

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2022/000355
Certificate No	P/181318/01/2022/000355/18
Name & Address of the Proposer	THE DIRECTOR TSSS TELLICHERY SOCIAL SERVICE SOCIETY, P.B.NO.70, P.O. THALASSERY, KANNUR - KERALA - INDIA-670101
Name & Address of the Insured Person	Ms.ROSAMMA JOSEPH PUTHUVELIL MANIPARA MANIPARA KANNUR KERALA-670705
Membership / Identification No	18
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 30-APR-21 To : 29-APR-22
Sum Insured (Rs.)	100000 /-
Premium Details :	Premium Rs. 1659 /-
	Service Tax Rs. 298.62 /-
	Total Rs. 1958 /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade near
st.joseph's Hospital,
Mananthavady,wayanad-
670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 21-JUN-21