

Star Health					
FAMILY	1 LAKH	2 LAKH	3 LAKH	4 LAKH	5 LAKH
SELF	5800	8500	10500	12500	15000
SELF+SPOUSE	7500	13000	14000	16500	18500
SELF+SPOUSE+1	9000	14500	16500	18000	20000
SELF+SPOUSE+2	10500	15500	18000	19500	21000
SELF+SPOUSE+3	14000	17000	20000	21000	23000
Star Health Premium for above 60 age and those who have claim					
FAMILY	1 LAKH	2 LAKH	3 LAKH	4 LAKH	5 LAKH
SELF	9800	12500	14500	16500	19000
SELF+SPOUSE	11500	17000	18000	20500	22500
SELF+SPOUSE+1	13000	18500	20500	22000	24000
SELF+SPOUSE+2	14500	19500	22000	23500	25000
SELF+SPOUSE+3	17000	21000	24000	25000	27000
United India					
FAMILY	1 LAKH	2 LAKH	3 LAKH	4 LAKH	5 LAKH
SELF	10646	15087	17748	20894	24280
SELF+SPOUSE	13487	21496	22585	26818	29240
SELF+SPOUSE+1	15571	24038	28852	29114	31658
SELF+SPOUSE+2	17655	25850	29602	31295	34209
SELF+SPOUSE+3	22899	27798	33109	33593	37050

Policy Terms and Conditions

*Extensions Family Floater (Employee, Spouse and Children)

*Waiver of 30 days Waiting Period

*Waiver of First Year Exclusions

*Waiver of First Two Years Exclusions Cover for Pre Existing Diseases

*Maternity Extension Normal - 15000 Maternity Extension Caesarean- 25000 (Maternity cover with 9 Months waiting period ,the Employee or Dependent spouse)

* Conditions Family Definition : Family Floater(Members, Spouse and Children)

*Room Rent limits including Boarding, Nursing Charges : - Restricted to 1% of Sum Insured for Normal and 2% of Sum Insured for ICU. (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.)

*Copay : - For new joinees 25% copay for PED claims only.

*Pre Hospitalization - 30 Days - Pre hospitalization expenses incurred prior to inception of policy with the company is inadmissible. - Post Hospitalization - 60 Days.

*Uterus removal/Hernia Limited to 60% of the SA maximum up to Rs.1,20,000/-

*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 only for Cataract Rs.20,000/- per eye.

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.

Claim Settlement : Claims will be settled through Inhouse claims team.

*Treatment in network hospital only : - Treatment in our network hospitals only, However in the case of Medical Emergencies treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalization (Toll free number 18004252255)

*Day Care Procedure : - 405 Day Care Procedures are enclosed

*ID Card : - 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.

*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

*Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic(Ayurvedic) shall be restricted to 25% of the sum insured subject to a maximum of Rs.25000/- during the entire policy period in government recognized hospital only.

* All other terms and conditions as per SGHI Policy Clause.

PROPOSAL FORM FOR KSPC AROGYA SURAKSHA

To be filled by the members (in Capital Letters)

1	Name of the Pharmacist			
2	AGE & Date of Birth			
3	PRC NO			
4	Sum Insured and Premium			
5	DD Details or Cheque details			
6	Residence Address /Communication Address			
		Pin Code :		
7	Phone nos			
8	Whatsup No and Mail ID			

	NAME	AGE	DATE OF BIRTH	RELATIONSHIP (Husband/Wife /Son/
1				
2				
3				
4				
5				

PHOTO SELF	PHOTO SPOUSE	PHOTO CHILD 1	PHOTO CHILD 2	PHOTO CHILD 3

Important :persons up to the age of 70 years as at the date of commencement of insurance cover are eligible to avail Kspc Arogya Suraksha Policy,I Agree Kspc is no way responsible for claims or other matters related with insurer.Participation is purely on voluntary basis and the contract of insurance shall be with the insurance company and not with Kspc. I hereby nominate..... (spouse/son/daughter)as nominee

I/We hereby declare that the information given above are true and correct to my/our knowledge.

Signature:-

