

## 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/181318/01/2022/000355/782  |
| 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.CHANDRIKA V K   |
|  | POOVATHUMKANCI PAYAM   |
|  | PAYAM KANNUR   |
|  | KERALA-670704  |
| Membership / Identification No   | 782  |
| Occupation   | OTHERS   |
| Date of Birth/Age  | / 56 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 excluterms please refer the policy copy with the insure | usions stated overleaf/for details of coverage, conditions, exclusions & other ed. |

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.,