

Star Group Health Insurance
Unique id : SHAHLGP23021V032223
Policy Schedule

Policy No. : P/700002/01/2023/105869	Previous Policy No. :
Proposer's Code : 32726655	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : KARNATAKA POWER ENGINEERS ACADEMY	SAC Code : 997133/Accident and Health Insurance Services
Address : Uqibity, 1st Floor, No 117. Infantry Road, Zone 4, Shivajinagar, Sampangiramanagar, Bangalore, Bangalore (M Corp.+OG),Bangalore,Karnataka-560001	Issuing Office Code : 700002
Phone No : 9739866714/9739866714/	Issue Office Name : Digital
Email id : mrgkm2022@gmail.com	Address : No -126, Nelson Manickam Road, Aminjikarai,Chennai - 600029
Proposer GSTIN : -	Phone No : 044-47686040
	Email id : online@starhealth.in
	Place of Supply : -
	Fulfiller Code : SO700002
Collection No : 1272149224	Intermediary Code : OL0000000001
Collection Date : 21/02/2023	Name : Direct
Premium : Rs. 7,26,744	Phone : /
IGST @18% : 130,814 /-	Email id :
Stamp Duty : Re. 1	
Total Premium : Rs. 8,57,558	

Total Premium in words	: Indian Rupees Eight Lakhs Fifty Seven Thousand Five Hundred Fifty Eight Only
Period Of Insurance From	: 21/02/2023 10:00 Hrs To Midnight Of : 20/02/2024 23:59:59
Co-insurance	

Risk Coverage Details

No. of Employees / Members Covered	245
No. of Dependents Covered	0
Total No. of Persons covered	245
Sum Insured Slab	Rs. 2,00,000/- only
Total Sum Insured	Rs. 4,90,00,000/- only
Total Sum Insured (in words)	Indian Rupees Four Crores Ninety Lakhs Only

Extensions Offered

30 days waiting Period	Exclusion no.3 appearing in the policy clause stands deleted
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

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Approved by : SH67860
Place : CHENNAI
Date : 03/03/2023

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	deleted
Pre-existing Diseases Exclusion	Exclusion no.1 appearing in the policy clause stands deleted

Special Conditions

Family Definition	Individual Sum Insured(Employee only)
Room Rent limits including Boarding, Nursing Charges, etc,	<p>Room rent 4000/- per day for normal and ICU at actual</p> <p>If the Insured occupies a room with a 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 or actuals, whichever is lower</p> <p>Treatment in our network hospitals only, However in the case of Medical Emergencies & Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalization..</p>
Pre & Post Hospitalisation limits	<ul style="list-style-type: none"> - Pre Hospitalization - 30 Days - Pre hospitalization expenses incurred prior to inception of policy with the company is inadmissible. - Post Hospitalization - 60 Days.
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.
Sub Limits	Sublimits for Cataract Rs.20,000/- per eye
Addition / Deletion of Employees & Dependents	<p>After the inception of the Policy, No midterm inclusion of any employee unless he is a new joinee 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.</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>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>Insured will be allowed a window period of 30 days from the policy</p>

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	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.
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>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>All Day Care Procedures covered.</p> <p>Hospitalization arising out of Terrorism covered.</p> <p>Dental Treatment : Covered if due to accident and requiring Hospitalisation.</p>
Other conditions	All Other Terms & Conditions Subject to printed Policy (Star - Group Health Insurance Policy) Clauses attached.

The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee.

Sector Classification :

Urban

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.

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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

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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TAX Invoice

Invoice No. : 33L272Y23P001043	Customer ID : CB0000126209
Invoice Date : 03/03/23	Policy No : P/700002/01/2023/105869
Recipient	Supplier
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : KARNATAKA POWER ENGINEERS ACADEMY	NAME : Star Health and Allied Insurance Co Ltd - Digital
Address : Uqibity, 1st Floor, No 117, Infantry Road, Zone 4, Shivajinagar, Sampangiramanagar, Bangalore,	Address : No -126, Nelson Manickam Road, Aminjikarai, Chennai - 600029
City :	City : DIGITAL
State : Karnataka	State : Tamil Nadu
Pincode : 560001	Pincode : 600029
Client Category : CORP	Place of Supply : -

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	726744	0	726744	130814				Rs. 8,57,558

Total Invoice Value (in Figures) : Rs. 8,57,558

Total Invoice Value (in Words) : Indian Rupees Eight Lakhs Fifty Seven Thousand Five Hundred Fifty Eight 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

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