

# Super Surplus Insurance Policy

Unique Id: SHAHLIP19128V031819

Traditional health policies offer basic cover plan for the insured. But foreseeing the magnitude of health problems is as difficult as predicting a health problem itself. Sometimes ailments and related complications demand much more than what we are prepared for.

Star Health brings you Super Surplus Insurance. It offers much larger coverage than the ones offered by basic plans. So, no matter what, you are always prepared to face the most unfortunate of health eventualities.

## ❖ Eligibility

- Any person aged between 18 years and 65 years
- Family: Self, Spouse and dependent children from 91 days up to 25 years (children those who are economically dependent on their parents)

## ❖ Policy Term: 1 year

## ❖ Renewal : Lifelong renewals guaranteed

## ❖ Policy Type : Individual

## ❖ Pre-acceptance Medical Screening (both Silver and Gold Plans) : No Pre-acceptance medical screening is required

## ❖ Day care Procedures : All day care procedures are covered.

## ❖ Plans Offered : Two Plans: Silver and Gold Plan

	Sum Insured (Rs.)	Deductible Limit (Rs.)
<b>Silver Plan</b>	7,00,000/-, 10,00,000/-	3,00,000/-
	Under this plan an admissible claim gets paid only when it exceeds the deductible. Amount payable is only in excess of the deductible opted for each and every hospitalization. <b>Deductible</b> means the amount upto which the company will not be liable for each and every hospitalization.	
	Sum Insured (Rs.)	Defined Limit (Rs.)
<b>Gold Plan</b>	5,00,000/-, 7,00,000/-, 10,00,000/-, 15,00,000/-, 20,00,000/- and 25,00,000/-	3,00,000/-
	5,00,000/-, 10,00,000/-15,00,000/-, 20,00,000/- and 25,00,000/-	5,00,000/-
	5,00,000/-, 10,00,000/-15,00,000/-, 20,00,000/- and 25,00,000/-	10,00,000/-
	Under this plan an admissible claim gets paid only when the aggregate of expenses under hospitalization (single or more than one) exceeds the Defined limit opted. Amount payable is only in excess of the Defined limit*. <b>Defined Limit</b> means the amount upto which the company will not be liable during the policy period. <b>Note:</b> Defined Limit once opted cannot be changed either during the currency of the policy or at the time of renewal	

## ❖ Coverage

Silver Plan	Gold Plan
<ul style="list-style-type: none"> <li>Hospitalization cover: Room Rent Boarding, nursing expenses subject to a maximum of Rs.4000/- per day</li> <li>Surgeons fees, Consultant's fees, Anesthetist's and Specialist's fees</li> <li>Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs and such other similar expenses.</li> <li>Pre-hospitalisation : Medical expenses up to 30 days prior to the date of admission</li> <li>Post-Hospitalisation : Medical expenses up to a period of 60 days after discharge from the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Hospitalization cover: Room Rent (single standard AC room), Boarding, nursing expenses</li> <li>Surgeons fees, Consultant's fees, Anesthetist's and Specialist's fees</li> <li>Anesthesia, Blood, Oxygen, Operation Theatre charges, Cost of Pacemakers, drugs and such other similar expenses.</li> <li>Pre-hospitalisation : Medical expenses up to 60 days prior to the date of admission</li> <li>Post-Hospitalisation : Medical expenses up to a period of 90 days after discharge from the hospital.</li> <li>Emergency ambulance charges up to Rs.3000/- per hospitalization for transporting the insured patient to the hospital</li> <li>Air Ambulance cover: Upto 10% of the sum insured per policy period. Applicable for Sum Insured option of Rs.7 lacs and above only.</li> <li>Facility of obtaining Medical Second Opinion</li> </ul>
<b>Note (Applicable for both Silver and Gold Plan)</b> <ul style="list-style-type: none"> <li>Expenses relating to the hospitalization will be considered in proportion to the eligible room rent stated in the policy</li> <li>HIV is covered under both Silver and Gold Plan</li> </ul>	

## ❖ Co Payment (Applicable for Gold Plan)

This policy is subject to co-payment of 10% of each and every claim amount for fresh as well as renewal policies for insured persons whose age at the time of entry is above 60 years.

## ❖ Special Features for Gold Plan

- Delivery Expenses :** Expenses for a Delivery including Delivery by Caesarean section (including pre-natal, post-natal expenses and lawful medical termination of pregnancy) up-to Rs.50,000/- per policy period, subject to a maximum of 2 deliveries in the entire life time of the insured person are payable while the policy is in force.

### Special Conditions

- ✓ This Benefit is subject to a waiting period of 12 months from the date of commencement of first Super Surplus Insurance Policy and continuous renewal thereof with the company.
- ✓ Pre-hospitalization and Post Hospitalization expenses are not applicable for this benefit.
- ✓ This cover is available only when both Self and Spouse are Covered under this policy until the period when the benefit becomes payable.
- ✓ Claims under this section will not reduce the Sum Insured

- Organ Donor Expenses** for organ transplantation where the insured person is the recipient are payable provided the claim for transplantation is payable and subject to the availability of the sum insured. Donor screening expenses and post-donation complications of the donor are not payable.

- Recharge Benefit :** If the sum insured under the policy is exhausted/ exceeded during the policy period, additional indemnity up to the limits stated in the table given below would be provided once for the remaining policy period. Such additional indemnity can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy. The unutilized Recharge amount cannot be carried forward.

Sum Insured Rs.	Defined Limit (Rs.)	Recharge Limit (Rs.)
5,00,000/-, 7,00,000/-, 10,00,000/- 15,00,000/-, 20,00,000/- and 25,00,000/-	3,00,000/-	50,000/-
5,00,000/-, 10,00,000/-15,00,000/-, 20,00,000/- and 25,00,000/-	5,00,000/-	75,000/-
5,00,000/-, 10,00,000/-15,00,000/-, 20,00,000/- and 25,00,000/-	10,00,000/-	1,00,000/-

- Waiver of Deductible :** The Proposer can opt at the beginning of 6th year before renewal of this policy or later during any successive renewal, for an Indemnity Health Insurance policy without defined limit offered by the Company with continuity of benefits for the average sum insured of immediately preceding 5 years period subject to the following :-
  - ✓ All Insured Persons are insured with the Company for the first time before the age of 50 years and have been continuously renewed without any break
  - ✓ No claim has been made during the immediately preceding 5 years
  - ✓ This policy shall not be further renewed if the option is exercised

## ❖ Waiting Periods for Gold Plan

- Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
- A waiting period of 12 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
  - Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
  - Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma, Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
  - All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
  - All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
  - All types of Hernia,
  - Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
  - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
  - Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
  - Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  - Varicose veins and Varicose ulcers
  - All types of transplant and related surgeries.
  - Congenital Internal disease/ defect
- Pre Existing Diseases as defined in the policy until 12 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer. The waiting periods 1, 2 and 3 above are subject to Portability Regulations.

4. Waiting period for Delivery Expenses : A waiting period of 12 months from the date of commencement of first Super Surplus Insurance Policy and continuous renewal thereof with the company shall apply.

❖ **Waiting Periods for Silver Plan**

1. Any disease contracted by the insured person during the first 30 days from the commencement date of the policy.
2. A waiting period of 24 consecutive months of continuous coverage from the inception of this policy will apply to the following specified ailments / illness / diseases:-
  - A. Treatment of Cataract and diseases of the anterior and posterior chamber of the Eye, Diseases of ENT, Diseases related to Thyroid, Benign diseases of the breast.
  - B. Subcutaneous Benign Lumps, Sebaceous cyst, Dermoid cyst, Mucous cyst lip / cheek, Carpal Tunnel Syndrome, Trigger Finger, Lipoma , Neurofibroma, Fibroadenoma, Ganglion and similar pathology
  - C. All treatments (Conservative, Operative treatment) and all types of intervention for Diseases related to Tendon, Ligament, Fascia, Bones and Joint Including Arthroscopy and Arthroplasty / Joint Replacement [other than caused by accident].
  - D. All types of treatment for Degenerative disc and Vertebral diseases including Replacement of bones and joints and Degenerative diseases of the Musculo-skeletal system, Prolapse of Intervertebral Disc (other than caused by accident),
  - E. All treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary diseases including Gall bladder and Pancreatic calculi. All types of management for Kidney calculi and Genitourinary tract calculi.
  - F. All types of Hernia,
  - G. Desmoid Tumor, Umbilical Granuloma, Umbilical Sinus, Umbilical Fistula,
  - H. All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Cervix, Uterus, Fallopian tubes, Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases
  - I. All Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies,
  - J. Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele,
  - K. Fistula, Fissure in Ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence
  - L. Varicose veins and Varicose ulcers
  - M. All types of transplant and related surgeries.
  - N. Congenital Internal disease / defect

If these are pre-existing at the time of proposal they will be covered subject to waiting period 3 given below.

3. Pre Existing Diseases as defined in the policy until 36 consecutive months of continuous coverage have elapsed; since inception of the first policy with any Indian Insurer.

The waiting periods 1, 2 and 3 above are subject to Portability Regulations.

❖ **Exclusions (Applicable for Both Silver and Gold Plan)**

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA
2. Congenital External Condition / Defects / Anomalies
3. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
4. Intentional self injury
5. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
6. Venereal Disease and Sexually Transmitted Diseases,
7. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
9. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and/or medical treatment of obesity.
10. Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no10.
11. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of sickness / disease / ailment / injury and no further treatment is indicated.
12. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment.
13. Unconventional, Untested, Unproven, Experimental therapies.
14. Stem cell Therapy, Autologous derived Stromal vascular Fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.
15. Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an in-patient, when clinically indicated and hospitalization warranted.
16. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
17. Plastic surgery (other than as necessitated due to an accident or as a part of any illness),
18. Hospital record charges and such other charges
19. Inoculation or Vaccination (except for post-bite treatment and for medical treatment f

- therapeutic reasons).
20. Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).
21. Treatment arising from or traceable to pregnancy, childbirth (except to the extent covered under **Delivery Expenses**), family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
22. Any medical expenses incurred towards treatment of New Born Baby.
23. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
24. Medical and / or surgical treatment of Sleep apnea, treatment for genetic and endocrine disorders.
25. Expenses incurred on Lasik Laser or other procedures Refractive Error Correction and its complications, all treatment for disorders of eye requiring intra-vitreal injections.
26. Cochlear implants and procedure related hospitalization expenses
27. Hospital registration charges, admission charges, telephone charges and such other charges
28. Expenses incurred for treatment of diseases / illness / accidental injuries by systems of medicine other than allopathy.
29. Expenses incurred for treatment of diseases / illness / accidental injuries which does not warrant hospitalization.
30. Other Excluded Expenses as detailed in our website [www.starhealth.in](http://www.starhealth.in).

❖ **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits with reference to waiting periods will be allowed.

**Note:**

1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from Regulator
3. Plan Change is permissible at the time of renewal
4. Defined Limit / Deductible once opted cannot be changed either during the currency of the policy or at the time of renewal.

❖ **Revision of Sum Insured**

Any revision in sum insured is permissible only at the time of renewal. The Insured Person can propose such revision and may be allowed subject to Company's approval and payment of appropriate premium.

❖ **Modification of the terms of the policy**

The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance

❖ **Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

❖ **Free Look Period :** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows :

- If the Insured has not made any claim during the free look period, the Insured shall be entitled to –
- 1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges
- or
- 2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover
- or
- 3) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Free look period is not applicable for renewal

❖ **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	25% of annual premium
Exceeding one month and Up to three months	40% of annual premium
three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

❖ **Automatic Expiry :** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person.
- ✓ Upon exhaustion of the sum insured under the policy

❖ **Portability :** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

❖ **Claims Procedure**

- Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- Cashless facility wherever possible in network hospital
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents, subject to admissibility of the claim.

❖ **Tax Benefits:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961

❖ **The Company:** Star Health and Allied Insurance Co. Ltd., commenced its operations in 2006 with the business interests in Health, Travel and Personal Accident Insurance. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed to setting international benchmarks in service and personal caring

❖ **Star Advantages:**

- No Third Party Administrator, direct in-house claims settlement.
- Faster and hassle – free claim settlement.
- Cashless facility wherever possible in network hospitals

❖ **Prohibition of rebates:** (Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

❖ **Claim Illustration**

**Gold Plan:**

Scen ario	Claim No.	Sum Insured under the policy(Rs.)	Defined Limit under the policy (Rs.)	Hospitali zation Amount (Rs.)	Defined Limit applied for claim	Claim Payable (Rs.)	Balance Sum Insured available for next claim (Rs.)
1	1	1000000	300000	300000	300000	0	1000000
	2			600000	0	600000	400000
	3			600000	0	400000	0
2	1	1000000	300000	600000	300000	300000	700000
	2			500000	0	500000	200000
	3			300000	0	200000	0

**Silver Plan:**

Scen ario	Claim No.	Sum Insured under the policy Rs	Deductib le under the policy Rs	Hospitali zation Amount Rs	Deductib le applied for claim	Claim Payable Rs.	Balance Sum Insured available for next claim Rs.
1	1	1000000	300000	300000	300000	0	1000000
	2			600000	300000	300000	700000
	3			900000	300000	600000	100000

❖ **Premium Chart (Excluding Tax)**

**Gold Plan**

Defined Limit Rs.3,00,000/-						
Age in yrs.	Sum Insured (Rs.)					
	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000	25,00,000
91days - 35	1,530	1,835	2,140	2,675	3,210	3,690
36-45	1,960	2,350	2,745	3,430	4,115	4,730
46-50	2,545	3,055	3,565	4,455	5,345	6,150
51-55	3,055	3,665	4,280	5,345	6,415	7,375
56-60	3,515	4,215	4,920	6,150	7,375	8,485
61-65	4,215	5,060	5,900	7,375	8,850	10,180
66-70	4,850	5,820	6,785	8,485	10,180	11,705
71-75	5,575	6,690	7,805	9,755	11,705	13,460
76-80	6,410	7,695	8,975	11,220	13,460	15,480
above 80	7,375	8,845	10,320	12,900	15,480	17,800

**Gold Plan**

Defined Limit Rs.5,00,000/-					
Age in yrs.	Sum Insured (Rs.)				
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
91days - 35	1,225	1,715	2,140	2,570	2,950
36-45	1,570	2,195	2,745	3,290	3,785
46-50	2,040	2,855	3,565	4,280	4,920
51-55	2,445	3,425	4,280	5,135	5,900
56-60	2,810	3,935	4,920	5,900	6,785
61-65	3,375	4,720	5,900	7,080	8,145
66-70	3,880	5,430	6,785	8,145	9,365
71-75	4,460	6,245	7,805	9,365	10,770
76-80	5,130	7,180	8,975	10,770	12,385
above 80	5,900	8,255	10,320	12,385	14,240

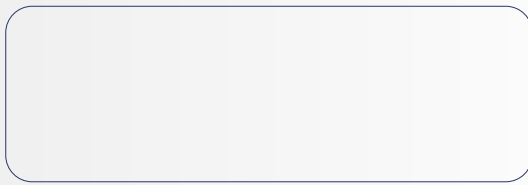
**Gold Plan**

Defined Limit Rs.10,00,000/-					
Age in yrs.	Sum Insured (Rs.)				
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000
91days - 35	920	1,285	1,605	1,925	2,215
36-45	1,175	1,645	2,060	2,470	2,840
46-50	1,530	2,140	2,675	3,210	3,690
51-55	1,835	2,570	3,210	3,850	4,425
56-60	2,110	2,950	3,690	4,425	5,090
61-65	2,530	3,540	4,425	5,310	6,110
66-70	2,910	4,075	5,090	6,110	7,025
71-75	3,345	4,685	5,855	7,025	8,080
76-80	3,850	5,385	6,730	8,080	9,290
above 80	4,425	6,195	7,740	9,290	10,680

## Silver Plan

Age in yrs.	Deductible Rs. 3,00,000	
	Sum Insured (Rs.)	
	7,00,000	10,00,000
91days-35	1,165	1,460
36-45	1,460	1,820
46-50	1,820	2,275
51-55	2,025	2,530
56-60	2,130	2,660
61-65	2,240	2,800
66-70	2,580	3,220
71-75	2,965	3,705
76-80	3,410	4,260
above 80	3,920	4,900

The information provided in this brochure is only indicative.  
For more details on the risk factors, terms and conditions,  
please read the policy wordings before concluding sale  
Or  
Visit our website [www.starhealth.in](http://www.starhealth.in)



"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS. THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER"

## Super Surplus Insurance Policy

Unique Identification No.: SHAHLIP19128V031819

Buy this insurance online at [www.starhealth.in](http://www.starhealth.in)  
Call Toll-free: 1800-425-2255 / 1800-102-4477, sms STAR to 56677  
Fax Toll Free No: 1800-425-5522 ★ Email : [support@starhealth.in](mailto:support@starhealth.in)  
CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No: 129



STAR HEALTH AND ALLIED INSURANCE CO LTD

Regd. & Corporate Office: 1, New Tank Street,  
Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

BRO / SSI / V.8 / 2019

# Super Surplus Insurance Policy

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Super Surplus Insurance Policy