Insurance STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in IRDA Registration No : 129 ; Corporate Identity Number : U66010TN2005PLC056649

## **Certificate of Insurance**

## **Group Health Insurance**

| Policy No   | P/181318/01/2022/000355                                 |
|---|---|
| Certificate No                                      | P/181318/01/2022/000355/238                             |
| 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.CELIN VARGHESE                                       |
|   | KALAtHIPARAMBIL CHEMPENtHOttY                           |
|   | CHEMPENtHOttY KANNUR                                    |
|   | KERALA-670142   |
| Membership / Identification No                      | 238   |
| Occupation  | OTHERS  |
| Date of Birth/Age                                   | / 55 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 | st 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.,

Mers

Authorised Signatory.

Date: 21-JUN-21