

Health 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/181318/01/2022/000355/273 |
| 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 | Mr.JOSEPH |
| | CHALUMKAL CHEMPENtHOttY |
| | CHEMPENtHOttY KANNUR |
| | KERALA-670631 |
| Membership / Identification No | 273 |
| Occupation | OTHERS |
| Date of Birth/Age | / 61 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 T | Fwo Year Exclusion,Pre-existing Diseases Exclusion. |
| Conditions: | , <u> </u> |
| Subject otherwise to terms, conditions and exclusterms please refer the policy copy with the insured | sions stated overleaf/for details of coverage, conditions, exclusions & other d. |

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

Date: 21-JUN-21

Authorised Signatory.

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