

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2022/000355 |
| Certificate No | P/181318/01/2022/000355/517 |
| 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.SIJI JACOB BACIYACUKKA CHITARIKKAL CHITARIKKAL KANNUR KERALA-670533 |
| Membership / Identification No | 517 |
| Occupation | OTHERS |
| Date of Birth/Age | / 47 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