chewing
- Venereal Disease and Sexually Transmitted Diseases,
- 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)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS and sexually transmitted diseases.
- Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and/or medical treatment of obesity.
- Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation,

Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no12.

13. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
 14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
 15. Unconventional, Untested, Unproven, Experimental therapies.
 16. Stem cell Therapy, Artificial Pancreas, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
 17. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
 18. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
 19. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
 20. Hospital record charges and such other charges
 21. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons.
 22. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
 23. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
 24. Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedure related hospitalization expenses, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.
 25. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
 26. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
 27. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreous injections.
 28. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicine other than allopathy.
 29. Hospital registration charges, admission charges, telephone charges and such other charges
 30. Any hospitalizations which are not Medically Necessary
 31. **OTHER EXCLUDED EXPENSES AS DETAILED IN THE WEBSITE WWW.STARHEALTH.IN**
- Exclusion nos. 21 to 28 are not applicable for Section 3

i. Exclusions applicable for Section 4

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim arising out of Accident of the Insured Person from
 - a. Intentional self injury / suicide or attempted suicide or
 - b. Whilst under the influence of intoxicating liquor or drugs or
 - c. Self endangerment unless in self defense or to save human life.
3. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
4. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
5. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
6. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
8. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

9. Participation in Hazardous Sport / Hazardous Activities
10. Persons who are physically challenged, unless specifically agreed and endorsed in the policy.
11. Any loss arising out of the Insured Person's actual or attempted commission of or willful, participation in an illegal act or any violation or attempted violation of the law.
12. Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

2. Definitions (Applicable for Plan A and Plan B)

Accident / Accidental means sudden, unforeseen and involuntary event caused by external, visible and violent means.

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. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

Basic Sum Insured means the Sum Insured Opted for and for which the premium is paid.

Cashless Service means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Company means Star Health and Allied Insurance Company Limited

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

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

Chronic Renal Failure means End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

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

Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of mis-representation, mis description or non disclosure of any material fact

Day Care Centre means any institution established for day care treatment of illness and / or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable and is under the supervision of a Registered and Qualified Medical Practitioner and must comply with all minimum criteria as under :-

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner/s in charge;
- iii. has fully equipment 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 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 hours 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.

Grace Period means the specified period of time immediately following the premium due date during which the payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

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.

Hospital/Nursing Home 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) and 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.

Hazardous Sports/ 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

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.

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

Insured Person means the persons named in the schedule of the Policy

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.

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.

Networked Facility means hospitals, day care centers, clinics, diagnostic centers that the Company has mutually agreed with to provide medical services.

Network Hospital 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

Non Network Hospital means any hospital, day care centre or other provider that is not part of the network

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.

Out-patient 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 means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter

Pre Hospitalization 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 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 incurred 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.

Portability means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

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 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 means the amount charged by a Hospital towards Room and Boarding expenses and

shall include the associated medical expenses.

Single Standard A/c room means a single occupancy air-conditioned room with attached wash room and a couch for the attendant. The room may have a television and /or a telephone. Such room must be the most economical of all accommodations available in that hospital as single occupancy. This does not include a deluxe room or a suite

Surgery / Surgical Operation 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 means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

3. Common Conditions For All The Sections (Applicable for Plan A and Plan B)

1. Organ transplant on the Insured Person shall satisfy the requirements of the Transplantation of Human Organs Act of 1994 and any amendments thereto.
2. It is not permissible to issue more than one policy per person. Where the Insured Person is already covered by another Diabetes Safe policy issued by the Company the maximum amount payable under all Policies combined will not exceed the amount payable under the Policy with the highest sum insured.
3. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company
4. Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company prior to hospitalisation and in any case not later than 24 hours from the time of Hospitalisation.
5. Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: Condition 4 & 5 are precedent to admission of liability under the policy. However the company may examine and relax the time limits mentioned in condition 4 & 5 depending upon the merits of the Case

Post hospitalization bills are to be submitted within 15 days after completion of 60 days from the date of discharge from hospital

6. 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

For Cashless Treatment (Section 1 and Section 2)

- a. Call the 24 hour help-line for assistance - **1800 425 2255/1800 102 4477**
- 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-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk.
- e. The Treating Doctor will complete the hospitalization / treatment information and the hospital will fill up expected cost of treatment.
- f. This form should be submitted to the Company
- g. The Company will process the request and call for additional documents/ clarifications if the information furnished is inadequate.
- h. 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.
- i. In case of emergency hospitalization information to be given within 24 hours after hospitalization
- j. Cashless facility can be availed only in networked Hospitals

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 permissible reimbursement.

In non-network hospitals payment must be made up-front by Insured / Insured Person and then reimbursement will be effected on submission of documents upon its admissibility.

Claims of Out Patient Consultations / treatments (Section 3) will be settled on a reimbursement basis on production of cash receipts

For Reimbursement Claims:

- a. Duly completed claim form, and
- b. Pre Admission investigations and treatment papers.
- c. Discharge Summary from the hospital in original
- 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. First Information Report in-case of Road Traffic Accident
- i. Copy of PAN card

For Section 4:**For Accidental Death Claims:-**

- Death Certificate
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report (wherever required)
- Viscera Sample Report (wherever required)
- Forensic Science Laboratory report (wherever required)
- Legal Heir Certificate
- Succession Certificate (wherever required)

Note: The Company reserves the right to call for additional documents wherever required. The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

- Any medical practitioner authorized by the company shall be allowed to examine the Insured Person in case of any alleged covered diseases/conditions requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at company's cost.
- The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
- Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period, the continuity of benefits with reference to waiting period gll-1, gll-2 and gll-3 as stated under section 2 will be allowed.

Note: 1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from Regulator

10. Revision of Sum Insured

Reduction or enhancement of sum insured is permissible only at the time of renewal.

Enhancement of sum insured is subject to no claim being lodged or paid under this policy. Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured including the respective sublimits shall be subject to the following terms

A Waiting period as given below shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the expiring policy sum insured and the increased current sum insured.

- First 30 days waiting period as under gl-a and gll-1
- 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under waiting period as under gll-2
- 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as under waiting period gll-3. However under Section 1 – Plan B, this waiting period will be 12 months.
- 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person

- Modification of the terms of the policy:** The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.
- Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.
- Free Look Period:** A free look period of 15 days from the date of receipt of the policy by the insured is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company may allow refund of premium paid after adjusting the cost of pre-medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation. Free look Period is not applicable at the time of renewal of the policy
- Portability:** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

15. Automatic Restoration of Sum Insured (Applicable only for Section 2 under Plan A and Plan B)

There shall be automatic restoration of the Basic Sum Insured by 100% immediately upon exhaustion of the basic sum insured, once during the policy period

It is made clear that such restored Sum Insured can be utilized only for illness /disease/treatment unrelated to the illness /diseases/treatment for which claim/s was /were made.

Note: This facility is not available if the policy is on a floater basis.

- Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one month	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	Full annual premium

- Automatic Expiry of the Policy:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- Upon the death of the Insured Person. This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- Upon exhaustion of Basic Sum Insured under the policy as a whole

- 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.

- 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.

20. IMPORTANT NOTE

- Where the insured person has opted for floater policy, the sum insured floats amongst the insured members
- The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
- The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

- 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.

- 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. Toll free no: 1800-425-2255 /1800-102-4477, 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

- Customer Service:** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours

- Grievances:** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28288821 during normal business hours or Send email to grievances@starhealth.in Senior Citizens may call 044-28243923

In the event of the following grievances:

1. any partial or total repudiation of claims by an insurer;
2. any dispute in regard to premium paid or payable in terms of the policy;
3. any dispute on the legal construction of the policies in so far as such disputes relate to claims;

4. delay in settlement of claims;
5. non-issuance of any insurance document to customer after receipt of the premium the insured person may approach

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.

LIST OF OMBUDSMAN OFFICE DETAILS

6th Floor, Jeevan Prakash Bldg., Tilak Marg, Relief Road, Ahmedabad - 380001. Phone: 079 - 25501201-02-05-06 Email ID : bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in JURISDICTION : Gujarat, Dadra & Nagar Haveli, Daman and Diu.	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664. Email: bimalokpal.chennai@ecoi.co.in JURISDICTION : Tamil Nadu, Pondicherry Town and Karaikal	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Fax: 0755 -2769203, Tel.: 0755 - 2769201 / 2769202. Email: bimalokpal.bhopal@ecoi.co.in JURISDICTION : Madhya Pradesh, Chattisgarh.	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 -2231310 Email: bimalokpal.lucknow@ecoi.co.in JURISDICTION : Districts of Uttar Pradesh : Laitpur, 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, Ambedkar nagar, Sultanpur, Maharajgang, Santkabir nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in JURISDICTION : Rajasthan.	1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in JURISDICTION : Bihar, Jharkhand.	62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in JURISDICTION : Orissa.	2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in JURISDICTION : Kerala, Lakshadweep, Mahe - a part of Pondicherry.
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960, Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in JURISDICTION : Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 -2732937 Email: bimalokpal.guwahati@ecoi.co.in JURISDICTION : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in JURISDICTION : Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in JURISDICTION : Delhi.
Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, I st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email : bimalokpal.bengaluru@ecoi.co.in JURISDICTION : Karnataka.	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in JURISDICTION : State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffar nagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram nagar, Saharanpur.	S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 -2708274 Email: bimalokpal.chandigarh@ecoi.co.in JURISDICTION : Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	
6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in JURISDICTION : Andhra pradesh, Telangana, Yanam and part of Territory of Pondicherry.		Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 -22124341. Email: bimalokpal.kolkata@ecoi.co.in JURISDICTION : West Bengal, Sikkim, Andaman & Nicobar Islands.	

