

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/181318/01/2022/000355/742
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.MOLLY JOHN
	PANAMPARAYIL MANIKKACAVU
	MANIKKACAVU KANNUR
	KERALA-670705
Membership / Identification No	742
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	wo Year Exclusion,Pre-existing Diseases Exclusion.
Conditions:	
Subject otherwise to terms, conditions and exclus terms please refer the policy copy with the insured	sions stated overleaf/for details of coverage, conditions, exclusions & other

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.,