

Star Group Health Insurance
Unique id : SHAHLGP23021V032223
Policy Schedule

Policy No. : P/131143/01/2024/002097	Previous Policy No. : P/131112/01/2023/000541
Proposer's Code : 28547816	GSTIN : 36AAJCS4517L1ZZ
Proposer's Name : VIGNANS INSTITUTE OF MANAGEMENT AND TECHNOLOGY FOR WOMEN	SAC Code : 997133/Accident and Health Insurance Services
Address : KONDAPUR VILLAGE, GHATKESAR MANDAL, MEDCHAL, MALKAJGRI DISTRICT Hyderabad, Rangareddi, Telangana -501301	Issuing Office Code : 131143
Phone No : 9652910002/9652910002/	Issue Office Name : Branch Office - Sanjeev Reddy Nagar
Email id : info.vmtw@gmail.com	Address : H NO. 8-3-191/92 (71/A), FIRST FLOOR SURYA PLAZA, VENGALRAO NAGAR NEAR SANJEEVA REDDY NAGAR JUNCTION, HYDERABAD-500038
Proposer GSTIN : -	Phone No : 040-40057162
Collection No : 1735001651,1735001743	Email id : sanjeevreddynagar.bo@starhealth.in
Collection Date : 03/06/2023,05/06/2023	Place of Supply : -
Premium : Rs. 2,85,005	Fulfiller Code : SH13216
CGST @9% : 25,650 /- SGST/UTGST@9% : 25,650 /-	Intermediary Code : BA0000415050
Stamp Duty : Re. 1	Name : Mr.KALACHARY
Total Premium : Rs. 3,36,305	Phone : 9440021290/9440021290
	Email id : kalachary2010@gmail.com

Total Premium in words : Indian Rupees Three Lakhs Thirty Six Thousand Three Hundred Five Only
Period Of Insurance From : 05/06/2023 00:00 Hrs To Midnight Of : 04/06/2024 23:59:59
Co-insurance

Risk Coverage Details

No. of Employees / Members Covered	140
No. of Dependents Covered	0
Total No. of Persons covered	140
Sum Insured Slab	Rs. 2,00,000/- only
Total Sum Insured	Rs. 2,80,00,000/- only
Total Sum Insured (in words)	Indian Rupees Two Crores Eighty Lakhs Only

Extensions Offered

30 days waiting Period	Exclusion no.3 appearing in the policy clause stands deleted
First Year Exclusion	Exclusion no.2 (12 months) appearing in the policy clause stands deleted

Entered by : SH59330
 Approved by : SH65410
 Place : HYDERABAD
 Date : 14/06/2023

For and on behalf of
 Star Health and Allied Insurance Company Ltd.

R. Mohan
 Authorised Signatory
 Please see overleaf

IRDAI Regn. No 129
Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in



PRINCIPAL
 Vignans Institute of Management & Technology For Women
 Kondapur (V), Ghatkesar (M), Medchal-Malkajgiri (Dt.), Telangana State

First Two Year Exclusion	Exclusion no.2 (24 months) appearing in the policy clause stands deleted
Pre-existing Diseases Exclusion	Exclusion no.1 appearing in the policy clause stands deleted

Special Conditions

Family Definition	Individual Sum Insured(Employee only)
Room Rent limits including Boarding, Nursing Charges, etc,	Room rent Rs.2500/- per for Normal & ICU on actuals. If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.
Pre & Post Hospitalisation limits	- Pre Hospitalization - 30 Days - Post Hospitalization - 60 Days.
Ambulance Expenses limits	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period
Sub Limits	Sublimits only for Cataract Rs.20,000/- per eye and Modern Treatment Sublimit as per SGHI clause..
Addition / Deletion of Employees & Dependents	"After the inception of the Policy, No midterm inclusion of any employee unless he/she is a new joinee and such inclusion is also subject to payment of additional premium on pro rata basis. For newly joined employees, the Insured shall provide the date of joining. The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month. We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium. Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium. If there is a change in the group size."
Other conditions	Treatment in our network hospitals only, However in the case of Medical Emergencies & Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call

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Approved by : SH65410

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For and on behalf of
Star Health and Allied Insurance Company Ltd.

[Handwritten Signature]
PRINCIPAL
Vignee's Institute of Management & Technology For Women
Kondapur (M), Ghatkesar (M), Medchal-Malkajgiri (Dt.) 501301
Telangana State
Authorised Signatory
Please see overleaf

	Center within 24 hours of Hospitalization.
Other conditions	<p>We shall issue photo ID cards in respect of all the covered persons and we require the passport size/stamp size photo for the same.</p> <p>All Day Care Procedures covered.</p> <p>AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs. 25,000/- per policy period.</p> <p>Hospitalization arising out of Terrorism covered.</p> <p>Dental Treatment : Covered if due to accident and requiring Hospitalization.</p>
Other conditions	<p>Any hospitalization expenses taken in our excluded Hospitals is not admissible. For detailed list on on the excluded service providers kindly visit our website</p> <p>All Other Terms & Conditions Subject to printed Policy (Star - Group Health Insurance Policy) Clauses attached.</p>

The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee.

Claims will be settled through Inhouse claims team.

Sector Classification :

Urban

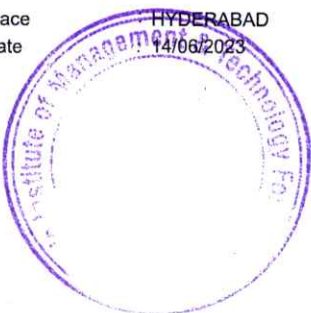
Renewability: In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.

The cover for the persons covered earlier under the group policy will be granted only as per standard retail policies. However, in respect of persons who have been covered continuously for a period of one year under the group policy with our Company, we shall waive the 30 days waiting period and First year exclusions. In respect of persons who have been covered continuously for a period of two years under the group policy with our Company, we shall waive the 30 days waiting period, First year exclusions and First two year exclusions.

In respect of persons who have been continuously covered for a period a four years under the group policy with our Company, we shall grant cover for Pre Existing diseases also.

Entered by : SH59330
 Approved by : SH65410

Place : HYDERABAD
 Date : 14/06/2023



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PRINCIPAL
 Vignam's Institute of Management & Technology
 Kondapur (V), Chaitkesar (M), Medchal-Malkajgiri (R), Hyderabad - 500086
 Telangana State

For and on behalf of
 Star Health and Allied Insurance Company Ltd.

Handwritten signature in black ink
 Authorised Signatory
 Please see overleaf

P/131143/01/2024/002097

Condition precedent: In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 or 1800 102 4477, 044 2826 3300 (chargeable), or email: support@starhealth.in or fax - 1800 425 5522.

STAR value added unique services : Web enabled service for Policy details and health tips
Inhouse Cashless facility for treatment at network hospitals across india.
24*7 customer care center
Free General Physician advice

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Entered by : SH59330
Approved by : SH65410

Place : HYDERABAD
Date : 14/06/2023



Handwritten signature in green ink
PRINCIPAL
Women's Institute of Management & Technology For Women
Kondapur (V), Ghatkesar (M), Medchal-Malkajgiri (Dt.)-501301
Telangana State

For and on behalf of
Star Health and Allied Insurance Company Ltd.

Handwritten signature in black ink
Authorised Signatory
Please see overleaf

TAX Invoice



Invoice No. : 36C735Y24P000651	Customer ID : CB0000075658
Invoice Date : 14/06/23	Policy No : P/131143/01/2024/002097
Recipient	Supplier
GSTIN : -	GSTIN : 36AAJCS4517L1ZZ
Proposer's Name : VIGNANS INSTITUTE OF MANAGEMENT AND TECHNOLOGY FOR WOMEN	NAME : Star Health and Allied Insurance Co Ltd - Branch Office - Sanjeev Reddy Nagar
Address : KONDAPUR VILLAGE, GHATKESAR MANDAL, MEDCHAL, MALKAJGRI DISTRICT	Address : H NO. 8-3-191/92 (71/A), FIRST FLOOR SURYA PLAZA, VENGALRAO NAGAR NEAR SANJEEVA REDDY NAGAR JUNCTION, HYDERABAD-500038
City :	City : SANJEEV REDDY NAGAR
State : Telangana	State :
Pincode : 501301	Pincode : 500003
Client Category : CORP	Place of Supply : -

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UT/SGST	G = C * Cess	H = C + D + E + F + G
997133	Insurance Services	285005	0	285005		25650	25650		Rs. 3,36,305

Total Invoice Value (in Figures) : Rs. 3,36,305
 Total Invoice Value (in Words) : Indian Rupees Three Lakhs Thirty Six Thousand Three Hundred Five Only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH59330
 Approved by : SH65410

Place : HYDERABAD
 Date : 14/06/2023



PRINCIPAL
 Vignans Institute of Management & Technology
 Kondapur (V), Ghatkesar (M), Medchal-Malkajgiri (Dt.),
 Telangana State

For and on behalf of
 Star Health and Allied Insurance Company Ltd.

[Signature]
 Authorised Signatory
 Please see overleaf