



## Star Health and Allied Insurance Company Limited

No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.

Phone : 044-28288800, Telefax : 044-28260062,

Website : www.starhealth.in and Email: info@starhealth.in

IRDA Regn.No.129

Corporate Identity Number : L66010TN2005PLC056649

### Quote for Group Health Insurance

Quote no: \_\_\_\_\_

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

S.no	Particulars		
<b>Insured Details</b>			
1	Name of the Branch / Area / Zonal Office	Branch Office - Velachery (111123)	
2	Name and Address of the Insured	IIT MADRAS ALUMNI ASSOCIATION OFFICE OF HOSTEL MANAGEMENT,, ROOM 109, HOSTEL ZONE, IIT MADRAS,, CHENNAI,, CHENNAI, TAMIL NADU, 600036 maruthifinancialservices@yahoo.co.in, 9884498089	
3	Total No. of Employees	_____	
4	Total No. of Dependents	Spouse	_____
		Children	_____
		Parents	_____
		Dep total	_____
		Grand total	_____
<b>Premium Details</b>			
5	Sum Insured Per Family (Rs.)	500000 1000000 15000000	
6	Corporate buffer(rs.)	Nil	
7	Extensions	Family Floater (Employee, Spouse, Children, Parents and Parent in Laws) Waiver of 30 days Waiting Period Waiver of First Year Exclusions Waiver of First Two Years Exclusions Cover for Pre Existing Diseases	
8	Previous claims experience	_____	
9	Total Premium (Rs.)	<b>Premium</b>	_____
		Add : GST at 18%	_____
		<b>Total</b>	_____
10	<b>Conditions</b>		
	Family Definition :		
	Family Floater (Employee, Spouse, Children, Parents and Parent in Laws).		
	Room Rent limits including Boarding, Nursing Charges :		
	For 5 Lakhs SI -Rs.6,000/- per day.		
	For 10 Lakhs SI - Single standard A/c room subject to maximum Rs.7,500/- per day.		
	For 15 Lakhs SI - Single standard A/c room subject to maximum Rs.9,500/- per day.		
	For ICU - No limits.		
	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 Employees, Spouse and Children : 20% Copay on all PED Claims		
	For Dependent Parents above 60 years : 20% Copay on all Claims		



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	<p>- Pre Hospitalization - 30 Days.</p> <p>- Post Hospitalization - 60 Days.</p> <p>Ambulance Expenses limits :</p> <p>Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.</p> <p>Sub Limits :</p> <p>5 Lac SI:- Rs.26,250/- per eye.</p> <p>10 Lac SI:-30000/- per eye.</p> <p>15 Lac SI:-35000/- per eye.</p> <p>Addition of Employees :</p> <p>- After the inception of the Policy , NO midterm inclusion of any employee unless he/her is a new joiner and dependents of the already insured employee unless they are newly married spouse and new born child and such inclusion is also subject to payment of additional premium on pro rata basis.</p> <p>Deletion of Employees on resignation :</p> <p>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.</p> <p>Claim Settlement :</p> <p>Claims will be settled through Inhouse claims team.</p> <p>Treatment in network hospital only :</p> <p>- 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 Hospitalisation</p> <p>Day Care Procedure :</p> <p>- All Day Care Procedures covered</p> <p>ID Card :</p> <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>Increase / Decrease in Group size :</p> <p>- The quote is given for the above mentioned specific population. In case of any increase or decrease in the population, the premium will vary.</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>Hospitalization arising out of Terrorism covered.</p> <p>Dental Treatment : Covered if due to accident and requiring Hospitalisation</p>
11	All other terms and conditions as per SGHI Policy Clause.

Validity of the quote

The above quote is valid for a period of 30 Days



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### Sum insured wise Employees and dependant details:

Sum Insured	Employees	Spouse	Child	E+S+C	Parents & Parents-In-laws	Total	Others
500000							
1000000							
15000000							
<b>Total</b>							

Name of the Branch / Area /Zonal office details	
<b>Name</b>	Branch Office - Velachery
<b>Address</b>	No 15th Street, Tansi Nagar, Level 2, Elephant Square,
<b>Contact No</b>	044 - 4232 5550 / 5551