

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C V Kuriakose -
Name & relationship of the dependents	
Membership / Identification No	1
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/2
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Pattalattu -
Name & relationship of the dependents	1 . Ms.Marykutty George - 78 - SPOUSE
Membership / Identification No	2
Occupation	OTHERS
Date of Birth/Age	/ 84 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/3
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Jacob -
Name & relationship of the dependents	1 . Ms.Eavamma George - 79 - SPOUSE
Membership / Identification No	3
Occupation	OTHERS
Date of Birth/Age	/ 84 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/4
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Joseph Thekekkara Cor Episcopa -
Name & relationship of the dependents	
Membership / Identification No	5
Occupation	OTHERS
Date of Birth/Age	/ 85 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/5
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K T Mathai Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Rachel Mathew - 79 - SPOUSE
Membership / Identification No	7
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/6
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Thenumgal -
Name & relationship of the dependents	1 . Ms.Saramma John - 75 - SPOUSE
Membership / Identification No	8
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/7
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr S Issac -
Name & relationship of the dependents	1 . Ms.Sosamma - 80 - SPOUSE
Membership / Identification No	9
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/8
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M C Jacob -
Name & relationship of the dependents	1 . Ms.Annamma Jacob - 78 - SPOUSE
Membership / Identification No	10
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/9
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kuriakose Eapen -
Name & relationship of the dependents	1 . Ms.Roshin Mary Kurian - 45 - SPOUSE 2 . Ms.Ashby Stefin Kuriakose - 22 - DAUGHTER 3 . Mr.Aby K Kuriakose - 18 - SON
Membership / Identification No	11
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/10
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K J Jacob -
Name & relationship of the dependents	1 . Ms.Valsamma Jacob - 70 - SPOUSE
Membership / Identification No	12
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/11
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K G Cherian -
Name & relationship of the dependents	1 . Ms.Rachel Cherian - 76 - SPOUSE
Membership / Identification No	15
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/12
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathews V E -
Name & relationship of the dependents	1 . Ms.Marykutty C I - 79 - SPOUSE
Membership / Identification No	16
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/13
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Velaseril Abraham Stephen -
Name & relationship of the dependents	1 . Ms.Marykutty Stephen - 76 - SPOUSE
Membership / Identification No	17
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/14
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Samuel Israel Ramban -
Name & relationship of the dependents	
Membership / Identification No	18
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/15
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Issac Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Mary Issac - 71 - SPOUSE
Membership / Identification No	19
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/16
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C G Paulose -
Name & relationship of the dependents	1 . Ms.Mary Paulose - 77 - SPOUSE
Membership / Identification No	21
Occupation	OTHERS
Date of Birth/Age	/ 80 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/17
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas O I C -
Name & relationship of the dependents	
Membership / Identification No	22
Occupation	OTHERS
Date of Birth/Age	/ 80 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/18
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K I Geevarghese -
Name & relationship of the dependents	
Membership / Identification No	24
Occupation	OTHERS
Date of Birth/Age	/ 80 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/19
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sam V Gabriel -
Name & relationship of the dependents	
Membership / Identification No	26
Occupation	OTHERS
Date of Birth/Age	/ 80 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/20
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P V John -
Name & relationship of the dependents	1 . Ms.P M Susannamma - 73 - SPOUSE
Membership / Identification No	27
Occupation	OTHERS
Date of Birth/Age	/ 80 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/21
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K Stephen Vairamon -
Name & relationship of the dependents	
Membership / Identification No	28
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/22
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T E Issac -
Name & relationship of the dependents	1 . Ms.Sosamma Isaac - 75 - SPOUSE
Membership / Identification No	30
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/23
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Johny George -
Name & relationship of the dependents	1 . Ms.Mary Mathew - 76 - SPOUSE
Membership / Identification No	32
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/24
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Mathew Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Kunhamma Abraham - 74 - SPOUSE
Membership / Identification No	33
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/25
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K M Thomas -
Name & relationship of the dependents	
Membership / Identification No	34
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/26
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Semavun Remban -
Name & relationship of the dependents	
Membership / Identification No	35
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,



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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/27
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Cheeran -
Name & relationship of the dependents	1 . Ms.Mariamamma - 76 - SPOUSE
Membership / Identification No	36
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/28
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr A Mathai -
Name & relationship of the dependents	1 . Ms.Mariamamma Mathai - 74 - SPOUSE
Membership / Identification No	38
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/29
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T M Abraham Cor-Episopa -
Name & relationship of the dependents	
Membership / Identification No	39
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/30
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P U Kuriakose Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Aleyamma Kuriakose - 72 - SPOUSE
Membership / Identification No	40
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/31
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese Kollannoor -
Name & relationship of the dependents	
Membership / Identification No	44
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/32
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev A V Mathews Areekkal Cor-Episopa -
Name & relationship of the dependents	1 . Ms.Thanky Avarachan - 73 - SPOUSE
Membership / Identification No	45
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/33
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev K O Philip Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Alamma Thomas - 72 - SPOUSE
Membership / Identification No	46
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/34
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Fr Kurian Varghese Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Annamma Kurien - 73 - SPOUSE
Membership / Identification No	47
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/35
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T P Eliyas -
Name & relationship of the dependents	1 . Ms.Eliamma Elias - 76 - SPOUSE
Membership / Identification No	48
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/36
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K C Jacob -
Name & relationship of the dependents	1 . Ms.Saramma Chacko - 72 - SPOUSE
Membership / Identification No	49
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/37
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Paulose V M -
Name & relationship of the dependents	1 . Ms.Omana Paulose - 73 - SPOUSE
Membership / Identification No	50
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/38
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr S Jacob -
Name & relationship of the dependents	
Membership / Identification No	51
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/39
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K S Zachariah -
Name & relationship of the dependents	1 . Ms.Leelamma Zachariah - 74 - SPOUSE
Membership / Identification No	53
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/40
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev John Daniel Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Grace John - 74 - SPOUSE
Membership / Identification No	55
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/41
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev.Mani V .C Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Aliamma Mani - 75 - SPOUSE
Membership / Identification No	56
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/42
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K P Issac -
Name & relationship of the dependents	1 . Ms.Kunjamma Isac - 70 - SPOUSE
Membership / Identification No	57
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/43
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob George -
Name & relationship of the dependents	1 . Ms.Mollykutty Jacob - 77 - SPOUSE
Membership / Identification No	58
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/44
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev K E Mathai Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Rachel George - 73 - SPOUSE
Membership / Identification No	59
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/45
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Prof A K Varghese -
Name & relationship of the dependents	1 . Ms.Sucy Varghese - 74 - SPOUSE
Membership / Identification No	60
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/46
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Skaria P Chako Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Alice Skaria - 76 - SPOUSE
Membership / Identification No	61
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/47
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Oommen K Abraham -
Name & relationship of the dependents	1 . Ms.Laila Varghese - 68 - SPOUSE
Membership / Identification No	63
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/48
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese Erakkath -
Name & relationship of the dependents	1 . Ms.Annamma Varghese - 71 - SPOUSE
Membership / Identification No	65
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/49
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sunny Thomas -
Name & relationship of the dependents	1 . Ms.Jessy - 67 - SPOUSE
Membership / Identification No	66
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/50
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Korah -
Name & relationship of the dependents	1 . Ms.Valsa Abraham Korah - 69 - SPOUSE
Membership / Identification No	67
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/51
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr James E Mathew Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Leelamma Rebeca James - 74 - SPOUSE
Membership / Identification No	69
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/52
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K V Thomas -
Name & relationship of the dependents	1 . Ms.Sosamma Thomas - 71 - SPOUSE
Membership / Identification No	70
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/53
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Urumbil -
Name & relationship of the dependents	1 . Ms.Sosamma John - 71 - SPOUSE
Membership / Identification No	71
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/54
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P G Mathew -
Name & relationship of the dependents	1 . Ms.Kunjamma Mathew - 71 - SPOUSE
Membership / Identification No	72
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/55
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev. Zachariah Panackamattom Cor Episcopa -
Name & relationship of the dependents	
Membership / Identification No	74
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/56
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph Tholath -
Name & relationship of the dependents	1 . Ms.Elsy Joseph - 70 - SPOUSE
Membership / Identification No	75
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/57
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Cherian George -
Name & relationship of the dependents	1 . Ms.Lalithamma Koshy - 75 - SPOUSE
Membership / Identification No	77
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/58
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev.Koshy Pappachen Plammoottil Cor- Episcopa -
Name & relationship of the dependents	1 . Ms.Mariamamma Koshy - 74 - SPOUSE
Membership / Identification No	78
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/59
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P V Philip -
Name & relationship of the dependents	1 . Ms.Baby Philip - 70 - SPOUSE
Membership / Identification No	79
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/60
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev George Varghese Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Sophiamma George - 69 - SPOUSE
Membership / Identification No	80
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Near St.joseph's
Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/61
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V J Oommen -
Name & relationship of the dependents	1 . Ms.Alice Oommen - 70 - SPOUSE
Membership / Identification No	81
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/62
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Philip -
Name & relationship of the dependents	1 . Ms.Aleyamma Jacob - 71 - SPOUSE
Membership / Identification No	82
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/63
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Philip Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Kunjamma Philipose Yohannan - 71 - SPOUSE
Membership / Identification No	83
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/64
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev M Y Thomaskutty -
Name & relationship of the dependents	1 . Ms.Ponnamma Varghese - 69 - SPOUSE
Membership / Identification No	84
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/65
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Johnson Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Annamma - 72 - SPOUSE
Membership / Identification No	85
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/66
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Peter Thomas -
Name & relationship of the dependents	
Membership / Identification No	86
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/67
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Yaunan Mulamoottil -
Name & relationship of the dependents	1 . Ms.Annamma Yaunan - 71 - SPOUSE
Membership / Identification No	91
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/68
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Panackamattom -
Name & relationship of the dependents	1 . Ms.Aniamma George - 75 - SPOUSE
Membership / Identification No	92
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/69
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T G Peter -
Name & relationship of the dependents	1 . Ms.Betsy Joseph - 66 - SPOUSE
Membership / Identification No	96
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/70
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Rajan George Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Susamma Thomas - 67 - SPOUSE
Membership / Identification No	97
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/71
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Johns C Abraham -
Name & relationship of the dependents	1 . Ms.Dr Sosamma Varghese - 67 - SPOUSE
Membership / Identification No	98
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/72
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev. Mathew Thomas Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Saramma Mathew - 70 - SPOUSE
Membership / Identification No	99
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/73
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V T Thomas -
Name & relationship of the dependents	1 . Ms.Aleyamma Thomas - 74 - SPOUSE
Membership / Identification No	100
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/74
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K K Markose -
Name & relationship of the dependents	
Membership / Identification No	101
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/75
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sam G Kaleekal -
Name & relationship of the dependents	1 . Ms.Mariamamma C A - 71 - SPOUSE
Membership / Identification No	102
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/76
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Alexander Abraham -
Name & relationship of the dependents	
Membership / Identification No	103
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/77
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev. K .S. Samuel Cor Episcopa -
Name & relationship of the dependents	
Membership / Identification No	104
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/78
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas T Varghese -
Name & relationship of the dependents	1 . Ms.Lillykutty Thomas - 69 - SPOUSE
Membership / Identification No	107
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/79
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Fr T K Thomas Cor Eipscoa -
Name & relationship of the dependents	1 . Ms.Achamma Thomas - 64 - SPOUSE
Membership / Identification No	108
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/80
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M J John -
Name & relationship of the dependents	1 . Ms.Aniamma George - 68 - SPOUSE
Membership / Identification No	109
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/81
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr A T Geevarghese -
Name & relationship of the dependents	1 . Ms.Sosamma Chacko - 64 - SPOUSE
Membership / Identification No	110
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/82
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Mathew Ramban -
Name & relationship of the dependents	
Membership / Identification No	112
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/83
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr James P John -
Name & relationship of the dependents	1 . Ms.Valsamma James - 67 - SPOUSE
Membership / Identification No	113
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/84
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Issac Mattammel Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Mary Issac - 66 - SPOUSE
Membership / Identification No	114
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/85
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev.Thomas Thekkil Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Aleyamma Thomas - 70 - SPOUSE
Membership / Identification No	115
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/86
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Y Thomas -
Name & relationship of the dependents	1 . Ms.Reny Mathew - 54 - SPOUSE 2 . Ms.Daya Rachel Thomas - 19 - DAUGHTER 3 . Ms.Diya Susan Thomas - 19 - DAUGHTER
Membership / Identification No	116
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/87
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T V Andrews -
Name & relationship of the dependents	1 . Ms.Cicily Andrews - 70 - SPOUSE
Membership / Identification No	118
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/88
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathai -
Name & relationship of the dependents	1 . Ms.Annamma - 66 - SPOUSE
Membership / Identification No	119
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/89
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K V Mathew -
Name & relationship of the dependents	1 . Ms.Marykutty S - 68 - SPOUSE
Membership / Identification No	121
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/90
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K J Thomas -
Name & relationship of the dependents	1 . Ms.Saly Thomas - 65 - SPOUSE
Membership / Identification No	123
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/91
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P T Mathews -
Name & relationship of the dependents	
Membership / Identification No	124
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/92
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Titus George -
Name & relationship of the dependents	
Membership / Identification No	125
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/93
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sherin S Kuttikandathil -
Name & relationship of the dependents	1 . Ms.Jubie Elizabeth Mathews - 40 - SPOUSE 2 . Mr.Jerom S Kuttikandathil - 5 - SON
Membership / Identification No	126
Occupation	OTHERS
Date of Birth/Age	/ 40 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/94
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Varghese -
Name & relationship of the dependents	1 . Ms.Molsy Thomas - 68 - SPOUSE
Membership / Identification No	127
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/95
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K K Joseph -
Name & relationship of the dependents	1 . Ms.Saramma Joseph - 72 - SPOUSE
Membership / Identification No	129
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/96
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev John Thachamperil Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Susamma John - 64 - SPOUSE
Membership / Identification No	130
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/97
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Clemis A J -
Name & relationship of the dependents	1 . Ms.Aleyamma Mathew - 68 - SPOUSE
Membership / Identification No	131
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/98
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mammen Thomas -
Name & relationship of the dependents	1 . Ms.Annamma M Thomas - 60 - SPOUSE
Membership / Identification No	132
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/99
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Paul -
Name & relationship of the dependents	1 . Ms.Valsamma John - 64 - SPOUSE
Membership / Identification No	133
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/100
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese John -
Name & relationship of the dependents	
Membership / Identification No	134
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/101
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C K Kurian -
Name & relationship of the dependents	1 . Ms.Rachel John - 59 - SPOUSE
Membership / Identification No	136
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/102
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev M Alexander Vaidyan Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Elizabeth Alex - 70 - SPOUSE
Membership / Identification No	137
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/103
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Cherian P Varghese -
Name & relationship of the dependents	1 . Ms.Annamma Cherian - 65 - SPOUSE
Membership / Identification No	138
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/104
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bobin Koshy Abraham -
Name & relationship of the dependents	1 . Ms.Surya Mary Easo - 40 - SPOUSE 2 . Ms.Diya Mary Koshy - 14 - DAUGHTER
Membership / Identification No	139
Occupation	OTHERS
Date of Birth/Age	/ 41 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/105
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathai P P -
Name & relationship of the dependents	
Membership / Identification No	140
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/106
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koshy Philip -
Name & relationship of the dependents	1 . Ms.P Aney Thomas - 65 - SPOUSE
Membership / Identification No	142
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/107
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Baby Thomas -
Name & relationship of the dependents	
Membership / Identification No	143
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/108
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr M O John -
Name & relationship of the dependents	
Membership / Identification No	144
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/109
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.H G Dr Joseph Mar Dionysius Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	145
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/110
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V Daniel -
Name & relationship of the dependents	1 . Ms.Elizabeth Daniel - 65 - SPOUSE
Membership / Identification No	146
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/111
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V A Mathew -
Name & relationship of the dependents	1 . Ms.Chinnamma Mathew - 70 - SPOUSE
Membership / Identification No	147
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/112
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Valayil -
Name & relationship of the dependents	1 . Ms.Grace Varghese - 66 - SPOUSE
Membership / Identification No	148
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/113
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Johns Abraham Konat -
Name & relationship of the dependents	1 . Ms.Nissy John - 61 - SPOUSE
Membership / Identification No	149
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/114
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr N G Philip -
Name & relationship of the dependents	1 . Ms.P D Sali - 57 - SPOUSE
Membership / Identification No	151
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/115
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koshy Alex Thoompunkal -
Name & relationship of the dependents	
Membership / Identification No	152
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/116
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P P Joacb -
Name & relationship of the dependents	1 . Ms.Helen Mary Jacob - 64 - SPOUSE
Membership / Identification No	153
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/117
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mani K Varghese -
Name & relationship of the dependents	1 . Ms.Annie Mani - 64 - SPOUSE
Membership / Identification No	154
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/118
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C A Paulose -
Name & relationship of the dependents	1 . Ms.Lilly Varghese - 63 - SPOUSE
Membership / Identification No	155
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/119
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Mathew -
Name & relationship of the dependents	1 . Ms.Saley Mary Thomas - 60 - SPOUSE
Membership / Identification No	156
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/120
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Johnson Mathew -
Name & relationship of the dependents	1 . Ms.M M Leelamma - 64 - SPOUSE
Membership / Identification No	157
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/121
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese T V -
Name & relationship of the dependents	
Membership / Identification No	158
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/122
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C M Kuriakose -
Name & relationship of the dependents	1 . Ms.Saly Kuriakose - 66 - SPOUSE
Membership / Identification No	159
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/123
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K A Varghese -
Name & relationship of the dependents	1 . Ms.Susan Jacob - 57 - SPOUSE
Membership / Identification No	160
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/124
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Gigi P Abraham -
Name & relationship of the dependents	1 . Ms.Anu George - 64 - SPOUSE
Membership / Identification No	161
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/125
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev Yuhanon Ramban -
Name & relationship of the dependents	
Membership / Identification No	162
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/126
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham -
Name & relationship of the dependents	1 . Ms.Migi - 66 - SPOUSE
Membership / Identification No	163
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/127
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Kokkaparambil -
Name & relationship of the dependents	1 . Ms.Annamma M - 65 - SPOUSE
Membership / Identification No	164
Occupation	OTHERS
Date of Birth/Age	/ 65 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/128
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr A D Kuriakose -
Name & relationship of the dependents	
Membership / Identification No	165
Occupation	OTHERS
Date of Birth/Age	/ 65 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/129
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V I Simon -
Name & relationship of the dependents	1 . Ms.Leela C I - 62 - SPOUSE
Membership / Identification No	167
Occupation	OTHERS
Date of Birth/Age	/ 65 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/130
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Oommen Paul -
Name & relationship of the dependents	1 . Ms.Mariamamma Oommen - 64 - SPOUSE
Membership / Identification No	168
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/131
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Babu George -
Name & relationship of the dependents	
Membership / Identification No	170
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/132
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kurian Joseph -
Name & relationship of the dependents	1 . Ms.Susan Kurian - 63 - SPOUSE
Membership / Identification No	171
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/133
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M C Mathai -
Name & relationship of the dependents	1 . Ms.Biji Mathew - 55 - SPOUSE
Membership / Identification No	172
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/134
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Idiculla Daniel -
Name & relationship of the dependents	1 . Ms.Rachel C G - 62 - SPOUSE
Membership / Identification No	174
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/135
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Varghese -
Name & relationship of the dependents	1 . Ms.Susamma Samuel - 60 - SPOUSE
Membership / Identification No	176
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/136
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K K Thomas Aduthala -
Name & relationship of the dependents	1 . Ms.Annamma Thomas - 59 - SPOUSE
Membership / Identification No	177
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/137
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Reji Mathew -
Name & relationship of the dependents	1 . Ms.Susan Mathew - 63 - SPOUSE
Membership / Identification No	178
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/138
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C K Geevarghese -
Name & relationship of the dependents	
Membership / Identification No	180
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/139
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Varghese -
Name & relationship of the dependents	1 . Ms.Susmitha John - 57 - SPOUSE
Membership / Identification No	181
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/140
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Jacob -
Name & relationship of the dependents	1 . Ms.Elizabeth Abraham - 63 - SPOUSE
Membership / Identification No	182
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/141
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Prof P T John -
Name & relationship of the dependents	1 . Ms.Leelamma John - 61 - SPOUSE
Membership / Identification No	183
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/142
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Ninan Varghese -
Name & relationship of the dependents	1 . Ms.Sherly Ninan - 64 - SPOUSE
Membership / Identification No	184
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/143
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham George -
Name & relationship of the dependents	1 . Ms.Dr Mary Varughese - 61 - SPOUSE
Membership / Identification No	185
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/144
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese John -
Name & relationship of the dependents	1 . Ms.Jessy Varghese - 62 - SPOUSE
Membership / Identification No	187
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/145
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Mandrath -
Name & relationship of the dependents	1 . Ms.Mary Varughese - 61 - SPOUSE
Membership / Identification No	188
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/146
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev K T Jacob Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Annamma Jacob - 61 - SPOUSE
Membership / Identification No	189
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/147
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Samuel John -
Name & relationship of the dependents	1 . Ms.Lillykutty Samuel - 62 - SPOUSE
Membership / Identification No	190
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/148
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph Samuel Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Saly Joseph (Saramma) - 60 - SPOUSE
Membership / Identification No	191
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/149
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P C Alexander -
Name & relationship of the dependents	1 . Ms.Samma Alexander - 62 - SPOUSE
Membership / Identification No	192
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/150
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kurian Daniel -
Name & relationship of the dependents	1 . Ms.Annamma Kurien - 62 - SPOUSE
Membership / Identification No	193
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/151
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Joseph -
Name & relationship of the dependents	1 . Ms.Sheela Abraham - 63 - SPOUSE
Membership / Identification No	195
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/152
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.H G Abraham Mar Ephiphanius Metroplitan -
Name & relationship of the dependents	
Membership / Identification No	196
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/153
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Oommen -
Name & relationship of the dependents	1 . Ms.Annamma Thomas - 58 - SPOUSE 2 . Ms.Elisa Thomas - 24 - DAUGHTER
Membership / Identification No	197
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/154
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M C Paulose -
Name & relationship of the dependents	
Membership / Identification No	198
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/155
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T A Daniel -
Name & relationship of the dependents	1 . Ms.Siji Daniel - 52 - SPOUSE
Membership / Identification No	199
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/156
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V C Jose -
Name & relationship of the dependents	1 . Ms.Sudha Mathew - 57 - SPOUSE
Membership / Identification No	200
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/157
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew P Daniel -
Name & relationship of the dependents	1 . Ms.Suja Thomas - 53 - SPOUSE 2 . Mr.Sam Mathew Pulivelil - 19 - SON 3 . Ms.Elsa Mariam Mathew - 23 - DAUGHTER
Membership / Identification No	202
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/158
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Varghese -
Name & relationship of the dependents	1 . Ms.Lizzy K V - 61 - SPOUSE
Membership / Identification No	204
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/159
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr James Eapen -
Name & relationship of the dependents	1 . Ms.Mariamamma James - 59 - SPOUSE
Membership / Identification No	205
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/160
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Babu Abraham -
Name & relationship of the dependents	1 . Ms.Sosamma C F - 58 - SPOUSE
Membership / Identification No	206
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/161
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Kunjukunju -
Name & relationship of the dependents	1 . Ms.Layamma Koruthu - 61 - SPOUSE
Membership / Identification No	207
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/162
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr D Geevarghese -
Name & relationship of the dependents	1 . Ms.Mini Geevarghese - 53 - SPOUSE
Membership / Identification No	208
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/163
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathai P O -
Name & relationship of the dependents	1 . Ms.Betty Mathai - 56 - SPOUSE
Membership / Identification No	209
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/164
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew M Samuel -
Name & relationship of the dependents	1 . Ms.Moni Mathew - 55 - SPOUSE
Membership / Identification No	210
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/165
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese George -
Name & relationship of the dependents	1 . Ms.Aleyamma Chacko - 61 - SPOUSE
Membership / Identification No	211
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/166
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Yohannan -
Name & relationship of the dependents	1 . Ms.Beena Varghese - 56 - SPOUSE
Membership / Identification No	212
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/167
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr A V Kurian -
Name & relationship of the dependents	1 . Ms.Achamma Kurian - 58 - SPOUSE
Membership / Identification No	213
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/168
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sam Kanjickal -
Name & relationship of the dependents	1 . Ms.Bincy Sam - 54 - SPOUSE
Membership / Identification No	216
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/169
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kuruvilla Mathew -
Name & relationship of the dependents	1 . Ms.Suja Kuruvilla - 58 - SPOUSE
Membership / Identification No	217
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/170
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jose Thomas -
Name & relationship of the dependents	1 . Ms.Sosamma Mathew - 54 - SPOUSE 2 . Mr.Joel Mathew Jose - 24 - SON 3 . Mr.Jovel Varghese Jose - 24 - SON
Membership / Identification No	218
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/171
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P J Joseph -
Name & relationship of the dependents	1 . Ms.Elizabeth Thomas - 57 - SPOUSE
Membership / Identification No	219
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/172
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr D Jacob -
Name & relationship of the dependents	1 . Ms.Achamma Jacob - 60 - SPOUSE
Membership / Identification No	220
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/173
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Benjamin S Philip -
Name & relationship of the dependents	1 . Ms.Reena Benjamin - 56 - SPOUSE
Membership / Identification No	221
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/174
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joy M (Samuel Mathew) -
Name & relationship of the dependents	1 . Ms.Shinymole M - 52 - SPOUSE
Membership / Identification No	222
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/175
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Rajan Varghese -
Name & relationship of the dependents	1 . Ms.Rachel M - 57 - SPOUSE 2 . Ms.Beaula Hanna Raj - 21 - DAUGHTER
Membership / Identification No	223
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/176
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Ninan V George -
Name & relationship of the dependents	1 . Ms.Mereena Nainan - 59 - SPOUSE
Membership / Identification No	224
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/177
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Kurian -
Name & relationship of the dependents	
Membership / Identification No	225
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/178
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Cherian George -
Name & relationship of the dependents	1 . Ms.Lizy Cherian - 60 - SPOUSE 2 . Ms.Neeba Eizabeth Cherian - 24 - DAUGHTER
Membership / Identification No	226
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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For Star Health and Allied Insurance Co., Ltd.,

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/179
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sajan Thomas -
Name & relationship of the dependents	1 . Ms.Molly Kutty M - 58 - SPOUSE 2 . Mr.Christo Thomas John - 22 - SON
Membership / Identification No	227
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/180
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Kuzhikalayil -
Name & relationship of the dependents	1 . Ms.Rosamma Thomas - 53 - SPOUSE 2 . Ms.Saniyarose Abraham - 18 - DAUGHTER
Membership / Identification No	228
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/181
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob C Cherian -
Name & relationship of the dependents	1 . Ms.Jessy Varughese - 55 - SPOUSE
Membership / Identification No	229
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/182
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Tomy George Myalil -
Name & relationship of the dependents	1 . Ms.Achamma John - 59 - SPOUSE
Membership / Identification No	230
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/183
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Jacob -
Name & relationship of the dependents	
Membership / Identification No	231
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/184
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P M Thomas -
Name & relationship of the dependents	
Membership / Identification No	232
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/185
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Mathew -
Name & relationship of the dependents	
Membership / Identification No	233
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/186
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P G Jose -
Name & relationship of the dependents	1 . Ms.Beena Chacko - 56 - SPOUSE
Membership / Identification No	234
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/187
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Joseph -
Name & relationship of the dependents	1 . Ms.Beena Koshy - 53 - SPOUSE
Membership / Identification No	235
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/188
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Abraham -
Name & relationship of the dependents	1 . Ms.Saji Mathew - 52 - SPOUSE
Membership / Identification No	236
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/189
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P K Koshy -
Name & relationship of the dependents	1 . Ms.Annamma Daniel - 58 - SPOUSE
Membership / Identification No	237
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/190
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Saju Padachira -
Name & relationship of the dependents	1 . Ms.Achamma Saju - 54 - SPOUSE 2 . Ms.Sheba Ann Saju - 20 - DAUGHTER
Membership / Identification No	238
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/191
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Markose George -
Name & relationship of the dependents	1 . Ms.Bridgit Lal Chacko - 54 - SPOUSE
Membership / Identification No	239
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/192
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathai Kunnil -
Name & relationship of the dependents	1 . Ms.Shyni Mathai - 54 - SPOUSE 2 . Mr.Gregory K Mathai - 22 - SON
Membership / Identification No	240
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/193
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Philip Mathew -
Name & relationship of the dependents	1 . Ms.Kunju Kunjamma M - 57 - SPOUSE 2 . Mr.Abin P Mathew - 23 - SON
Membership / Identification No	242
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/194
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Anil John -
Name & relationship of the dependents	1 . Ms.Rachel Abraham - 58 - SPOUSE
Membership / Identification No	243
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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Hospital,Mananthavady
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/195
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Cherian T Samuel -
Name & relationship of the dependents	1 . Ms.Sunitha Mary Joy - 52 - SPOUSE 2 . Ms.Sreya Mariam Cherian - 21 - DAUGHTER
Membership / Identification No	244
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/196
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Raju Daniel -
Name & relationship of the dependents	1 . Ms.Jaya Raju - 53 - SPOUSE
Membership / Identification No	245
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/197
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Rajan George -
Name & relationship of the dependents	
Membership / Identification No	246
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/198
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.H G Dr Yuhanon Mar Diascoros Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	247
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/199
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M K Kurian -
Name & relationship of the dependents	
Membership / Identification No	248
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/200
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C Geevarghese (Babu) -
Name & relationship of the dependents	1 . Ms.Sheeja Kunjappan - 49 - SPOUSE 2 . Mr.Christin Varghese - 24 - SON
Membership / Identification No	250
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/201
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Lajju Mathew -
Name & relationship of the dependents	1 . Ms.Simmy Marium Jose - 41 - SPOUSE 2 . Ms.Saira Elsa Lajju - 9 - DAUGHTER 3 . Ms.Raina Elsa Lajju - 17 - DAUGHTER
Membership / Identification No	252
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/202
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T M Kuriakose -
Name & relationship of the dependents	1 . Ms.Sheela Varghese M - 54 - SPOUSE 2 . Mr.Thejus Kurian - 22 - SON
Membership / Identification No	253
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/203
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr A Jose Issac -
Name & relationship of the dependents	1 . Ms.Susan Jose - 53 - SPOUSE 2 . Ms.Leeba Susan Jose - 20 - DAUGHTER
Membership / Identification No	254
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/204
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Varghese -
Name & relationship of the dependents	1 . Ms.Mariam P Alias - 55 - SPOUSE
Membership / Identification No	257
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/205
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K K Thomas -
Name & relationship of the dependents	1 . Ms.Sunitha G John - 57 - SPOUSE 2 . Mr.Akhil John Thomas - 23 - SON
Membership / Identification No	258
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/206
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr Sunny Chacko -
Name & relationship of the dependents	1 . Ms.Sheba P V - 56 - SPOUSE 2 . Mr.Thomas Chacko K S - 24 - SON
Membership / Identification No	259
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/207
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Baby Paul -
Name & relationship of the dependents	1 . Ms.Jeena Baby - 56 - SPOUSE
Membership / Identification No	260
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/208
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Yohanan M K -
Name & relationship of the dependents	1 . Ms.Shiny Yohannan - 46 - SPOUSE 2 . Ms.Angelin Yohannan - 16 - DAUGHTER 3 . Mr.Abel Yohannan - 19 - SON
Membership / Identification No	261
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/209
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K G Johnson -
Name & relationship of the dependents	
Membership / Identification No	262
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/210
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr Thomson Grace -
Name & relationship of the dependents	1 . Ms.Jissy K George - 50 - SPOUSE 2 . Ms.Merin Thomson - 21 - DAUGHTER 3 . Mr.Grace Thomson - 22 - SON
Membership / Identification No	264
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/211
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Roy P Thomas -
Name & relationship of the dependents	1 . Ms.Gracen Mathew - 54 - SPOUSE
Membership / Identification No	265
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/212
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Prakash K Kuriakose -
Name & relationship of the dependents	1 . Ms.Santhamma Prakash - 58 - SPOUSE
Membership / Identification No	266
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/213
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Philip Jacob -
Name & relationship of the dependents	1 . Ms.Sophia Elizabeth - 52 - SPOUSE 2 . Ms.Joel George Philip - 22 - DAUGHTER
Membership / Identification No	267
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/214
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P S George -
Name & relationship of the dependents	1 . Ms.Roslin George - 53 - SPOUSE
Membership / Identification No	268
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/215
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P K Geevarghese -
Name & relationship of the dependents	1 . Ms.Gracy P C - 58 - SPOUSE 2 . Ms.Elvin Hanna Varghese - 24 - DAUGHTER
Membership / Identification No	269
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/216
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev G M Skariah Ramban -
Name & relationship of the dependents	
Membership / Identification No	270
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/217
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kuriakose Chandy -
Name & relationship of the dependents	1 . Ms.Mercykutty Kuriakose - 27 - SPOUSE
Membership / Identification No	271
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/218
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kunjumon M Y -
Name & relationship of the dependents	1 . Ms.Sosamma Kunjumon - 46 - SPOUSE 2 . Mr.Jessin Thomas - 20 - SON
Membership / Identification No	272
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/219
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sunny Pulikkakudiyil -
Name & relationship of the dependents	1 . Ms.Sheelu Sunny - 54 - SPOUSE
Membership / Identification No	273
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/220
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Varghese -
Name & relationship of the dependents	1 . Ms.Sanila George - 57 - SPOUSE
Membership / Identification No	274
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/221
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joy Pulikkottil -
Name & relationship of the dependents	1 . Ms.Beena A V Joy - 51 - SPOUSE 2 . Mr.Abel Joy Pulikkottil - 18 - SON
Membership / Identification No	276
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/222
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V V Kuriakose -
Name & relationship of the dependents	1 . Ms.Suni Kuriakose - 51 - SPOUSE 2 . Ms.V K Merin - 23 - DAUGHTER
Membership / Identification No	277
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/223
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese K.K -
Name & relationship of the dependents	
Membership / Identification No	278
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/224
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Koshy (T K Josemon) -
Name & relationship of the dependents	1 . Ms.Beena Jose - 52 - SPOUSE 2 . Ms.Athaliah Jose - 21 - DAUGHTER
Membership / Identification No	279
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/225
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P A Johnson -
Name & relationship of the dependents	
Membership / Identification No	280
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/226
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese John -
Name & relationship of the dependents	1 . Ms.Bava G - 53 - SPOUSE
Membership / Identification No	281
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/227
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr David Koshy (Koshy N J) -
Name & relationship of the dependents	
Membership / Identification No	282
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/228
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr E J Johnson -
Name & relationship of the dependents	1 . Ms.Ancy Johnson - 50 - SPOUSE 2 . Mr.Phile John - 23 - SON
Membership / Identification No	283
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/229
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K K Varghese -
Name & relationship of the dependents	1 . Ms.Annie P G - 52 - SPOUSE 2 . Mr.Ajith Varghese - 22 - SON
Membership / Identification No	284
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/230
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese Koshy -
Name & relationship of the dependents	1 . Ms.Miriam V Panicker - 46 - SPOUSE 2 . Mr.Azeriah G - 17 - SON 3 . Mr.Immanuel G - 22 - SON
Membership / Identification No	285
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/231
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Baby -
Name & relationship of the dependents	1 . Ms.Binu Jacob - 51 - SPOUSE 2 . Mr.Mammen Jacob - 21 - SON
Membership / Identification No	286
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/232
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koruth Cherian -
Name & relationship of the dependents	1 . Ms.Anie K Daniel - 50 - SPOUSE 2 . Mr.Kurian K Thottupuram - 24 - SON
Membership / Identification No	287
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/233
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Poly Varghese T -
Name & relationship of the dependents	1 . Ms.Lini Poly - 48 - SPOUSE 2 . Mr.Alan Varghese Paul - 21 - SON
Membership / Identification No	288
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/234
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Giji Samuel -
Name & relationship of the dependents	1 . Ms.Jibi Annie Mathew - 53 - SPOUSE 2 . Mr.Noel Sam Zachariah - 22 - SON
Membership / Identification No	289
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/235
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Mathew -
Name & relationship of the dependents	1 . Ms.Jolly Mathew - 55 - SPOUSE 2 . Ms.Christina Mariyam Mathew - 24 - DAUGHTER
Membership / Identification No	290
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/236
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Johnson Daniel -
Name & relationship of the dependents	1 . Ms.Annie Ninan - 48 - SPOUSE 2 . Ms.Serah Ann Johnson - 24 - DAUGHTER 3 . Mr.Paul Dennis Johns - 23 - SON
Membership / Identification No	291
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/237
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas K Chacko -
Name & relationship of the dependents	1 . Ms.Suja Philip C - 55 - SPOUSE 2 . Mr.Alen Jacob Thomas - 22 - SON
Membership / Identification No	292
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Date: 19-OCT-23

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/238
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Babukutty Andrews -
Name & relationship of the dependents	1 . Ms.Somi Varghese - 51 - SPOUSE 2 . Mr.Steffin B Andrews - 21 - SON
Membership / Identification No	293
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/239
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K C Scara -
Name & relationship of the dependents	1 . Ms.Annamma Varghese - 55 - SPOUSE 2 . Ms.Achsa Merin Scaria - 16 - DAUGHTER
Membership / Identification No	294
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/240
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Scaria Varghese (Santhosh Varghese) -
Name & relationship of the dependents	1 . Ms.Anitha Santhosh - 55 - SPOUSE 2 . Ms.Sheba Santhosh - 23 - DAUGHTER 3 . Mr.Ayden Santhosh - 16 - SON
Membership / Identification No	295
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/241
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas P Ninan -
Name & relationship of the dependents	1 . Ms.Susan Thomas - 53 - SPOUSE 2 . Ms.Niya Anna Thomas - 22 - DAUGHTER
Membership / Identification No	297
Occupation	OTHERS
Date of Birth/Age	/ 55 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/242
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M E Joseph -
Name & relationship of the dependents	1 . Ms.Adv Elizabeth Saji Joseph - 52 - SPOUSE 2 . Ms.Gloria Mariam Joseph - 22 - DAUGHTER 3 . Mr.Gregory Stephen Joseph - 20 - SON
Membership / Identification No	300
Occupation	OTHERS
Date of Birth/Age	/ 55 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/243
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Alexander P Daniel -
Name & relationship of the dependents	
Membership / Identification No	301
Occupation	OTHERS
Date of Birth/Age	/ 55 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/244
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koshy Thomas -
Name & relationship of the dependents	1 . Ms.Beena Koshy - 49 - SPOUSE 2 . Mr.Joel Koshy - 20 - SON
Membership / Identification No	302
Occupation	OTHERS
Date of Birth/Age	/ 55 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/245
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Varghese -
Name & relationship of the dependents	1 . Ms.Siji Paul - 46 - SPOUSE 2 . Ms.Jowan Thomas - 20 - DAUGHTER 3 . Mr.Joshua Thomas - 10 - SON 4 . Mr.Joel Thomas - 23 - SON
Membership / Identification No	304
Occupation	OTHERS
Date of Birth/Age	/ 55 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/246
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M P Jacob -
Name & relationship of the dependents	1 . Ms.Sheena Abraham - 52 - SPOUSE 2 . Ms.Nimisha Elsa Jacob - 16 - DAUGHTER
Membership / Identification No	305
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/247
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Binoy Varghese -
Name & relationship of the dependents	1 . Ms.Rachel Binoy - 53 - SPOUSE 2 . Mr.Grapeson Binoy - 19 - SON 3 . Mr.Carison Binoy - 22 - SON
Membership / Identification No	306
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/248
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Gibu Philip -
Name & relationship of the dependents	1 . Ms.Solly George - 53 - SPOUSE 2 . Ms.Anna Philip - 20 - DAUGHTER
Membership / Identification No	307
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/249
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Mathew -
Name & relationship of the dependents	1 . Ms.Binu Jacob - 46 - SPOUSE 2 . Ms.Nithya Sara Jacob - 18 - DAUGHTER
Membership / Identification No	308
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/250
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Spencer Koshy -
Name & relationship of the dependents	1 . Ms.Mini Kuriakose - 54 - SPOUSE 2 . Ms.Kripa Mary Spencer - 18 - DAUGHTER 3 . Ms.Sreya Sara Spencer - 22 - DAUGHTER
Membership / Identification No	311
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/251
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Chakiriyil -
Name & relationship of the dependents	1 . Ms.Sunu Thomas - 48 - SPOUSE 2 . Mr.George Thomas - 11 - SON 3 . Mr.Emmanuel Thomas - 18 - SON
Membership / Identification No	313
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/252
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Oommen C V -
Name & relationship of the dependents	1 . Ms.Mini P Thankachen - 51 - SPOUSE 2 . Mr.O V Eliot - 18 - SON 3 . Mr.Ephem Varkey Oommen - 22 - SON
Membership / Identification No	314
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/253
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju P Thomas -
Name & relationship of the dependents	1 . Ms.Helen Zachariah - 51 - SPOUSE 2 . Mr.Aaron Geo Thomas - 14 - SON 3 . Mr.Andrew Zac Thomas - 17 - SON
Membership / Identification No	315
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/254
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K G Jacob Panicker -
Name & relationship of the dependents	1 . Ms.Susan Thomas - 52 - SPOUSE 2 . Mr.Jonah Jacob Panicker - 21 - SON
Membership / Identification No	316
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/255
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Ninan -
Name & relationship of the dependents	1 . Ms.Elsamma Thomas - 50 - SPOUSE 2 . Ms.Leya Rachel Ninan - 24 - DAUGHTER 3 . Mr.Laby Mathew Ninan - 22 - SON
Membership / Identification No	317
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/256
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Joshbi Thomas -
Name & relationship of the dependents	1 . Ms.Jisha John - 44 - SPOUSE 2 . Mr.Jeevan Thomas John - 18 - SON
Membership / Identification No	318
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/257
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kuriakose Varghese (Saji) -
Name & relationship of the dependents	1 . Ms.Shiny Kuriakose - 50 - SPOUSE
Membership / Identification No	319
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/258
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K O Thomas -
Name & relationship of the dependents	1 . Ms.Mariamamma Philip Thomas - 50 - SPOUSE 2 . Mr.Aron Philip Thomas - 16 - SON 3 . Mr.Sharon Tom Thomas - 21 - SON
Membership / Identification No	322
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/259
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K G Mathew -
Name & relationship of the dependents	1 . Ms.Preethy Mary Mathew - 50 - SPOUSE 2 . Ms.Sera Sara Mathew - 16 - DAUGHTER 3 . Ms.Loïs Mariam Mathew - 23 - DAUGHTER
Membership / Identification No	323
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/260
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T P Varghese -
Name & relationship of the dependents	1 . Ms.Simi Titus - 48 - SPOUSE 2 . Mr.Rijo Varghese - 22 - SON
Membership / Identification No	324
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/261
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C S Mathews -
Name & relationship of the dependents	1 . Ms.Betzy Babu - 43 - SPOUSE 2 . Mr.Asher Bob - 16 - SON 3 . Mr.Emine Sam - 19 - SON
Membership / Identification No	325
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/262
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathews -
Name & relationship of the dependents	
Membership / Identification No	326
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/263
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Samuel -
Name & relationship of the dependents	1 . Ms.Sindhu M George - 47 - SPOUSE 2 . Ms.Helen Thomas - 18 - DAUGHTER 3 . Mr.Alan Thomas - 20 - SON
Membership / Identification No	327
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/264
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Renjeese K Tharayath (Thomas T K) -
Name & relationship of the dependents	1 . Ms.Asha Joy - 46 - SPOUSE 2 . Ms.Agnus Susan Thomas - 21 - DAUGHTER 3 . Mr.Ashish Stephen Thomas - 19 - SON
Membership / Identification No	328
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/265
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bahanan Joseph -
Name & relationship of the dependents	
Membership / Identification No	329
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/266
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju Mathew -
Name & relationship of the dependents	1 . Ms.Sheenu V Thomas - 52 - SPOUSE 2 . Ms.Juvelin Elizabeth Thomas - 19 - DAUGHTER
Membership / Identification No	331
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Authorised Signatory.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/267
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju T Mathew -
Name & relationship of the dependents	1 . Ms.Merlin Mary Mathew - 42 - SPOUSE 2 . Mr.Ebbez T Mathew - 19 - SON 3 . Mr.Evans Chacko Mathew - 21 - SON
Membership / Identification No	332
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/268
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geolly George P (Fr Pathrose G Pulikkottil) -
Name & relationship of the dependents	1 . Ms.Jolamma Geolly - 47 - SPOUSE 2 . Ms.Grace Molly P G - 24 - DAUGHTER 3 . Mr.Melitius George P G - 20 - SON
Membership / Identification No	333
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/269
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Mathew -
Name & relationship of the dependents	1 . Ms.Sheena Varghese - 49 - SPOUSE 2 . Mr.Arish Thomas Varghese - 21 - SON 3 . Mr.Ashish Mathew Varghese - 23 - SON
Membership / Identification No	334
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/270
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Mathew -
Name & relationship of the dependents	1 . Ms.Sajani Mathew - 50 - SPOUSE 2 . Mr.Eric Thomas Mathew - 19 - SON 3 . Ms.Irenes Susan Mathew - 15 - DAUGHTER
Membership / Identification No	336
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/271
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T K Thomas (Shibu) -
Name & relationship of the dependents	1 . Ms.Bini Mathew - 46 - SPOUSE 2 . Mr.Abel M Thomas - 16 - SON 3 . Mr.Aaron B Thomas - 20 - SON
Membership / Identification No	337
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/272
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph Chamavila -
Name & relationship of the dependents	1 . Ms.Bindhu Joseph - 46 - SPOUSE 2 . Ms.Aji Joseph - 24 - DAUGHTER 3 . Mr.Alen Joseph - 20 - SON
Membership / Identification No	338
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/273
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P N Thomaskutty -
Name & relationship of the dependents	1 . Ms.Linit Thara Thomas - 43 - SPOUSE 2 . Mr.Gregory Thomas - 17 - SON 3 . Ms.Grace Thomas - 12 - DAUGHTER
Membership / Identification No	339
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/274
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George P.T -
Name & relationship of the dependents	1 . Ms.Jossy John - 44 - SPOUSE 2 . Ms.Joicy George - 21 - DAUGHTER 3 . Mr.Basil George - 19 - SON
Membership / Identification No	340
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/275
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joji George -
Name & relationship of the dependents	1 . Ms.Bindu Joji - 48 - SPOUSE 2 . Ms.Gloria Sara Joji - 22 - DAUGHTER 3 . Mr.Aaron Joji - 18 - SON
Membership / Identification No	341
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/276
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Ebi I Nadayathinkara -
Name & relationship of the dependents	1 . Ms.Sindhu Mathew - 50 - SPOUSE 2 . Mr.Mathews John - 20 - SON
Membership / Identification No	342
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/277
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koshy George -
Name & relationship of the dependents	1 . Ms.Susan Koshy - 48 - SPOUSE 2 . Ms.Haeleny Sara Koshy - 22 - DAUGHTER 3 . Mr.Hoshith George Koshy - 21 - SON
Membership / Identification No	343
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/278
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathai Vaidyan -
Name & relationship of the dependents	
Membership / Identification No	344
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/279
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Manoj N Rajan -
Name & relationship of the dependents	1 . Ms.Sindhu K K - 47 - SPOUSE 2 . Mr.Amal Manoj - 21 - SON
Membership / Identification No	345
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/280
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mohan Joseph -
Name & relationship of the dependents	1 . Ms.Bindu Susan Jacob - 50 - SPOUSE 2 . Mr.Aldrin Mohan Jacob - 13 - SON 3 . Mr.Abel Mohan Joseph - 23 - SON
Membership / Identification No	346
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/281
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dinesh Parakadavil -
Name & relationship of the dependents	1 . Ms.Samly S Koruthu - 47 - SPOUSE 2 . Ms.Mariam Sara Thomas - 19 - DAUGHTER 3 . Mr.Reuben Philip Thomas - 15 - SON
Membership / Identification No	347
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/282
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shaji Paul N K -
Name & relationship of the dependents	1 . Ms.Jaya Shaji - 51 - SPOUSE 2 . Ms.Honey Sara Paulose - 23 - DAUGHTER 3 . Mr.Harin Paul - 18 - SON
Membership / Identification No	348
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/283
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shaji Issac (Rev Fr John Issac) -
Name & relationship of the dependents	1 . Ms.Jasmine Shaji - 52 - SPOUSE 2 . Ms.Abiah Mariam John - 17 - DAUGHTER
Membership / Identification No	349
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/284
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shaji Chacko -
Name & relationship of the dependents	1 . Ms.Siji Shaji - 40 - SPOUSE 2 . Ms.Aksa Rose Shaji - 17 - DAUGHTER 3 . Mr.Annet Sara Shaji - 8 - SON
Membership / Identification No	350
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/285
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sajeev K Varghese -
Name & relationship of the dependents	1 . Ms.Jyothi Sajeev - 52 - SPOUSE 2 . Ms.Feba Hanna Varghese - 18 - DAUGHTER 3 . Ms.Sneha Mary Varghese - 22 - DAUGHTER
Membership / Identification No	351
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/286
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Mathew -
Name & relationship of the dependents	1 . Ms.Mercy John - 52 - SPOUSE 2 . Ms.Grace Mary John - 17 - DAUGHTER 3 . Ms.Geethu Hanna John - 22 - DAUGHTER
Membership / Identification No	352
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/287
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese Samuel -
Name & relationship of the dependents	1 . Ms.Sunila Mathew - 48 - SPOUSE 2 . Mr.Ebin Mathew Varghese - 18 - SON 3 . Mr.Kevin Sam Varghese - 21 - SON
Membership / Identification No	354
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/288
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Gigi Varghese -
Name & relationship of the dependents	1 . Ms.Jaya Mathew - 48 - SPOUSE 2 . Ms.Sruthi Mariam Gigi - 22 - DAUGHTER 3 . Mr.Sreyas G Varghese - 18 - SON
Membership / Identification No	355
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/289
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Kuriakose -
Name & relationship of the dependents	1 . Ms.Susan John - 48 - SPOUSE 2 . Ms.Merin Susan John - 21 - DAUGHTER
Membership / Identification No	356
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/290
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V M Samuel -
Name & relationship of the dependents	1 . Ms.Janus Jacob - 43 - SPOUSE 2 . Ms.Essia Samuel - 20 - DAUGHTER
Membership / Identification No	357
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/291
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bejoy Varghese -
Name & relationship of the dependents	1 . Ms.Aleyamma Bejoy - 49 - SPOUSE 2 . Ms.Achu Zachariah - 20 - DAUGHTER
Membership / Identification No	358
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/292
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shaji Daniel -
Name & relationship of the dependents	1 . Ms.Bindhu Daniel - 43 - SPOUSE 2 . Mr.Apreme Mathew Daniel - 15 - SON 3 . Mr.Abel Mathew Daniel - 17 - SON
Membership / Identification No	359
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/293
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joji Kurien Thomas -
Name & relationship of the dependents	
Membership / Identification No	360
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/294
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Baby John -
Name & relationship of the dependents	1 . Ms.Bindu Paulose - 45 - SPOUSE 2 . Ms.Emima John - 17 - DAUGHTER 3 . Ms.Aksa John - 20 - DAUGHTER
Membership / Identification No	361
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/295
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K V Paul -
Name & relationship of the dependents	
Membership / Identification No	362
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/296
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abey Abraham -
Name & relationship of the dependents	1 . Ms.Siji Abey - 45 - SPOUSE 2 . Ms.Hanna Elza Abey - 16 - DAUGHTER 3 . Ms.Helen Sara Abey - 20 - DAUGHTER
Membership / Identification No	364
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/297
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Paul P George -
Name & relationship of the dependents	1 . Ms.Sony Varghese - 42 - SPOUSE 2 . Ms.Sera Susan Paul - 13 - DAUGHTER 3 . Ms.Irene Susan Paul - 15 - DAUGHTER
Membership / Identification No	365
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/298
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Varghese (Babu Varghese) -
Name & relationship of the dependents	1 . Ms.Biji Skaria - 46 - SPOUSE 2 . Mr.Zachariah Babu - 23 - SON
Membership / Identification No	366
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/299
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M Roy -
Name & relationship of the dependents	
Membership / Identification No	367
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/300
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Samuel -
Name & relationship of the dependents	1 . Ms.Anumole C V - 48 - SPOUSE 2 . Ms.Hanna Susan Sam - 21 - DAUGHTER 3 . Ms.Aleena Susan Sam - 23 - DAUGHTER
Membership / Identification No	368
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/301
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr Thomson Robi -
Name & relationship of the dependents	1 . Ms.Rincy Ancy George - 47 - SPOUSE 2 . Mr.Melvin Tom Robi - 18 - SON 3 . Ms.Mekha Sara Robi - 21 - DAUGHTER
Membership / Identification No	369
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/302
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.H. G. Geevarghese Mar Philoxenos Metropolitan (Fr Vinod George) -
Name & relationship of the dependents	
Membership / Identification No	370
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/303
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Varghese -
Name & relationship of the dependents	1 . Ms.Bindu Thomas - 47 - SPOUSE 2 . Ms.Kezia Marium George - 23 - DAUGHTER 3 . Ms.Krupa Rachel George - 23 - DAUGHTER
Membership / Identification No	372
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/304
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Philipose -
Name & relationship of the dependents	1 . Ms.Anu P T - 48 - SPOUSE 2 . Mr.Gregory John Philipose - 16 - SON 3 . Mr.Aaron John Philipose - 19 - SON
Membership / Identification No	373
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/305
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Aji Thomas Philip -
Name & relationship of the dependents	1 . Ms.Lija Kumary Joshua - 50 - SPOUSE 2 . Mr.John Philip Thomas - 15 - SON
Membership / Identification No	375
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/306
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Gabriel Joseph -
Name & relationship of the dependents	1 . Ms.Mini Daniel - 46 - SPOUSE 2 . Ms.Elizabeth Gabriel - 21 - DAUGHTER 3 . Mr.Joseph V Gabriel - 24 - SON
Membership / Identification No	377
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/307
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jaison Varghese -
Name & relationship of the dependents	1 . Ms.Reena Jaison Varghese - 43 - SPOUSE 2 . Ms.Irine Ann Jaison - 17 - DAUGHTER
Membership / Identification No	378
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/308
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koshy John M (Shibu John M) -
Name & relationship of the dependents	1 . Ms.Ushamol - 48 - SPOUSE 2 . Ms.Christy Ann Koshy - 24 - DAUGHTER
Membership / Identification No	379
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/309
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shibu Kurian -
Name & relationship of the dependents	1 . Ms.Adeline S Kurian - 50 - SPOUSE 2 . Ms.Serah Kurian - 19 - DAUGHTER 3 . Mr.Paul Kurian - 17 - SON
Membership / Identification No	380
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/310
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Chacko -
Name & relationship of the dependents	1 . Ms.Soosan Mathew - 48 - SPOUSE 2 . Ms.Jona Jacob John - 16 - DAUGHTER 3 . Ms.Junia Anna John - 21 - DAUGHTER
Membership / Identification No	382
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/311
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K M Jacob -
Name & relationship of the dependents	1 . Ms.Dr Binu Mariam Jacob - 44 - SPOUSE 2 . Mr.Shaino Gregory Jacob - 11 - SON 3 . Mr.Hano Diony Jacob - 19 - SON
Membership / Identification No	383
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/312
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Roy Simon -
Name & relationship of the dependents	1 . Ms.Simi Daniel - 44 - SPOUSE 2 . Ms.Felixa Maria Roy - 9 - DAUGHTER 3 . Mr.Philan Roy Simon - 19 - SON
Membership / Identification No	385
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/313
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T J Johnson -
Name & relationship of the dependents	1 . Ms.Smitha Johnson - 44 - SPOUSE 2 . Mr.Georgy Johnson - 15 - SON 3 . Mr.Cyril T Johnson - 21 - SON
Membership / Identification No	386
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/314
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C C Kuriakose -
Name & relationship of the dependents	1 . Ms.Reena B - 45 - SPOUSE 2 . Ms.Liya Susan Kuraikose - 23 - DAUGHTER 3 . Mr.Joans C Kuriakose - 16 - SON
Membership / Identification No	387
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/315
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew John -
Name & relationship of the dependents	1 . Ms.Jessy Mathew - 46 - SPOUSE 2 . Ms.Agnus Susan Mathew - 20 - DAUGHTER
Membership / Identification No	388
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/316
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Saji Varghese -
Name & relationship of the dependents	1 . Ms.Sophia P Abraham - 49 - SPOUSE 2 . Mr.Gregory S Abraham Amayil - 18 - SON 3 . Mr.Abel S Varughese Amayil - 23 - SON
Membership / Identification No	389
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/317
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P Y Jessen -
Name & relationship of the dependents	
Membership / Identification No	390
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/318
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Varghese -
Name & relationship of the dependents	1 . Ms.Aleyamma K Varkey - 47 - SPOUSE 2 . Ms.Hanna Mary John - 20 - DAUGHTER 3 . Mr.Aiden P John - 11 - SON
Membership / Identification No	391
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/319
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Tiju Ipe -
Name & relationship of the dependents	1 . Ms.Annamma Varghese - 47 - SPOUSE 2 . Ms.Mahima Anna Varghese - 23 - DAUGHTER
Membership / Identification No	392
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/320
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shyju Kurian -
Name & relationship of the dependents	1 . Ms.Ligi Shyju - 41 - SPOUSE 2 . Ms.Sara Mary Shyju - 15 - DAUGHTER 3 . Ms.Sharon Ann Shyju - 22 - DAUGHTER
Membership / Identification No	393
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/321
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Roy M Joy -
Name & relationship of the dependents	1 . Ms.Rani Thomas - 45 - SPOUSE 2 . Ms.Christa Mariyam Roy - 20 - DAUGHTER 3 . Mr.Georgy Joe Roy - 20 - SON
Membership / Identification No	394
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/322
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomson V K -
Name & relationship of the dependents	1 . Ms.Sheeba M - 48 - SPOUSE 2 . Ms.Neha Thomson - 17 - DAUGHTER 3 . Ms.Hanna Thomson - 22 - DAUGHTER
Membership / Identification No	395
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/323
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Zakariah -
Name & relationship of the dependents	1 . Ms.Ann Mary Mathew - 17 - DAUGHTER
Membership / Identification No	397
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Issue Office Address: Second floor,Olive Arcade,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/324
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju Mathews -
Name & relationship of the dependents	1 . Ms.Subha Varghese - 48 - SPOUSE 2 . Ms.Aksa Sara Biju - 22 - DAUGHTER 3 . Mr.Basil Mathews Biju - 18 - SON
Membership / Identification No	398
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/325
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Lawrence D _z Souza -
Name & relationship of the dependents	
Membership / Identification No	399
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/326
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Abraham -
Name & relationship of the dependents	1 . Ms.Linsy Mathew - 44 - SPOUSE 2 . Mr.Johan Thomas Mathew - 12 - SON 3 . Mr.Joshua Abraham Mathew - 17 - SON
Membership / Identification No	400
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/327
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shibu Thomas -
Name & relationship of the dependents	1 . Ms.Lizykutty Jacob - 48 - SPOUSE 2 . Ms.Santhi Mariam Shibu - 23 - DAUGHTER 3 . Mr.Preshanth S Thomas - 20 - SON
Membership / Identification No	401
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/328
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M K Immanuel -
Name & relationship of the dependents	1 . Ms.Bindhu Immanuel - 47 - SPOUSE 2 . Ms.Leeba Mariam Immanuel - 16 - DAUGHTER 3 . Mr.Libu M Immanuel - 13 - SON
Membership / Identification No	403
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/329
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathews K Buesouma -
Name & relationship of the dependents	1 . Ms.Reena P Rajan - 48 - SPOUSE 2 . Ms.Dyuthi Mariyam Mathews - 22 - DAUGHTER
Membership / Identification No	404
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/330
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T C Jacob -
Name & relationship of the dependents	1 . Ms.Mini Simon M - 40 - SPOUSE 2 . Ms.Hannah Miriyam Jacob - 13 - DAUGHTER
Membership / Identification No	405
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/331
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese P Varghese -
Name & relationship of the dependents	1 . Ms.Anu Paulose - 46 - SPOUSE 2 . Mr.Paul Varghese - 16 - SON 3 . Mr.Christin Varghese - 21 - SON
Membership / Identification No	406
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/332
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Gigi Mathew -
Name & relationship of the dependents	1 . Ms.Susan Gigi - 43 - SPOUSE 2 . Mr.Abel M Gigi - 18 - SON
Membership / Identification No	407
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/333
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sunil Abraham -
Name & relationship of the dependents	1 . Ms.Annamma Samuel - 49 - SPOUSE 2 . Ms.Ann Mary Jacob - 23 - DAUGHTER 3 . Mr.Abel Abraham Jacob - 15 - SON
Membership / Identification No	408
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/334
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sam K Daniel -
Name & relationship of the dependents	1 . Ms.Reena Joy - 47 - SPOUSE 2 . Ms.Jiya Ann Sam - 17 - DAUGHTER 3 . Ms.Jeisa Rachel Sam - 22 - DAUGHTER
Membership / Identification No	409
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/335
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Koshy -
Name & relationship of the dependents	1 . Ms.Preethy Koshy - 47 - SPOUSE 2 . Mr.Nevin George Mathew - 18 - SON 3 . Mr.Kevin Koshy Mathew - 22 - SON
Membership / Identification No	410
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/336
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Purackal -
Name & relationship of the dependents	1 . Ms.Preethi Rachel Thomas - 45 - SPOUSE 2 . Ms.Sneha Elizabeth Thomas - 19 - DAUGHTER 3 . Mr.Koshy Purackal - 7 - SON
Membership / Identification No	411
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/337
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Aji K Varghese -
Name & relationship of the dependents	1 . Ms.Blessy John - 46 - SPOUSE 2 . Mr.Aaron Aji Varghese - 16 - SON
Membership / Identification No	413
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/338
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shibu Varghese -
Name & relationship of the dependents	1 . Ms.Jini K John - 42 - SPOUSE 2 . Ms.Agnes Elsa John - 16 - DAUGHTER 3 . Mr.Joseiah Geevar John - 9 - SON
Membership / Identification No	414
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/339
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joji M Abraham -
Name & relationship of the dependents	1 . Ms.Sheeba T - 45 - SPOUSE 2 . Mr.Aaron Thomas Abraham - 19 - SON
Membership / Identification No	415
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/340
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph Mathew -
Name & relationship of the dependents	1 . Ms.Meera K T - 47 - SPOUSE 2 . Ms.Mary K J - 18 - DAUGHTER 3 . Mr.Varghese K J - 20 - SON
Membership / Identification No	416
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/341
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shiju John -
Name & relationship of the dependents	1 . Ms.Shiji Rajan - 44 - SPOUSE 2 . Ms.Agnus Rachel Shiju - 20 - DAUGHTER 3 . Mr.Asher John Shiju - 17 - SON
Membership / Identification No	417
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/342
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Ninan P T -
Name & relationship of the dependents	1 . Ms.Simi - 41 - SPOUSE 2 . Ms.Alina Susan Ninan - 15 - DAUGHTER 3 . Mr.Aabel Didumos Ninan - 12 - SON
Membership / Identification No	419
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/343
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju Aikkarakuzhiyil -
Name & relationship of the dependents	1 . Ms.Jincy Biju - 41 - SPOUSE 2 . Ms.Grace Mariya Biju - 18 - DAUGHTER 3 . Mr.Greejo Biju - 9 - SON
Membership / Identification No	420
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/344
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Yohannan (Binu Thomas) -
Name & relationship of the dependents	1 . Ms.Rejini John - 46 - SPOUSE 2 . Ms.Ann Mariam Thomas - 20 - DAUGHTER 3 . Mr.Aaron John Thomas - 15 - SON
Membership / Identification No	421
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/345
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese Y S -
Name & relationship of the dependents	1 . Ms.Anju Geevarghese - 47 - SPOUSE 2 . Ms.Aksa Geevarghese - 21 - DAUGHTER 3 . Mr.Abel Geevarghese - 13 - SON
Membership / Identification No	422
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/346
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John P Oommen -
Name & relationship of the dependents	1 . Ms.Meera John - 43 - SPOUSE 2 . Ms.Neha Deena John - 15 - DAUGHTER 3 . Mr.Nelwin Oommen John - 13 - SON
Membership / Identification No	423
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/347
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Binu Jacob -
Name & relationship of the dependents	1 . Ms.Sheela Kuncheria - 43 - SPOUSE 2 . Mr.Abel Jacob Cherian - 16 - SON 3 . Mr.Angel Ann Cherian - 20 - SON
Membership / Identification No	424
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/348
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph Chacko -
Name & relationship of the dependents	1 . Ms.Bindhu Annamma Koshy - 46 - SPOUSE 2 . Mr.Noel K Joseph - 17 - SON 3 . Mr.Joel C Joseph - 21 - SON
Membership / Identification No	425
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/349
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju Abraham -
Name & relationship of the dependents	1 . Ms.Lija Mary Joseph - 39 - SPOUSE 2 . Ms.Neha Elsa Thomas - 15 - DAUGHTER 3 . Mr.Naveen Abraham - 10 - SON
Membership / Identification No	426
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/350
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Reji M P -
Name & relationship of the dependents	1 . Ms.Rose Dyana - 47 - SPOUSE 2 . Mr.Aswin M Kuriakose - 20 - SON 3 . Mr.Alan M Kuriakose - 22 - SON
Membership / Identification No	427
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/351
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Thomas -
Name & relationship of the dependents	1 . Ms.Sheena Mathew - 41 - SPOUSE 2 . Ms.Shilpa Anna Mathew - 17 - DAUGHTER 3 . Ms.Sneha Sara Mathew - 20 - DAUGHTER
Membership / Identification No	430
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/352
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koshy George -
Name & relationship of the dependents	1 . Ms.Liji Koshy - 45 - SPOUSE 2 . Mr.Alby Koshy - 14 - SON 3 . Ms.Shyno Koshy - 19 - DAUGHTER
Membership / Identification No	431
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/353
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Skariah Mathew -
Name & relationship of the dependents	1 . Ms.Susan Skariah - 45 - SPOUSE 2 . Ms.Irene Ann Skariah - 13 - DAUGHTER 3 . Mr.Abel Mathew Skariah - 20 - SON
Membership / Identification No	432
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/354
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Koshy Philip -
Name & relationship of the dependents	1 . Ms.Rija Mariam Koshy - 45 - SPOUSE 2 . Mr.Gregory Philip Koshy - 14 - SON
Membership / Identification No	433
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/355
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T Thomaskutty -
Name & relationship of the dependents	1 . Ms.Bindu K Joy - 47 - SPOUSE 2 . Mr.Shaino Thomas - 11 - SON 3 . Mr.Slomo Thomas - 19 - SON
Membership / Identification No	434
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/356
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thampi Varghese -
Name & relationship of the dependents	1 . Ms.Jisha Thomas - 42 - SPOUSE 2 . Ms.Hannah Elza Varghese - 16 - DAUGHTER
Membership / Identification No	435
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/357
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph Mathew -
Name & relationship of the dependents	1 . Ms.Reena Joseph - 44 - SPOUSE 2 . Ms.Elsa Joseph - 22 - DAUGHTER
Membership / Identification No	436
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/358
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Yohanan -
Name & relationship of the dependents	
Membership / Identification No	437
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/359
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Aby C Mathew -
Name & relationship of the dependents	1 . Ms.Jincy M Abraham - 46 - SPOUSE 2 . Ms.Selin Sara Mathew - 15 - DAUGHTER 3 . Ms.Serin Ann Mathew - 19 - DAUGHTER
Membership / Identification No	438
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/360
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V M Geevarghese -
Name & relationship of the dependents	
Membership / Identification No	439
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/361
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju Thomas -
Name & relationship of the dependents	1 . Ms.Shenu Elsa - 41 - SPOUSE 2 . Ms.Abiya Elsa Thomas - 15 - DAUGHTER 3 . Mr.Alexy Mathew Thomas - 13 - SON 4 . Mr.Alwin Youhanon Thomas - 18 - SON
Membership / Identification No	440
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/362
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese Tholath -
Name & relationship of the dependents	1 . Ms.Roniya Geevarghese - 39 - SPOUSE 2 . Ms.Meghal Geevarghese - 20 - DAUGHTER
Membership / Identification No	441
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/363
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Roy M Philip -
Name & relationship of the dependents	1 . Ms.Bincy Mary Mathew - 43 - SPOUSE 2 . Mr.Slomo M Mathew - 16 - SON 3 . Mr.Christo Philip Mathew - 17 - SON
Membership / Identification No	442
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/364
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Vimal Mammen Cherian -
Name & relationship of the dependents	1 . Ms.Smitha Mary Thomas - 45 - SPOUSE 2 . Ms.Mishel Mariam Mammen - 10 - DAUGHTER 3 . Ms.Mahima Elsa Mammen - 17 - DAUGHTER
Membership / Identification No	443
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/365
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Thomas -
Name & relationship of the dependents	1 . Ms.Nimisha Jacob - 40 - SPOUSE 2 . Ms.Ruth Hanna Jacob - 11 - DAUGHTER 3 . Mr.Ruben Thomas Jacob - 16 - SON
Membership / Identification No	444
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/366
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju A S(Rev Fr Abraham Samuel) -
Name & relationship of the dependents	1 . Ms.Asha Brezhleni M - 41 - SPOUSE 2 . Ms.Meeval Mariyam Biju - 10 - DAUGHTER 3 . Mr.Joel B Samuel - 15 - SON
Membership / Identification No	445
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/367
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Paul Daniel -
Name & relationship of the dependents	1 . Ms.Vincy Paul - 38 - SPOUSE 2 . Ms.Angela Mariam Paul - 9 - DAUGHTER 3 . Ms.Aksa Sarah Paul - 15 - DAUGHTER
Membership / Identification No	447
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/368
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev.Fr. Bijumon K.P (K P Varghese) -
Name & relationship of the dependents	1 . Ms.Reeba Jacob - 42 - SPOUSE 2 . Mr.Addan Jacob Varghese - 11 - SON 3 . Mr.Aasher Philip Varghese - 14 - SON
Membership / Identification No	448
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/369
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sony Varghese -
Name & relationship of the dependents	
Membership / Identification No	449
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/370
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Eldho Eliyas -
Name & relationship of the dependents	1 . Ms.Anu Eldho - 37 - SPOUSE 2 . Ms.Sheba Mary Eldho - 15 - DAUGHTER 3 . Mr.Eby Eldho - 13 - SON
Membership / Identification No	451
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/371
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Boby Varghese -
Name & relationship of the dependents	1 . Ms.Roshin Koshy K - 46 - SPOUSE 2 . Ms.Bincy Mary Boby - 11 - DAUGHTER 3 . Mr.Bijin Boby Varghese - 14 - SON 4 . Mr.Bibin Boby Varghese - 18 - SON
Membership / Identification No	453
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/372
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kuriakose Thomas (Prakash K Thomas) -
Name & relationship of the dependents	1 . Ms.Lintu Elson Varghese - 36 - SPOUSE 2 . Mr.Laby T Kuriakose - 12 - SON 3 . Ms.Lidiya Mariyam Kurikose - 17 - DAUGHTER
Membership / Identification No	454
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/373
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Santhosh Samuel K -
Name & relationship of the dependents	1 . Ms.Libinu Santhosh - 45 - SPOUSE 2 . Ms.Aradhana Ann Santhosh - 11 - DAUGHTER 3 . Ms.Anugraha Sara Santhosh - 17 - DAUGHTER
Membership / Identification No	455
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/374
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Benny Mathew -
Name & relationship of the dependents	1 . Ms.Shini George - 39 - SPOUSE 2 . Ms.Anugraha Benny - 9 - DAUGHTER 3 . Ms.Aksa Benny - 15 - DAUGHTER
Membership / Identification No	457
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/375
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John K Jacob -
Name & relationship of the dependents	1 . Ms.Elsy John - 40 - SPOUSE 2 . Ms.Zyana Sara John - 8 - DAUGHTER
Membership / Identification No	458
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/376
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Thomas -
Name & relationship of the dependents	1 . Ms.Priya Abraham - 41 - SPOUSE 2 . Mr.Asher Behanan Abraham - 10 - SON 3 . Mr.Allan Thomas Abraham - 15 - SON
Membership / Identification No	459
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/377
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Samuel John (Shibi John) -
Name & relationship of the dependents	1 . Ms.Bibbin Elizabeth Mathew - 41 - SPOUSE 2 . Mr.Mathew K Samuel - 11 - SON 3 . Mr.John K Samuel - 14 - SON
Membership / Identification No	461
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/378
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joshua Abraham -
Name & relationship of the dependents	1 . Ms.Sobha John - 42 - SPOUSE 2 . Ms.Diya Acha Joshua - 18 - DAUGHTER 3 . Mr.Alfin Joshua Abraham - 12 - SON
Membership / Identification No	462
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/379
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph Cheruvathoor -
Name & relationship of the dependents	1 . Ms.Ciney Anna Thomas - 43 - SPOUSE 2 . Ms.Serah Susan Joseph - 12 - DAUGHTER 3 . Ms.Keziah Mariyam Joseph - 19 - DAUGHTER
Membership / Identification No	463
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/380
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sajan B Varughese -
Name & relationship of the dependents	1 . Ms.Samma Sajan - 45 - SPOUSE 2 . Ms.Jecelyn Sara Sajan - 9 - DAUGHTER 3 . Mr.Isaac Sajan - 15 - SON
Membership / Identification No	464
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/381
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Peter George -
Name & relationship of the dependents	1 . Ms.Elizabeth Baby - 43 - SPOUSE 2 . Mr.Jacob Peter - 14 - SON 3 . Mr.John Peter - 14 - SON 4 . Mr.George Peter - 17 - SON
Membership / Identification No	465
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/382
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Joshua -
Name & relationship of the dependents	1 . Ms.Sherin Joshua - 43 - SPOUSE 2 . Ms.Joachim Varghese Joshua - 8 - DAUGHTER 3 . Mr.Joan Mariam Joshua - 16 - SON
Membership / Identification No	468
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/383
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese M Varghese (Gino Varghese) -
Name & relationship of the dependents	1 . Ms.Divya Philip - 41 - SPOUSE 2 . Mr.Gaik Gino Varghese - 12 - SON 3 . Mr.Philip Gino Varghese - 13 - SON 4 . Mr.Georgy Gino Varghese - 15 - SON
Membership / Identification No	469
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/384
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joji Mathew -
Name & relationship of the dependents	1 . Ms.Soosan K E - 46 - SPOUSE 2 . Mr.Joel Joji Mathew - 22 - SON
Membership / Identification No	471
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/385
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Wilson P Abraham -
Name & relationship of the dependents	
Membership / Identification No	472
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/386
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham K John -
Name & relationship of the dependents	
Membership / Identification No	473
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/387
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Robin Markose -
Name & relationship of the dependents	1 . Ms.Ancy Thomas - 41 - SPOUSE 2 . Ms.Eva Robin - 17 - DAUGHTER 3 . Mr.Ephrem Robin - 13 - SON
Membership / Identification No	474
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/388
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Manu Varghese Jacob -
Name & relationship of the dependents	
Membership / Identification No	475
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/389
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Stephen Varghese -
Name & relationship of the dependents	1 . Ms.Princy Stephen - 43 - SPOUSE 2 . Mr.Hannok Steephen - 15 - SON
Membership / Identification No	476
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/390
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.H G Abraham Mar Seraphim Metroplitan -
Name & relationship of the dependents	
Membership / Identification No	479
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/391
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Varghese (Manoj K Varghese) -
Name & relationship of the dependents	1 . Ms.Bini Mole T - 44 - SPOUSE 2 . Ms.Sara Susan Varghese - 16 - DAUGHTER 3 . Mr.Hanoh George Varghese - 13 - SON
Membership / Identification No	481
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/392
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shalu Lukose -
Name & relationship of the dependents	1 . Ms.Asha K Joy - 40 - SPOUSE 2 . Ms.Theertha S Jacob - 18 - DAUGHTER 3 . Ms.Ardras S Jacob - 19 - DAUGHTER
Membership / Identification No	482
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/393
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joshy P Jacob -
Name & relationship of the dependents	
Membership / Identification No	484
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/394
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sunil Joseph -
Name & relationship of the dependents	1 . Ms.Mariam Annie Sunil - 41 - SPOUSE 2 . Ms.Joannah Sara Sunil - 11 - DAUGHTER 3 . Mr.Johan Joseph Sunil - 13 - SON
Membership / Identification No	485
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/395
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Lawrence David Crasta -
Name & relationship of the dependents	
Membership / Identification No	486
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/396
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Paul (Fr Mahesh Paul) -
Name & relationship of the dependents	1 . Ms.Annie Chacko - 40 - SPOUSE 2 . Ms.Sneha Mariam Varghese - 11 - DAUGHTER 3 . Ms.Seba Ann Varghese - 15 - DAUGHTER
Membership / Identification No	488
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/397
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Leslie P Cherian -
Name & relationship of the dependents	1 . Ms.Roshni Leslie - 41 - SPOUSE 2 . Ms.Saira C Leslie - 15 - DAUGHTER 3 . Mr.Saiwo C Lealie - 10 - SON
Membership / Identification No	489
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/398
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Jose -
Name & relationship of the dependents	1 . Ms.Tinu Thomas - 39 - SPOUSE 2 . Mr.Elvin Thomas - 11 - SON 3 . Mr.Ellin Thomas - 16 - SON
Membership / Identification No	490
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/399
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Yacob Thomas -
Name & relationship of the dependents	
Membership / Identification No	491
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/400
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Zachariah Kollannoor(Aby K U) -
Name & relationship of the dependents	1 . Ms.Merin P K - 40 - SPOUSE 2 . Mr.Flemin Zachariah - 11 - SON 3 . Mr.Febin Zachariah - 17 - SON
Membership / Identification No	493
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/401
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George David (Manju David) -
Name & relationship of the dependents	1 . Ms.Sophia Thomas - 44 - SPOUSE 2 . Ms.Greeta M David - 8 - DAUGHTER 3 . Mr.Georgy M David - 10 - SON
Membership / Identification No	494
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/402
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham Mathew -
Name & relationship of the dependents	
Membership / Identification No	495
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/403
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Pradeep Varkey Varghese -
Name & relationship of the dependents	1 . Ms.Jency Sara Philips - 41 - SPOUSE
Membership / Identification No	496
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/404
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob C Philip -
Name & relationship of the dependents	1 . Ms.Smitha Koshi L - 43 - SPOUSE 2 . Ms.Abiya Jacob - 16 - DAUGHTER
Membership / Identification No	497
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/405
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev.Fr. Aneesh M.G -
Name & relationship of the dependents	1 . Ms.Betsy Sara Jacob - 36 - SPOUSE 2 . Ms.Aamiya Mary Varghese - 14 - DAUGHTER 3 . Mr.Adrian Jacob Varghese - 3 - SON
Membership / Identification No	499
Occupation	OTHERS
Date of Birth/Age	/ 43 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/406
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Filix Yohannan -
Name & relationship of the dependents	1 . Ms.Reby John - 39 - SPOUSE 2 . Ms.lthiyah Mirium Filix - 14 - DAUGHTER 3 . Mr.Ian Yohan Filix - 7 - SON
Membership / Identification No	500
Occupation	OTHERS
Date of Birth/Age	/ 43 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/407
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Wilson Sankarathil -
Name & relationship of the dependents	1 . Ms.Ajitha Wilson - 47 - SPOUSE 2 . Ms.Ashisha Mariam Wilson - 19 - DAUGHTER 3 . Ms.Angel Mariam Wilson - 22 - DAUGHTER
Membership / Identification No	501
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/408
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr O M Samuel -
Name & relationship of the dependents	
Membership / Identification No	503
Occupation	OTHERS
Date of Birth/Age	/ 39 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/409
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Linu M Babu -
Name & relationship of the dependents	1 . Ms.Lisha Thomas - 38 - SPOUSE 2 . Ms.Linette Elsa Linu - 10 - DAUGHTER 3 . Ms.Liya Mariyam Linu - 14 - DAUGHTER
Membership / Identification No	504
Occupation	OTHERS
Date of Birth/Age	/ 43 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/410
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Johnson T Abraham -
Name & relationship of the dependents	
Membership / Identification No	505
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/411
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C D Rajan -
Name & relationship of the dependents	1 . Ms.Mary M Premlatha - 54 - SPOUSE 2 . Mr.Christo Mathew Raj - 23 - SON
Membership / Identification No	506
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/412
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P M Abraham -
Name & relationship of the dependents	1 . Ms.Mini Abraham - 52 - SPOUSE 2 . Mr.Jobin John Abraham - 24 - SON
Membership / Identification No	507
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/413
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K V John -
Name & relationship of the dependents	1 . Ms.Marykutty John - 85 - SPOUSE
Membership / Identification No	508
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/414
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr T K George -
Name & relationship of the dependents	
Membership / Identification No	509
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/415
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V Rev C J Punnoose Cor-Episcopa -
Name & relationship of the dependents	
Membership / Identification No	510
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/416
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas K Mathews -
Name & relationship of the dependents	1 . Ms.Jancy John - 36 - SPOUSE 2 . Ms.Ludia Mariam Thomas - 10 - DAUGHTER 3 . Ms.Louis Elsa Thomas - 12 - DAUGHTER
Membership / Identification No	512
Occupation	OTHERS
Date of Birth/Age	/ 41 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/417
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K M Mathew -
Name & relationship of the dependents	
Membership / Identification No	513
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/418
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P V Varghese -
Name & relationship of the dependents	1 . Ms.Valsamma Varghese - 67 - SPOUSE
Membership / Identification No	515
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/419
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M C George -
Name & relationship of the dependents	
Membership / Identification No	516
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/420
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr Varghese V K -
Name & relationship of the dependents	
Membership / Identification No	517
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/421
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr O S Kuriakose -
Name & relationship of the dependents	1 . Ms.Samma Kuriakose - 72 - SPOUSE
Membership / Identification No	518
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/422
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr Dr K M George -
Name & relationship of the dependents	
Membership / Identification No	519
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/423
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr Jiji K Thomas -
Name & relationship of the dependents	1 . Ms.Sherly Jiji - 55 - SPOUSE
Membership / Identification No	520
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/424
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr C O George -
Name & relationship of the dependents	
Membership / Identification No	521
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/425
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P K Zachariah -
Name & relationship of the dependents	
Membership / Identification No	522
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/426
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Abraham -
Name & relationship of the dependents	
Membership / Identification No	523
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/427
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr P K Thomas -
Name & relationship of the dependents	
Membership / Identification No	525
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/428
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C C Cherian -
Name & relationship of the dependents	1 . Ms.Saly Cherian - 74 - SPOUSE
Membership / Identification No	526
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/429
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P U Kuruville -
Name & relationship of the dependents	
Membership / Identification No	528
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/430
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kurian Varghese -
Name & relationship of the dependents	
Membership / Identification No	529
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/431
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr Kuriakose Thannikottu -
Name & relationship of the dependents	1 . Ms.Sosamma - 73 - SPOUSE
Membership / Identification No	530
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/432
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr Jacob Kurian -
Name & relationship of the dependents	1 . Ms.Leela Jacob - 61 - SPOUSE
Membership / Identification No	531
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/433
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Raju Mathew (C John Chirathilattu) -
Name & relationship of the dependents	1 . Ms.Lizy Raju - 70 - SPOUSE
Membership / Identification No	532
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/434
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr C K Varghese -
Name & relationship of the dependents	
Membership / Identification No	533
Occupation	OTHERS
Date of Birth/Age	/ 73 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/435
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Thomas -
Name & relationship of the dependents	
Membership / Identification No	534
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/436
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew P A -
Name & relationship of the dependents	1 . Ms.Aniamma Mathew - 64 - SPOUSE
Membership / Identification No	536
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/437
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Issac P David -
Name & relationship of the dependents	1 . Ms.Mariamamma Issac - 72 - SPOUSE
Membership / Identification No	537
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/438
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr T I Varghese -
Name & relationship of the dependents	
Membership / Identification No	538
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/439
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abraham P George -
Name & relationship of the dependents	1 . Ms.Annamma Abraham - 68 - SPOUSE
Membership / Identification No	539
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/440
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr Jacob Abraham -
Name & relationship of the dependents	1 . Ms.Dolly Jacob - 69 - SPOUSE
Membership / Identification No	540
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/441
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Varghese -
Name & relationship of the dependents	1 . Ms.Santhamma Jacob - 71 - SPOUSE
Membership / Identification No	541
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/442
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Baby Varghese -
Name & relationship of the dependents	1 . Ms.Rachel Baby Varughese - 66 - SPOUSE
Membership / Identification No	543
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/443
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P C Johnson -
Name & relationship of the dependents	1 . Ms.Mariamamma George - 66 - SPOUSE
Membership / Identification No	544
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/444
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V M Abraham -
Name & relationship of the dependents	1 . Ms.Rachel T Kuruvilla - 63 - SPOUSE
Membership / Identification No	545
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/445
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Kurian -
Name & relationship of the dependents	1 . Ms.Elizabeth George - 75 - SPOUSE
Membership / Identification No	546
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/446
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P M Mani -
Name & relationship of the dependents	1 . Ms.Leelamma Kuriakose - 66 - SPOUSE
Membership / Identification No	547
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/447
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P A Thomas -
Name & relationship of the dependents	
Membership / Identification No	548
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/448
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K T Zachariah -
Name & relationship of the dependents	
Membership / Identification No	549
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/449
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K V Abraham -
Name & relationship of the dependents	1 . Ms.Elizabeth P V - 63 - SPOUSE 2 . Mr.Joshua K Abraham - 24 - SON
Membership / Identification No	550
Occupation	OTHERS
Date of Birth/Age	/ 67 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/450
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Sankarathil -
Name & relationship of the dependents	1 . Ms.Annie John - 62 - SPOUSE
Membership / Identification No	551
Occupation	OTHERS
Date of Birth/Age	/ 65 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/451
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M K Philip -
Name & relationship of the dependents	1 . Ms.Anu Philip - 57 - SPOUSE
Membership / Identification No	553
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/452
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K M Zachariah -
Name & relationship of the dependents	1 . Ms.Laisamma C A - 59 - SPOUSE 2 . Ms.Blessy Elsa Zachariah - 23 - DAUGHTER
Membership / Identification No	554
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/453
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kurian Thomas -
Name & relationship of the dependents	1 . Ms.Reeni Jacob V - 61 - SPOUSE
Membership / Identification No	555
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/454
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kurian Uthup -
Name & relationship of the dependents	1 . Ms.Mariamamma A M - 58 - SPOUSE
Membership / Identification No	556
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/455
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joy Mulackalethu Skaria -
Name & relationship of the dependents	1 . Ms.Anu Joy - 51 - SPOUSE
Membership / Identification No	557
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/456
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr C A Varghese -
Name & relationship of the dependents	1 . Ms.Rinimol Thomas - 46 - SPOUSE 2 . Ms.Riya Elizabeth Varghese - 22 - DAUGHTER
Membership / Identification No	558
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/457
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P C Varghese -
Name & relationship of the dependents	1 . Ms.Alice Mathew - 59 - SPOUSE
Membership / Identification No	559
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/458
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Paul Abraham (Roymon) -
Name & relationship of the dependents	1 . Ms.Mariamamma K A - 54 - SPOUSE
Membership / Identification No	562
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/459
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Koshy -
Name & relationship of the dependents	1 . Ms.Daisy Jacob - 58 - SPOUSE 2 . Mr.Dyuti George Jacob - 20 - SON
Membership / Identification No	563
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/460
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev. Fr. Dr.Johns Abraham -
Name & relationship of the dependents	1 . Ms.Renu Susan Korah - 56 - SPOUSE 2 . Ms.Aksa Anna Johns - 23 - DAUGHTER 3 . Mr.Amal Korah Johns - 20 - SON
Membership / Identification No	564
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/461
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Varghese -
Name & relationship of the dependents	1 . Ms.Nisha Mable Mathew - 52 - SPOUSE
Membership / Identification No	566
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/462
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr Varghese Varghese -
Name & relationship of the dependents	1 . Ms.Priya V Chacko - 50 - SPOUSE 2 . Mr.Jacob Varghese - 23 - SON
Membership / Identification No	567
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/463
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Joseph -
Name & relationship of the dependents	1 . Ms.Sheela John - 53 - SPOUSE 2 . Ms.Anna Arpitha John - 18 - DAUGHTER
Membership / Identification No	568
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Authorised Signatory.

Date: 19-OCT-23



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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/464
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jeen Andrews (Fr Thomas Andrews) -
Name & relationship of the dependents	1 . Ms.Leena George - 48 - SPOUSE 2 . Ms.Angelina Elsa Thomas - 18 - DAUGHTER 3 . Ms.Ameera Sara Thomas - 23 - DAUGHTER
Membership / Identification No	569
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/465
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joseph K Mathew -
Name & relationship of the dependents	
Membership / Identification No	570
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/466
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P M Zachariah -
Name & relationship of the dependents	1 . Ms.Elizabeth Zachariah - 51 - SPOUSE
Membership / Identification No	571
Occupation	OTHERS
Date of Birth/Age	/ 55 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/467
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Alexy Mathew -
Name & relationship of the dependents	1 . Ms.Pratibha Job - 47 - SPOUSE 2 . Mr.Elvin Jobsy Mathews - 17 - SON 3 . Mr.Emil Alexy Mathews - 22 - SON
Membership / Identification No	573
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/468
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jai Zachariah -
Name & relationship of the dependents	1 . Ms.Mary Mathew - 51 - SPOUSE 2 . Ms.Greeshma Anna - 22 - DAUGHTER
Membership / Identification No	574
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/469
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Varghese -
Name & relationship of the dependents	1 . Ms.Linu Elizabeth P Chandy - 47 - SPOUSE 2 . Mr.Georgi P Rajan - 18 - SON 3 . Mr.Graceson P Rajan - 21 - SON
Membership / Identification No	575
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/470
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Paulose Ninan -
Name & relationship of the dependents	1 . Ms.Beena Elsa Stephen - 50 - SPOUSE 2 . Mr.Josiah Stephen Paul - 17 - SON 3 . Mr.Johanne Ninan Paul - 22 - SON
Membership / Identification No	576
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/471
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr A V Varghese -
Name & relationship of the dependents	1 . Ms.Gigi Varghese - 53 - SPOUSE 2 . Ms.Praisey Sara Varghese - 24 - DAUGHTER 3 . Mr.Abel Varghese - 22 - SON
Membership / Identification No	577
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/472
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew K John -
Name & relationship of the dependents	
Membership / Identification No	578
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/473
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Mathew -
Name & relationship of the dependents	1 . Ms.Aji Jacob - 43 - SPOUSE 2 . Ms.Josna Susan Jacob - 15 - DAUGHTER 3 . Mr.Johan Mathew Jacob - 19 - SON
Membership / Identification No	579
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/474
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M B George -
Name & relationship of the dependents	1 . Ms.Susan Varghese - 50 - SPOUSE 2 . Mr.Abel John George - 21 - SON
Membership / Identification No	580
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/475
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Paul P Thomas -
Name & relationship of the dependents	1 . Ms.Sikkini Baby - 49 - SPOUSE 2 . Ms.Anugraha Baby Paul - 19 - DAUGHTER 3 . Mr.Amal Tom Paul - 21 - SON
Membership / Identification No	581
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/476
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Andrews T John -
Name & relationship of the dependents	1 . Ms.Mary S Kuruvilla - 44 - SPOUSE 2 . Mr.Johan Andrews - 17 - SON 3 . Ms.Anna Andrews - 15 - DAUGHTER
Membership / Identification No	582
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/477
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Kurian -
Name & relationship of the dependents	1 . Ms.Philsy Mary Mathew - 41 - SPOUSE 2 . Mr.Abieal K Mathew - 9 - SON 3 . Mr.Abimael K Mathew - 14 - SON
Membership / Identification No	583
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/478
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Kurian Zachariah -
Name & relationship of the dependents	1 . Ms.Jisha Susan Raju - 45 - SPOUSE 2 . Ms.Elizabeth P Kurian - 11 - DAUGHTER
Membership / Identification No	584
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/479
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas P Zachariah -
Name & relationship of the dependents	1 . Ms.Jyothi Mathew - 45 - SPOUSE 2 . Mr.Gregory Mathew Thomas - 11 - SON 3 . Mr.Jeevan Skariah Thomas - 19 - SON
Membership / Identification No	585
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/480
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Shaji P Kuriakose(P K Kuriakose) -
Name & relationship of the dependents	1 . Ms.Lizzy George - 48 - SPOUSE 2 . Mr.Chris P Kuriakose - 12 - SON 3 . Mr.Cyril P Kuriakose - 14 - SON
Membership / Identification No	586
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/481
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P C George -
Name & relationship of the dependents	
Membership / Identification No	587
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/482
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Lajju Markose -
Name & relationship of the dependents	
Membership / Identification No	588
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/483
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev.Philipose Ramban -
Name & relationship of the dependents	
Membership / Identification No	589
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/484
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Jacob -
Name & relationship of the dependents	1 . Ms.Ligi Elizabeth Mathew - 41 - SPOUSE 2 . Ms.Hedhiya Elizabeth Varghese - 10 - DAUGHTER 3 . Ms.Hanna Mariam Varghese - 13 - DAUGHTER
Membership / Identification No	591
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23



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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/485
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.H. G. Zachariah Mar Severios Metropolitan (Fr Zachariah Ninan) -
Name & relationship of the dependents	
Membership / Identification No	593
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/486
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Varghese (Rony) -
Name & relationship of the dependents	1 . Ms.Jane Jacob - 36 - SPOUSE 2 . Mr.Ivan Jacob Varghese - 9 - SON 3 . Mr.Johan Jacob Varghese - 14 - SON
Membership / Identification No	594
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/487
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Philip K Paul (Giby K Paul) -
Name & relationship of the dependents	1 . Ms.Jinu Joseph - 40 - SPOUSE 2 . Ms.Jewels Susan Philip - 12 - DAUGHTER 3 . Mr.Georgy Philip - 14 - SON
Membership / Identification No	595
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/488
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bittu K Mani(Kuriakose Mani) -
Name & relationship of the dependents	1 . Ms.Vinitha Baby - 47 - SPOUSE 2 . Mr.Josh Abraham Kuriakose - 15 - SON 3 . Mr.Jonah Mani Kuriakose - 17 - SON
Membership / Identification No	596
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/489
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Zachariah (Saibu) -
Name & relationship of the dependents	1 . Ms.Disny K Jose - 39 - SPOUSE 2 . Mr.Zach Varghese - 8 - SON 3 . Mr.Sohan Varghese - 16 - SON
Membership / Identification No	597
Occupation	OTHERS
Date of Birth/Age	/ 43 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/490
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr M P George -
Name & relationship of the dependents	
Membership / Identification No	598
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/491
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biju Andrews -
Name & relationship of the dependents	1 . Ms.Veena Varughese - 45 - SPOUSE 2 . Ms.Angelin Andrews - 24 - DAUGHTER 3 . Mr.Angelo Abraham Andrews - 20 - SON
Membership / Identification No	599
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/492
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Johnson Sakthimangalam -
Name & relationship of the dependents	1 . Ms.Mariamamma Johnson - 63 - SPOUSE
Membership / Identification No	601
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Date: 19-OCT-23

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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/493
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr I J Mathew -
Name & relationship of the dependents	1 . Ms.Suni Mathew - 45 - SPOUSE 2 . Ms.Shanet Mariyam M - 16 - DAUGHTER 3 . Mr.Shins Jacob Mathew - 22 - SON
Membership / Identification No	603
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/494
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Dr Mathews Mar Thimothios Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	604
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/495
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K K Varghese -
Name & relationship of the dependents	1 . Ms.Ashamol Korah - 40 - SPOUSE 2 . Ms.Minha Rebeca Varghese - 6 - DAUGHTER 3 . Ms.Aami Hannah Varghese - 15 - DAUGHTER
Membership / Identification No	605
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/496
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Biji John -
Name & relationship of the dependents	1 . Ms.Neethu John - 42 - SPOUSE 2 . Ms.Merrin Elsa Biji - 8 - DAUGHTER 3 . Ms.Mariam Anna Biji - 14 - DAUGHTER
Membership / Identification No	606
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/497
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Dr Mathew Vaidyan Corepiscopa -
Name & relationship of the dependents	1 . Ms.Mercy Koshy - 67 - SPOUSE
Membership / Identification No	607
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/498
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Roy Thankachan -
Name & relationship of the dependents	1 . Ms.Simi Varghese - 40 - SPOUSE 2 . Ms.Christiya Rachel Roy - 17 - DAUGHTER 3 . Mr.Abhishek Philip Roy - 15 - SON 4 . Ms.Ann Mary Roy - 13 - DAUGHTER
Membership / Identification No	608
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/499
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Wilson George Nampozhi -
Name & relationship of the dependents	1 . Ms.Blessy R Deena - 43 - SPOUSE 2 . Mr.Ben Gregory John - 18 - SON
Membership / Identification No	609
Occupation	OTHERS
Date of Birth/Age	/ 48 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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.	

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Authorised Signatory.

Date: 19-OCT-23

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 : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/500
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr K K Thomas -
Name & relationship of the dependents	1 . Ms.Suni Thomas - 53 - SPOUSE 2 . Mr.Georgin Thomas - 15 - SON
Membership / Identification No	610
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
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: 19-OCT-23