

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/501 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Prasad Mathew - |
| Name & relationship of the dependents | 1 . Ms.Anna Somy Koshy - 44 - SPOUSE 2 . Mr.Eldoo Koshy Joseph - 13 - SON 3 . Mr.Abel Mathew Joseph - 18 - SON |
| Membership / Identification No | 612 |
| 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

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Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/502 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Rachel P Jose - 53 - SPOUSE 2 . Ms.Mariam Anna Mathew - 22 - DAUGHTER |
| Membership / Identification No | 613 |
| 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. | |

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/503 |
| Name 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 P J Mathew - |
| Name & relationship of the dependents | 1 . Ms.Molly Mathew - 75 - SPOUSE |
| Membership / Identification No | 614 |
| 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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Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/504 |
| Name and Address 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.K O Annamma - 71 - SPOUSE |
| Membership / Identification No | 615 |
| 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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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/505 |
| Name and Address 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 V Thomas - |
| Name & relationship of the dependents | 1 . Ms.Sheebu Chacko - 49 - SPOUSE 2 . Mr.Anna Mariam Mathew - 20 - SON 3 . Mr.Aaron V Mathew - 23 - SON |
| Membership / Identification No | 616 |
| 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: | |
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Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/506 |
| Name and Address 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 Eapen - |
| Name & relationship of the dependents | 1 . Ms.J Mereena Kurian - 56 - SPOUSE |
| Membership / Identification No | 617 |
| 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.

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Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/507 |
| Name and Address 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 - |
| Name & relationship of the dependents | 1 . Ms.Shiney Samuel - 43 - SPOUSE 2 . Mr.Joel Joseph - 16 - SON 3 . Mr.Abel Joseph - 20 - SON |
| Membership / Identification No | 618 |
| 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: | |
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Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/508 |
| Name and Address 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 John - |
| Name & relationship of the dependents | |
| Membership / Identification No | 619 |
| 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: | |
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Certificate of Insurance

Group Health Insurance

| | |
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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/509 |
| Name and Address 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 Y Geevarghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 620 |
| 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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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/510 |
| Name and Address 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.Leelamma Jacob - 67 - SPOUSE |
| Membership / Identification No | 621 |
| 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. | |
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Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/511 |
| Name and Address 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 Jose John - |
| Name & relationship of the dependents | 1 . Ms.Jeanne Jacob - 41 - SPOUSE 2 . Ms.Jesse Jose - 13 - DAUGHTER 3 . Mr.Jenus Jose - 15 - SON |
| Membership / Identification No | 623 |
| 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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Date: 19-OCT-23

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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/512 |
| Name and Address 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 Daniel - |
| Name & relationship of the dependents | |
| Membership / Identification No | 624 |
| 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. | |

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/513 |
| Name and Address 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 Geevarghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 626 |
| 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. | |
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Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/514 |
| Name and Address 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 Chako - |
| Name & relationship of the dependents | 1 . Ms.Sobhana M L - 63 - SPOUSE |
| Membership / Identification No | 627 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/515 |
| Name and Address 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 - |
| Name & relationship of the dependents | 1 . Ms.Princy A John - 44 - SPOUSE 2 . Ms.Feba J Samuel - 16 - DAUGHTER 3 . Mr.Alfi J Samuel - 11 - SON |
| Membership / Identification No | 628 |
| 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/181318/01/2024/004483/516 |
| Name and Address 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 Iype - |
| Name & relationship of the dependents | 1 . Ms.Lekha James - 47 - SPOUSE 2 . Ms.Joanna James - 18 - DAUGHTER 3 . Mr.Joel James Iype - 21 - SON |
| Membership / Identification No | 629 |
| 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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, 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/181318/01/2024/004483/517 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 630 |
| 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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, 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/181318/01/2024/004483/518 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Samji George - |
| Name & relationship of the dependents | |
| Membership / Identification No | 632 |
| 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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, 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/181318/01/2024/004483/519 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Thomaskutty K - |
| Name & relationship of the dependents | |
| Membership / Identification No | 633 |
| 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

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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/181318/01/2024/004483/520 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Simon Varghese Alias - |
| Name & relationship of the dependents | 1 . Ms.Simi Eapen - 48 - SPOUSE 2 . Mr.Peter Simon - 20 - SON 3 . Mr.Stephen Simon - 24 - SON |
| Membership / Identification No | 634 |
| 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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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/181318/01/2024/004483/521 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Alex P Zachariah - |
| Name & relationship of the dependents | 1 . Ms.Kumari Rachel C K - 62 - SPOUSE |
| Membership / Identification No | 635 |
| 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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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/181318/01/2024/004483/522 |
| Name and Address 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 Mathews - |
| Name & relationship of the dependents | 1 . Ms.Mariamamma Mathew - 71 - SPOUSE |
| Membership / Identification No | 636 |
| 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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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/181318/01/2024/004483/523 |
| Name and Address 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 | |
| Membership / Identification No | 637 |
| 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/181318/01/2024/004483/524 |
| Name 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 Mathews Ramban - |
| Name & relationship of the dependents | |
| Membership / Identification No | 638 |
| 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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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/181318/01/2024/004483/525 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Susan Abraham - 49 - SPOUSE 2 . Ms.Kripa Sara Abraham - 20 - DAUGHTER 3 . Mr.Abel V Abraham - 23 - SON |
| Membership / Identification No | 639 |
| 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/181318/01/2024/004483/526 |
| Name and Address 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 V Mathew Thuvayoor (Shine V Mathew) - |
| Name & relationship of the dependents | 1 . Ms.Siny Kunjukunju - 44 - SPOUSE 2 . Ms.Adoniyah Elizabeth Mathew - 11 - DAUGHTER 3 . Ms.Adorirah Mariam Mathew - 11 - DAUGHTER |
| Membership / Identification No | 640 |
| 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

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/181318/01/2024/004483/527 |
| Name and Address 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 M Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 641 |
| 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/181318/01/2024/004483/528 |
| Name and Address 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 T Lal - |
| Name & relationship of the dependents | 1 . Ms.Smitha Susan Jacob - 49 - SPOUSE 2 . Ms.Mariam Susan Lal - 20 - DAUGHTER |
| Membership / Identification No | 642 |
| 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/181318/01/2024/004483/529 |
| Name and Address 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.Mini Thomas - 50 - SPOUSE 2 . Ms.Feba Thomas - 20 - DAUGHTER 3 . Ms.Hanna Thomas - 24 - DAUGHTER |
| Membership / Identification No | 643 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/530 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Jessy George - 61 - SPOUSE |
| Membership / Identification No | 644 |
| 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

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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/181318/01/2024/004483/531 |
| Name 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 E G Thomas Cor Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Laly Thomas - 71 - SPOUSE |
| Membership / Identification No | 645 |
| 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

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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/181318/01/2024/004483/532 |
| Name and Address 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 Tharakan - |
| Name & relationship of the dependents | 1 . Ms.Swaytha Solomon - 45 - SPOUSE 2 . Ms.Shayana Elizabeth Solomon - 14 - DAUGHTER 3 . Mr.Shawin Oommen Philip - 16 - SON |
| Membership / Identification No | 646 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/533 |
| Name and Address 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 Varghese (Biji P) - |
| Name & relationship of the dependents | 1 . Ms.Amel Babu - 45 - SPOUSE 2 . Mr.Johan Paul - 18 - SON 3 . Ms.Juana Paul - 5 - DAUGHTER |
| Membership / Identification No | 647 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/534 |
| Name and Address 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 C K - |
| Name & relationship of the dependents | 1 . Ms.Sinu Rachel Daniel - 38 - SPOUSE 2 . Ms.Godeva Mary Thomas - 10 - DAUGHTER 3 . Mr.Godwin Geo Thomas - 11 - SON |
| Membership / Identification No | 648 |
| 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,
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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/181318/01/2024/004483/535 |
| Name and Address 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 M Daniel - |
| Name & relationship of the dependents | 1 . Ms.Smitha Pappachen - 41 - SPOUSE 2 . Ms.Jewel Mariam Jose - 20 - DAUGHTER 3 . Mr.Aiden Johan Jose - 15 - SON |
| Membership / Identification No | 650 |
| 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/181318/01/2024/004483/536 |
| Name 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 Youhanon Mar Demetrios Metropolitan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 651 |
| 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/181318/01/2024/004483/537 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Jaya Thomas - 64 - SPOUSE |
| Membership / Identification No | 652 |
| 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

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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/181318/01/2024/004483/538 |
| Name and Address 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 Georgy Joseph - |
| Name & relationship of the dependents | 1 . Ms.Reni Mary Abraham - 40 - SPOUSE 2 . Mr.Reuphos Joseph Georgy - 10 - SON 3 . Mr.Reubens Joseph Georgy - 16 - SON |
| Membership / Identification No | 653 |
| 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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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

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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/181318/01/2024/004483/539 |
| Name and Address 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 Daniel - |
| Name & relationship of the dependents | 1 . Ms.Shaji Saji - 57 - SPOUSE |
| Membership / Identification No | 654 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/540 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Beena Isaac - 57 - SPOUSE |
| Membership / Identification No | 655 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/541 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Nelson John - |
| Name & relationship of the dependents | 1 . Ms.Thankamma Thomas - 60 - SPOUSE |
| Membership / Identification No | 656 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/542 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Philipose Daniel - |
| Name & relationship of the dependents | 1 . Ms.Rosamma K G - 57 - SPOUSE |
| Membership / Identification No | 658 |
| 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/181318/01/2024/004483/543 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Dency Daniel - 38 - SPOUSE 2 . Ms.Hanna Mariam Joy - 12 - DAUGHTER 3 . Mr.Joel J Varghese - 16 - SON |
| Membership / Identification No | 659 |
| 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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/544 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jhonkutty - |
| Name & relationship of the dependents | 1 . Ms.Shorney John - 43 - SPOUSE 2 . Ms.Tessa Susan John - 18 - DAUGHTER 3 . Mr.Tebin Jacob John - 15 - SON |
| Membership / Identification No | 660 |
| 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



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/181318/01/2024/004483/545 |
| Name and Address 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 Alexander - |
| Name & relationship of the dependents | 1 . Ms.Lalu Simon - 57 - SPOUSE |
| Membership / Identification No | 661 |
| 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/181318/01/2024/004483/546 |
| Name 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 P Alexander Cor Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Samma Alexander - 64 - SPOUSE |
| Membership / Identification No | 662 |
| 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/181318/01/2024/004483/547 |
| Name 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 L Thomas Cor Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Mary Thomas - 73 - SPOUSE |
| Membership / Identification No | 663 |
| 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

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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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/548 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Solu Koshy Raju - |
| Name & relationship of the dependents | 1 . Ms.Suni P Samuel - 42 - SPOUSE 2 . Ms.Sreya Susan Solu - 21 - DAUGHTER 3 . Mr.Sion Solu Koshy - 19 - SON |
| Membership / Identification No | 664 |
| 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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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/549 |
| Name and Address 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 P Jhon - |
| Name & relationship of the dependents | 1 . Ms.Anee George - 47 - SPOUSE 2 . Ms.Christy Mariyam Mathews - 17 - DAUGHTER 3 . Ms.Christeena Anna Mathews - 20 - DAUGHTER 4 . Ms.Kripa Rachel Mathew - 22 - DAUGHTER |
| Membership / Identification No | 665 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/550 |
| Name and Address 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 Mathews - |
| Name & relationship of the dependents | |
| Membership / Identification No | 666 |
| 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/181318/01/2024/004483/551 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr G Koshy - |
| Name & relationship of the dependents | 1 . Ms.Ruby Mathew - 42 - SPOUSE 2 . Ms.Mariyam Ann Koshy - 14 - DAUGHTER 3 . Ms.Kesia Ann Koshy - 21 - DAUGHTER |
| Membership / Identification No | 667 |
| 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/181318/01/2024/004483/552 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Siju Thomas - |
| Name & relationship of the dependents | 1 . Ms.Sibi Deena Varghese - 37 - SPOUSE 2 . Ms.Sera Elsa Siju - 8 - DAUGHTER 3 . Ms.Hanna Elsa Siju - 5 - DAUGHTER |
| Membership / Identification No | 668 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/553 |
| Name and Address 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.Sharumol K Kuriakose - 55 - SPOUSE |
| Membership / Identification No | 669 |
| 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/181318/01/2024/004483/554 |
| Name and Address 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 John Thomas - |
| Name & relationship of the dependents | 1 . Ms.Dr Jaisy T - 53 - SPOUSE 2 . Ms.Bodhisha Thomas - 24 - DAUGHTER |
| Membership / Identification No | 670 |
| 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/181318/01/2024/004483/555 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Lovely Thomas - 51 - SPOUSE |
| Membership / Identification No | 672 |
| 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/181318/01/2024/004483/556 |
| Name and Address 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 - |
| Name & relationship of the dependents | 1 . Ms.Sindhu Koshy - 46 - SPOUSE 2 . Ms.Kripa Elsa Koshy - 22 - DAUGHTER |
| Membership / Identification No | 673 |
| 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/181318/01/2024/004483/557 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr J Mathewkutty - |
| Name & relationship of the dependents | |
| Membership / Identification No | 679 |
| 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

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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/181318/01/2024/004483/558 |
| Name and Address 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 Mathews - |
| Name & relationship of the dependents | |
| Membership / Identification No | 680 |
| 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

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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/181318/01/2024/004483/559 |
| Name and Address 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 T Jacob - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Jacob - 73 - SPOUSE |
| Membership / Identification No | 681 |
| 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

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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/181318/01/2024/004483/560 |
| Name and Address 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 Mukalil - |
| Name & relationship of the dependents | 1 . Ms.Ambili Thomas - 41 - SPOUSE 2 . Ms.Serah Rachel Thomas - 11 - DAUGHTER 3 . Ms.Emma Mariam Thomas - 15 - DAUGHTER 4 . Mr.Dane P Thomas - 14 - SON |
| Membership / Identification No | 682 |
| 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/181318/01/2024/004483/561 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jiju John - |
| Name & relationship of the dependents | 1 . Ms.Bindu Sam - 51 - SPOUSE 2 . Ms.Krupa Mary John - 22 - DAUGHTER |
| Membership / Identification No | 684 |
| 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

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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/181318/01/2024/004483/562 |
| Name 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 P M John Cor Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Kunjamma K - 73 - SPOUSE |
| Membership / Identification No | 686 |
| 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/181318/01/2024/004483/563 |
| Name and Address 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 T John - |
| Name & relationship of the dependents | 1 . Ms.Reena P John - 47 - SPOUSE 2 . Ms.Irene Elza Mathews - 22 - DAUGHTER 3 . Mr.Iwin John Mathews - 18 - SON |
| Membership / Identification No | 688 |
| 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/181318/01/2024/004483/564 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Symon Lukose - |
| Name & relationship of the dependents | |
| Membership / Identification No | 689 |
| 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/181318/01/2024/004483/565 |
| Name and Address 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 Vaidyan V G - |
| Name & relationship of the dependents | 1 . Ms.Shiji Koshy - 45 - SPOUSE 2 . Mr.Job Koshy Vaidyan - 21 - SON |
| Membership / Identification No | 690 |
| 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/181318/01/2024/004483/566 |
| Name and Address 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 D Skaria Ponvanibhom - |
| Name & relationship of the dependents | 1 . Ms.Pushpa Skaria - 63 - SPOUSE |
| Membership / Identification No | 691 |
| 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/181318/01/2024/004483/567 |
| Name and Address 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 | |
| Membership / Identification No | 692 |
| 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/181318/01/2024/004483/568 |
| Name and Address 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 John - |
| Name & relationship of the dependents | 1 . Ms.Nisha Thankachan - 42 - SPOUSE 2 . Ms.Sandra Anna Jacob - 16 - DAUGHTER 3 . Ms.Sreya Mariam Jacob - 14 - DAUGHTER 4 . Mr.Raziel Johan Jacob - 6 - SON |
| Membership / Identification No | 693 |
| 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/181318/01/2024/004483/569 |
| Name and Address 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 Tharakan - |
| Name & relationship of the dependents | 1 . Ms.Annie Mathew - 61 - SPOUSE |
| Membership / Identification No | 694 |
| 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/181318/01/2024/004483/570 |
| Name and Address 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 V - |
| Name & relationship of the dependents | 1 . Ms.Ani P Koshy - 72 - SPOUSE |
| Membership / Identification No | 695 |
| 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/181318/01/2024/004483/571 |
| Name 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 Zacharias Mar Aprem Metropolitan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 696 |
| 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/181318/01/2024/004483/572 |
| Name and Address 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 C Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 699 |
| 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/181318/01/2024/004483/573 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Prisqulas T Peter - |
| Name & relationship of the dependents | 1 . Ms.Bindu Prisquilas - 55 - SPOUSE 2 . Ms.Erin Mariyam - 24 - DAUGHTER |
| Membership / Identification No | 700 |
| 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/181318/01/2024/004483/574 |
| Name and Address 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 Oomen - |
| Name & relationship of the dependents | 1 . Ms.Mariamamma J - 51 - SPOUSE 2 . Mr.Amith Ninan - 18 - SON |
| Membership / Identification No | 701 |
| 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/181318/01/2024/004483/575 |
| Name and Address 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 Easo Varghese - |
| Name & relationship of the dependents | 1 . Ms.Siji Philip - 37 - SPOUSE 2 . Mr.Sean Binu Varghese - 8 - SON 3 . Mr.Steve Binu Philip - 8 - SON 4 . Ms.Sheba Susan Binu - 5 - DAUGHTER |
| Membership / Identification No | 702 |
| 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,
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/181318/01/2024/004483/576 |
| Name 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 T A Philipose Tharakan Cor Episcopa - |
| Name & relationship of the dependents | |
| Membership / Identification No | 703 |
| Occupation | OTHERS |
| Date of Birth/Age | / 82 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/577 |
| Name and Address 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 Mattackal (Oommen M Benjamin) - |
| Name & relationship of the dependents | 1 . Ms.Deena Asha Mammen - 39 - SPOUSE 2 . Ms.Meekha Susan Oommen - 13 - DAUGHTER 3 . Mr.Benjamin M Oommen - 10 - SON |
| Membership / Identification No | 704 |
| 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/181318/01/2024/004483/578 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Tom Thomas - |
| Name & relationship of the dependents | 1 . Ms.Sherly Philip - 58 - SPOUSE 2 . Mr.Steev Tom - 24 - SON |
| Membership / Identification No | 705 |
| 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/181318/01/2024/004483/579 |
| Name and Address 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 George - |
| Name & relationship of the dependents | 1 . Ms.Geena M Ninan - 39 - SPOUSE 2 . Mr.Anson Georgy Thomas - 12 - SON |
| Membership / Identification No | 706 |
| 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/181318/01/2024/004483/580 |
| Name and Address 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 T Abraham - |
| Name & relationship of the dependents | 1 . Ms.Bincy Babu - 37 - SPOUSE 2 . Ms.Denaha Susan Jacob - 7 - DAUGHTER 3 . Ms.Manna Mariam Jacob - 8 - DAUGHTER 4 . Mr.Gregory Abraham Jacob - 11 - SON |
| Membership / Identification No | 708 |
| 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/181318/01/2024/004483/581 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Bino Samuel - |
| Name & relationship of the dependents | 1 . Ms.Geena K Baby - 35 - SPOUSE 2 . Mr.Deon Sam Bino - 5 - SON 3 . Mr.Darrel Sam Bino - 11 - SON |
| Membership / Identification No | 709 |
| 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,
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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/181318/01/2024/004483/582 |
| Name and Address 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 Eldho - |
| Name & relationship of the dependents | 1 . Ms.Mini Eldho - 56 - SPOUSE 2 . Ms.Riya T Eldho - 14 - DAUGHTER |
| Membership / Identification No | 710 |
| 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/181318/01/2024/004483/583 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jobby Peter - |
| Name & relationship of the dependents | 1 . Ms.Jinci Jobby - 44 - SPOUSE 2 . Mr.Jonathan Peter Jobby - 18 - SON |
| Membership / Identification No | 713 |
| 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/181318/01/2024/004483/584 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Aju K Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 714 |
| 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/181318/01/2024/004483/585 |
| Name and Address 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 | |
| Membership / Identification No | 715 |
| 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

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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/181318/01/2024/004483/586 |
| Name and Address 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 Oommen Panackamattam - |
| Name & relationship of the dependents | 1 . Ms.Suma Sam - 53 - SPOUSE 2 . Ms.Merlin Sam - 22 - DAUGHTER 3 . Mr.Obed Sam - 18 - SON |
| Membership / Identification No | 716 |
| 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

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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/181318/01/2024/004483/587 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Annamma P Mathew - 53 - SPOUSE 2 . Ms.Merin Ann Mathew - 22 - DAUGHTER 3 . Mr.Abel Mathew - 20 - SON |
| Membership / Identification No | 717 |
| 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



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/181318/01/2024/004483/588 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | |
| Membership / Identification No | 718 |
| 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/181318/01/2024/004483/589 |
| Name and Address 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 George - |
| Name & relationship of the dependents | |
| Membership / Identification No | 720 |
| 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

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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/181318/01/2024/004483/590 |
| Name and Address 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 George Parackal - |
| Name & relationship of the dependents | 1 . Ms.Sibi Thomas - 47 - SPOUSE 2 . Ms.Achsah Mary Biju - 16 - DAUGHTER 3 . Mr.Abel Biju George - 19 - SON |
| Membership / Identification No | 721 |
| 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/181318/01/2024/004483/591 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Joshi Varghese - |
| Name & relationship of the dependents | 1 . Ms.Sapna Joshi - 41 - SPOUSE 2 . Ms.Achsa Joshi - 17 - DAUGHTER 3 . Mr.Aron Joshi - 12 - SON |
| Membership / Identification No | 725 |
| 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/181318/01/2024/004483/592 |
| Name and Address 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 K Varghese - |
| Name & relationship of the dependents | 1 . Ms.Biji Anil - 39 - SPOUSE 2 . Ms.Ansa Anil - 16 - DAUGHTER 3 . Ms.Alona Anil - 12 - DAUGHTER |
| Membership / Identification No | 726 |
| 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/181318/01/2024/004483/593 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Renny Thomas - |
| Name & relationship of the dependents | 1 . Ms.Anita Elizabeth Mathew - 37 - SPOUSE 2 . Mr.Timothy Tom Kurian - 7 - SON 3 . Mr.Tobith Mathew Kurian - 5 - SON |
| Membership / Identification No | 727 |
| 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

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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/181318/01/2024/004483/594 |
| Name and Address 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 John - |
| Name & relationship of the dependents | 1 . Ms.Bindhu Roy - 42 - SPOUSE 2 . Ms.Stephy Susan Roy - 18 - DAUGHTER |
| Membership / Identification No | 728 |
| 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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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/181318/01/2024/004483/595 |
| Name and Address 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 | |
| Membership / Identification No | 729 |
| 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.,

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/181318/01/2024/004483/596 |
| Name and Address 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 Joshua - |
| Name & relationship of the dependents | 1 . Ms.Sheeba Shaji - 45 - SPOUSE 2 . Mr.Gregory P Sam - 15 - SON 3 . Mr.Basil P Sam - 19 - SON 4 . Mr.Seraphim P Sam - 9 - SON |
| Membership / Identification No | 730 |
| 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/181318/01/2024/004483/597 |
| Name and Address 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 C Varghese - |
| Name & relationship of the dependents | 1 . Ms.Ancy Varghese - 50 - SPOUSE 2 . Ms.Meeval M Varghese - 23 - DAUGHTER 3 . Mr.Basil Alex Varghese - 21 - SON |
| Membership / Identification No | 731 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/598 |
| Name and Address 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 John Thomas - |
| Name & relationship of the dependents | 1 . Ms.Rani Rachel John - 43 - SPOUSE 2 . Mr.Reuben Thomas John - 20 - SON 3 . Mr.Nathan Paul John - 15 - SON |
| Membership / Identification No | 732 |
| 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/181318/01/2024/004483/599 |
| Name and Address 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 Kuruvilla - |
| Name & relationship of the dependents | 1 . Ms.Aleyamma Kuruvilla - 66 - SPOUSE |
| Membership / Identification No | 733 |
| 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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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/181318/01/2024/004483/600 |
| Name and Address 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 Philip Idichandy - |
| Name & relationship of the dependents | |
| Membership / Identification No | 734 |
| 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/181318/01/2024/004483/601 |
| Name and Address 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.Dr.Annamma Daniel - 67 - SPOUSE |
| Membership / Identification No | 735 |
| 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

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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/181318/01/2024/004483/602 |
| Name 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 Thomas Cor- Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Mollykutty Thomas - 68 - SPOUSE |
| Membership / Identification No | 736 |
| 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,
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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/181318/01/2024/004483/603 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Daisy Rajan - 56 - SPOUSE |
| Membership / Identification No | 737 |
| 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/181318/01/2024/004483/604 |
| Name and Address 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 Thalvoor - |
| Name & relationship of the dependents | 1 . Ms.July Mathew - 48 - SPOUSE 2 . Ms.Sheba Mathew - 23 - DAUGHTER 3 . Mr.Febin Mathew - 17 - SON |
| Membership / Identification No | 738 |
| 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/181318/01/2024/004483/605 |
| Name and Address 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 M Vaidyan - |
| Name & relationship of the dependents | 1 . Ms.Bency Mathew Vaidian - 61 - SPOUSE 2 . Ms.Nidhi Mariam Mathew - 24 - DAUGHTER 3 . Mr.Gabriel Mathew Vaidian - 22 - SON |
| Membership / Identification No | 739 |
| 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



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/181318/01/2024/004483/606 |
| Name and Address 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 K Abraham - |
| Name & relationship of the dependents | |
| Membership / Identification No | 740 |
| 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,
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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/181318/01/2024/004483/607 |
| Name and Address 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.Susan Thomas - 59 - SPOUSE |
| Membership / Identification No | 743 |
| 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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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/181318/01/2024/004483/608 |
| Name and Address 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 U Thomas - |
| Name & relationship of the dependents | |
| Membership / Identification No | 746 |
| 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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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/181318/01/2024/004483/609 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Stanly Johns K - |
| Name & relationship of the dependents | |
| Membership / Identification No | 747 |
| 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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, 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/181318/01/2024/004483/610 |
| Name 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 Thevodoros Metropolitan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 748 |
| 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/181318/01/2024/004483/611 |
| Name and Address 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.Annamma Varghese - 75 - SPOUSE |
| Membership / Identification No | 749 |
| 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,
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/181318/01/2024/004483/612 |
| Name 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 Mathews Ramban - |
| Name & relationship of the dependents | |
| Membership / Identification No | 750 |
| 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/181318/01/2024/004483/613 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Tiju T Abraham - |
| Name & relationship of the dependents | 1 . Ms.Juby Sara Mathew - 38 - SPOUSE 2 . Ms.Ave Annamma George - 8 - DAUGHTER 3 . Ms.Eva Susan Abraham - 14 - DAUGHTER |
| Membership / Identification No | 752 |
| 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/181318/01/2024/004483/614 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Goldenly Thomas Oommen - |
| Name & relationship of the dependents | |
| Membership / Identification No | 753 |
| 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

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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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/615 |
| Name and Address 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 C John - |
| Name & relationship of the dependents | 1 . Ms.Renji K Philip - 39 - SPOUSE 2 . Mr.Philip C Saji - 8 - SON 3 . Mr.John C Saji - 10 - SON |
| Membership / Identification No | 754 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/616 |
| Name 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 P C Philip Cor Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Annie Philip - 62 - SPOUSE |
| Membership / Identification No | 756 |
| 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/181318/01/2024/004483/617 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Job Kurian - |
| Name & relationship of the dependents | |
| Membership / Identification No | 757 |
| 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/181318/01/2024/004483/618 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Suby - 48 - SPOUSE 2 . Mr.Alan Varghese - 22 - SON |
| Membership / Identification No | 758 |
| 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/181318/01/2024/004483/619 |
| Name and Address 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 Mathai - |
| Name & relationship of the dependents | 1 . Ms.Lincy Shaji - 36 - SPOUSE 2 . Ms.Della Sarah Shaji - 9 - DAUGHTER 3 . Ms.Dexa Sarah Shaji - 11 - DAUGHTER |
| Membership / Identification No | 759 |
| 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/181318/01/2024/004483/620 |
| Name and Address 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 P Varghese - |
| Name & relationship of the dependents | 1 . Ms.Vincy P E - 45 - SPOUSE 2 . Ms.Hanna Sara Joseph - 13 - DAUGHTER 3 . Ms.Mariya Sara Joseph - 17 - DAUGHTER |
| Membership / Identification No | 761 |
| 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/181318/01/2024/004483/621 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Samson M Simon - |
| Name & relationship of the dependents | 1 . Ms.Annie Varghese - 39 - SPOUSE 2 . Ms.Joanna Rachel Samson - 2 - DAUGHTER 3 . Mr.Asaph Samson Meladathu - 2 - SON |
| Membership / Identification No | 762 |
| 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,
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/181318/01/2024/004483/622 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Joykuttyvarghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 765 |
| 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,
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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/181318/01/2024/004483/623 |
| Name and Address 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 John Jacob - |
| Name & relationship of the dependents | 1 . Ms.Leena Susan - 47 - SPOUSE 2 . Mr.Gregorios Jacob - 19 - SON |
| Membership / Identification No | 766 |
| 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

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/624 |
| Name 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 Yakkoob Ramban - |
| Name & relationship of the dependents | |
| Membership / Identification No | 767 |
| 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/181318/01/2024/004483/625 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Vinu Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 768 |
| 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.

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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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/626 |
| Name and Address 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 Koshy - |
| Name & relationship of the dependents | 1 . Ms.Annamma Koshy - 68 - SPOUSE |
| Membership / Identification No | 769 |
| 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/181318/01/2024/004483/627 |
| Name and Address 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 K B - |
| Name & relationship of the dependents | 1 . Ms.Rainu Thomas - 37 - SPOUSE 2 . Ms.Kripa Elza Alex - 11 - DAUGHTER 3 . Mr.Christy John Alex - 8 - SON 4 . Ms.Chrissa Mariam Alex - 2 - DAUGHTER |
| Membership / Identification No | 770 |
| 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.

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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/181318/01/2024/004483/628 |
| Name and Address 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 Mathew M K (Bezalel Ramban) - |
| Name & relationship of the dependents | |
| Membership / Identification No | 771 |
| 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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, Wayanad-670645

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Authorised Signatory.

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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/181318/01/2024/004483/629 |
| Name and Address 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 Geevarghese (Mithun) - |
| Name & relationship of the dependents | |
| Membership / Identification No | 772 |
| 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

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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/181318/01/2024/004483/630 |
| Name and Address 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 Thomas (Alias Zachariah Thomas) - |
| Name & relationship of the dependents | 1 . Ms.Anisha Mary Mathew - 41 - SPOUSE 2 . Mr.Amal M Zachariah - 7 - SON 3 . Mr.Aadarsh T Zachariah - 14 - SON |
| Membership / Identification No | 773 |
| 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.

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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/181318/01/2024/004483/631 |
| Name and Address 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 Malayil(Biju Varghese) - |
| Name & relationship of the dependents | 1 . Ms.Jiji Joseph - 53 - SPOUSE 2 . Mr.Joshua Joseph - 19 - SON |
| Membership / Identification No | 774 |
| 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/181318/01/2024/004483/632 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Itty Thomas (Shery K Thomas) - |
| Name & relationship of the dependents | 1 . Ms.Antu Susan Abraham - 37 - SPOUSE 2 . Mr.Gregor Thomas Sheri - 10 - SON 3 . Ms.Dhyuthi Rebecca Sheri - 5 - DAUGHTER |
| Membership / Identification No | 775 |
| 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.

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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/181318/01/2024/004483/633 |
| Name and Address 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 Markose - |
| Name & relationship of the dependents | 1 . Ms.Beena Varghese - 41 - SPOUSE 2 . Ms.Olivia Varghese - 8 - DAUGHTER 3 . Mr.Paul Varghese - 12 - SON |
| Membership / Identification No | 776 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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.

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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/181318/01/2024/004483/634 |
| Name and Address 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 Edayadiyil - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth - 48 - SPOUSE 2 . Ms.Neha Raichel Thomas - 11 - DAUGHTER 3 . Mr.Basil Aby Thomas - 23 - SON |
| Membership / Identification No | 777 |
| 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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Authorised Signatory.

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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/635 |
| Name 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 M Mathai Cor Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Lillykutty P N - 73 - SPOUSE |
| Membership / Identification No | 778 |
| 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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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/636 |
| Name and Address 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 Kaleekal - |
| Name & relationship of the dependents | 1 . Ms.Susan Varghese - 59 - SPOUSE |
| Membership / Identification No | 779 |
| 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.

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Authorised Signatory.

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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/181318/01/2024/004483/637 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sinoy T Thomas - |
| Name & relationship of the dependents | 1 . Ms.Ribi Thomas - 40 - SPOUSE 2 . Ms.Mariam Rachel Sinoy - 12 - DAUGHTER 3 . Mr.Manual Thomas Sinoy - 10 - SON |
| Membership / Identification No | 780 |
| 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/181318/01/2024/004483/638 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Kurien T P - |
| Name & relationship of the dependents | 1 . Ms.Rebiamma Kurien - 58 - SPOUSE 2 . Mr.Gregory Kurien - 21 - SON |
| Membership / Identification No | 781 |
| 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

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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/181318/01/2024/004483/639 |
| Name and Address 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 | 1 . Ms.Sophy Thomas - 48 - SPOUSE 2 . Mr.Eldho Mathew Thomas - 24 - SON |
| Membership / Identification No | 782 |
| 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

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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/181318/01/2024/004483/640 |
| Name and Address 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 Chacko - |
| Name & relationship of the dependents | 1 . Ms.Susan Issac - 58 - SPOUSE |
| Membership / Identification No | 784 |
| 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.

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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/181318/01/2024/004483/641 |
| Name and Address 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 Philip - |
| Name & relationship of the dependents | |
| Membership / Identification No | 785 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/642 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Ebey Philip - |
| Name & relationship of the dependents | 1 . Ms.Jessy Chacko - 49 - SPOUSE 2 . Ms.Absa Sara Abraham - 23 - DAUGHTER 3 . Ms.Abia Sara Abraham - 24 - DAUGHTER |
| Membership / Identification No | 786 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/643 |
| Name and Address 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.Susan Jacob - 47 - SPOUSE 2 . Ms.Alta Susan Jacob - 23 - DAUGHTER |
| Membership / Identification No | 787 |
| 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/181318/01/2024/004483/644 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Liji George - 39 - SPOUSE 2 . Ms.Prarthana Mariyam Varghese - 7 - DAUGHTER |
| Membership / Identification No | 788 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/645 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jimmy Rajan - |
| Name & relationship of the dependents | 1 . Ms.Raymol K.T - 38 - SPOUSE 2 . Mr.Joshua Jimmy - 13 - SON 3 . Mr.Eldho Jimmy - 12 - SON |
| Membership / Identification No | 789 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/646 |
| Name and Address 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 Y Thomas - |
| Name & relationship of the dependents | 1 . Ms.Soosannamma P G - 64 - SPOUSE |
| Membership / Identification No | 790 |
| 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.

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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/181318/01/2024/004483/647 |
| Name and Address 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 Varghese Kaleekal - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Chacko - 49 - SPOUSE 2 . Ms.Serah Rachel Varghese - 15 - DAUGHTER 3 . Ms.Saino Sara Varghese - 17 - DAUGHTER 4 . Ms.Seba Eliza Varghese - 22 - DAUGHTER |
| Membership / Identification No | 791 |
| 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/181318/01/2024/004483/648 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Yohannan Sankarathil - |
| Name & relationship of the dependents | 1 . Ms.Reena Peter - 55 - SPOUSE |
| Membership / Identification No | 794 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/649 |
| Name and Address 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 P George - |
| Name & relationship of the dependents | 1 . Ms.Jolly Sam - 59 - SPOUSE |
| Membership / Identification No | 795 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/650 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Alex John - |
| Name & relationship of the dependents | 1 . Ms.Chythanya Thomas - 42 - SPOUSE 2 . Ms.Angel Mary Alex - 15 - DAUGHTER 3 . Mr.Ephrem John Alex - 11 - SON |
| Membership / Identification No | 796 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/651 |
| Name and Address 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 K Thankachan(John) - |
| Name & relationship of the dependents | 1 . Ms.Bincy Babu - 37 - SPOUSE 2 . Ms.Abiya Rachel John - 8 - DAUGHTER 3 . Ms.Abina Rachel John - 12 - DAUGHTER |
| Membership / Identification No | 797 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/652 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Leelamma C K - 69 - SPOUSE |
| Membership / Identification No | 798 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/653 |
| Name and Address 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 E Mathew - |
| Name & relationship of the dependents | 1 . Ms.Swapnamol Abraham - 41 - SPOUSE 2 . Ms.Miriya Joseph - 7 - DAUGHTER 3 . Ms.Sara Joseph - 12 - DAUGHTER 4 . Ms.Anna Joseph - 14 - DAUGHTER |
| Membership / Identification No | 799 |
| 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/181318/01/2024/004483/654 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Suja Thomas - 54 - SPOUSE |
| Membership / Identification No | 800 |
| 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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/655 |
| Name and Address 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 Kallichethu - |
| Name & relationship of the dependents | 1 . Ms.Bincy Mathew - 42 - SPOUSE 2 . Ms.Hanna Susan Jacob - 13 - DAUGHTER 3 . Ms.Helena Ann Jacob - 12 - DAUGHTER |
| Membership / Identification No | 801 |
| 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/181318/01/2024/004483/656 |
| Name and Address 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.Susan John - 58 - SPOUSE |
| Membership / Identification No | 802 |
| 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/181318/01/2024/004483/657 |
| Name and Address 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 Mathews M Daniel - |
| Name & relationship of the dependents | 1 . Ms.Anney Mathews - 63 - SPOUSE |
| Membership / Identification No | 803 |
| 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



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/181318/01/2024/004483/658 |
| Name and Address 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 Issac - |
| Name & relationship of the dependents | |
| Membership / Identification No | 805 |
| 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/181318/01/2024/004483/659 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Alex Thomas - |
| Name & relationship of the dependents | 1 . Ms.Dr Princy Alex - 43 - SPOUSE 2 . Ms.Amia Elizabeth Alex - 6 - DAUGHTER 3 . Ms.Abia Mariam Alex - 9 - DAUGHTER |
| Membership / Identification No | 806 |
| 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/181318/01/2024/004483/660 |
| Name and Address 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 Kianantha (Geogy) - |
| Name & relationship of the dependents | 1 . Ms.Ann Varghese - 37 - SPOUSE 2 . Ms.Miriyam K George - 12 - DAUGHTER 3 . Ms.Grace K George - 14 - DAUGHTER |
| Membership / Identification No | 807 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/661 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Rejy Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 808 |
| 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/181318/01/2024/004483/662 |
| Name and Address 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 Paul - |
| Name & relationship of the dependents | 1 . Ms.Lisha Sajan - 48 - SPOUSE 2 . Ms.Helna Sajan - 22 - DAUGHTER |
| Membership / Identification No | 809 |
| 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/181318/01/2024/004483/663 |
| Name and Address 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 Thomas (Rev Fr Zacharia Thomas) - |
| Name & relationship of the dependents | 1 . Ms.Rony Raju - 38 - SPOUSE 2 . Ms.Abigail Elza Binu - 13 - DAUGHTER 3 . Mr.Raphael John Binu - 10 - SON 4 . Mr.Reuben Thomas Binu - 10 - SON |
| Membership / Identification No | 810 |
| 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/181318/01/2024/004483/664 |
| Name and Address 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 T Thomas - |
| Name & relationship of the dependents | 1 . Ms.Sunu Mathews - 55 - SPOUSE 2 . Ms.Teena Mary Thomas - 22 - DAUGHTER |
| Membership / Identification No | 811 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/665 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Meenu Mary Mathachan - 37 - SPOUSE 2 . Ms.Agnes Anna Varghese - 13 - DAUGHTER 3 . Mr.Amos V Andrews - 5 - SON |
| Membership / Identification No | 812 |
| 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/181318/01/2024/004483/666 |
| Name and Address 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 Thannimoottil Saji - |
| Name & relationship of the dependents | 1 . Ms.Betsy Saji - 56 - SPOUSE |
| Membership / Identification No | 813 |
| 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/181318/01/2024/004483/667 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Christy Mary Sam - 38 - SPOUSE 2 . Ms.Divina Hanna John - 12 - DAUGHTER 3 . Mr.Delvin John Thomas - 7 - SON |
| Membership / Identification No | 814 |
| 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/181318/01/2024/004483/668 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Kuriachen Mathew - |
| Name & relationship of the dependents | 1 . Ms.Renjini Cheriya - 43 - SPOUSE 2 . Ms.Helna Kurian - 20 - DAUGHTER 3 . Mr.Habi Kurian - 10 - SON 4 . Ms.Hanna Kurian - 18 - DAUGHTER |
| Membership / Identification No | 816 |
| 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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, 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/181318/01/2024/004483/669 |
| Name and Address 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 V George - |
| Name & relationship of the dependents | 1 . Ms.Asha Santhosh - 38 - SPOUSE 2 . Ms.Mereena Elza John - 7 - DAUGHTER 3 . Ms.Susanna Elza John - 9 - DAUGHTER 4 . Ms.Johana Elza John - 10 - DAUGHTER |
| Membership / Identification No | 817 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/670 |
| Name and Address 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 Varghese (Abraham Varghese) - |
| Name & relationship of the dependents | 1 . Ms.Aleena Joseph - 34 - SPOUSE 2 . Ms.Neira Susan Abraham - 8 - DAUGHTER 3 . Ms.Nedhiva Ann Abraham - 12 - DAUGHTER |
| Membership / Identification No | 818 |
| 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,
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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/181318/01/2024/004483/671 |
| Name and Address 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 S Ninan - |
| Name & relationship of the dependents | 1 . Ms.Shiny Ann Ninan - 52 - SPOUSE 2 . Ms.Nikhitha Ann Ninan - 21 - DAUGHTER |
| Membership / Identification No | 820 |
| 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/181318/01/2024/004483/672 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Mariamamma Abraham - 73 - SPOUSE |
| Membership / Identification No | 821 |
| 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/181318/01/2024/004483/673 |
| Name and Address 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 Perumal Chacko - |
| Name & relationship of the dependents | 1 . Ms.Mithu Thomas - 35 - SPOUSE 2 . Ms.Jeney Elizabeth Perumal - 9 - DAUGHTER 3 . Mr.Jerom Chacko Perumal - 12 - SON |
| Membership / Identification No | 822 |
| 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.

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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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/674 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jomon John K - |
| Name & relationship of the dependents | |
| Membership / Identification No | 823 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/675 |
| Name and Address 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 Tharayil - |
| Name & relationship of the dependents | 1 . Ms.Joice Joseph - 60 - SPOUSE |
| Membership / Identification No | 824 |
| 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

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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/181318/01/2024/004483/676 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Adv O Thomas Panicker - |
| Name & relationship of the dependents | 1 . Ms.Sheeba Thomas Panicker - 60 - SPOUSE |
| Membership / Identification No | 826 |
| 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,
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For Star Health and Allied Insurance Co., Ltd.,



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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/181318/01/2024/004483/677 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Litto Jacob - |
| Name & relationship of the dependents | 1 . Ms.Renju Pappachan - 40 - SPOUSE 2 . Ms.Elsa Mariam Jacob - 11 - DAUGHTER 3 . Mr.Elias Jacob Chacko - 13 - SON |
| Membership / Identification No | 827 |
| 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.,



Authorised Signatory.

Date: 19-OCT-23

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Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/678 |
| Name and Address 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 Stephen - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Stephen - 60 - SPOUSE |
| Membership / Identification No | 828 |
| 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/181318/01/2024/004483/679 |
| Name and Address 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 Jacob - |
| Name & relationship of the dependents | 1 . Ms.Roja John - 39 - SPOUSE 2 . Ms.Ann Sara John - 13 - DAUGHTER 3 . Mr.Dhyan Jacob John - 6 - SON |
| Membership / Identification No | 829 |
| 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/181318/01/2024/004483/680 |
| Name and Address 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 V Varghese - |
| Name & relationship of the dependents | 1 . Ms.Daiju Raju - 36 - SPOUSE 2 . Ms.Sara Mariyam Koshy - 8 - DAUGHTER 3 . Mr.Johan Varghese Koshy - 10 - SON |
| Membership / Identification No | 830 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/681 |
| Name and Address 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 Johns(Yuhanon Poikayil) - |
| Name & relationship of the dependents | 1 . Ms.Nisha Mariam Varghes - 34 - SPOUSE 2 . Ms.Abiya Sara Johns - 11 - DAUGHTER 3 . Ms.B/o Nisha Mariam Varghes - 5 - DAUGHTER |
| Membership / Identification No | 831 |
| 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

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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/181318/01/2024/004483/682 |
| Name and Address 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 Samuel - |
| Name & relationship of the dependents | 1 . Ms.Jincy John - 34 - SPOUSE 2 . Ms.Jinitha Mariam Jose - 10 - DAUGHTER 3 . Mr.George Sam Jose - 5 - SON |
| Membership / Identification No | 832 |
| 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,
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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/181318/01/2024/004483/683 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Simon Varghese - |
| Name & relationship of the dependents | 1 . Ms.Sherin Sara George - 41 - SPOUSE 2 . Ms.Sharlet Elza Simon - 15 - DAUGHTER 3 . Mr.Sharon Varghese Simon - 18 - SON |
| Membership / Identification No | 833 |
| 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/181318/01/2024/004483/684 |
| Name and Address 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 Philip (Deepu Philip) - |
| Name & relationship of the dependents | 1 . Ms.Roshni V Kuriakose - 43 - SPOUSE 2 . Ms.Mariyam Mathew - 12 - DAUGHTER 3 . Mr.Philip Mathew - 14 - SON |
| Membership / Identification No | 834 |
| 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

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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/181318/01/2024/004483/685 |
| Name and Address 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 T Varghese (Biju Varghese) - |
| Name & relationship of the dependents | 1 . Ms.Mercy Pappachen - 39 - SPOUSE 2 . Ms.Mahima Elsa John - 15 - DAUGHTER 3 . Ms.Nibiah Mariyam John - 17 - DAUGHTER |
| Membership / Identification No | 835 |
| 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/181318/01/2024/004483/686 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Bijoy C P - |
| Name & relationship of the dependents | 1 . Ms.Jesmin M - 42 - SPOUSE 2 . Mr.Johan B Mathew - 10 - SON 3 . Mr.Joshua B Mathew - 15 - SON |
| Membership / Identification No | 837 |
| 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,
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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/181318/01/2024/004483/687 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Daniel George - |
| Name & relationship of the dependents | 1 . Ms.Mary Paul - 37 - SPOUSE 2 . Mr.Aprem George Aji - 7 - SON 3 . Mr.Agnus Sara Aji - 11 - SON |
| Membership / Identification No | 838 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/688 |
| Name and Address 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 V Mani - |
| Name & relationship of the dependents | 1 . Ms.Deepa John - 36 - SPOUSE 2 . Ms.Sara Elizabeth Mani - 5 - DAUGHTER 3 . Ms.Anna Mariam Kuriakose - 12 - DAUGHTER |
| Membership / Identification No | 839 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/689 |
| Name and Address 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 Koshy Issac - |
| Name & relationship of the dependents | 1 . Ms.Anu Shibu - 54 - SPOUSE |
| Membership / Identification No | 841 |
| 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,
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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/181318/01/2024/004483/690 |
| Name and Address 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 Edavana - |
| Name & relationship of the dependents | 1 . Ms.Annamma Varghese - 70 - SPOUSE |
| Membership / Identification No | 842 |
| 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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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/691 |
| Name and Address 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 Sleeba (Reji) - |
| Name & relationship of the dependents | 1 . Ms.Jiji M Kunjachan - 32 - SPOUSE 2 . Ms.Sleeba John R - 10 - DAUGHTER 3 . Mr.Shalom John R - 9 - SON |
| Membership / Identification No | 843 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/692 |
| Name and Address 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 Lukose (Vinod K) - |
| Name & relationship of the dependents | 1 . Ms.Lisha Shaji - 33 - SPOUSE 2 . Ms.Diya K Lukose - 7 - DAUGHTER 3 . Ms.Dona K Lukose - 9 - DAUGHTER |
| Membership / Identification No | 846 |
| 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,
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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/181318/01/2024/004483/693 |
| Name and Address 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 George - |
| Name & relationship of the dependents | |
| Membership / Identification No | 847 |
| 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.

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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/181318/01/2024/004483/694 |
| Name and Address 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 Raju - |
| Name & relationship of the dependents | 1 . Ms.Sneha Sunny - 32 - SPOUSE 2 . Mr.Dhyan George Thomas - 8 - SON 3 . Ms.Stephy Mariam Thomas - 5 - DAUGHTER |
| Membership / Identification No | 848 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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

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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/181318/01/2024/004483/695 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sajo Mathew - |
| Name & relationship of the dependents | 1 . Ms.Reshma Susan - 34 - SPOUSE 2 . Mr.Aden Mathew - 7 - SON 3 . Mr.Ephrem Mathew - 1 - SON |
| Membership / Identification No | 849 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/696 |
| Name and Address 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 Vattakkattu - |
| Name & relationship of the dependents | |
| Membership / Identification No | 850 |
| 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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Authorised Signatory.

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Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/697 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Mobi Varghese - 41 - SPOUSE 2 . Ms.Aneeta Mary Aby - 15 - DAUGHTER 3 . Ms.Aksa Rachel Aby - 18 - DAUGHTER |
| Membership / Identification No | 851 |
| 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/181318/01/2024/004483/698 |
| Name and Address 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 (Joseph) - |
| Name & relationship of the dependents | 1 . Ms.Bindu Kurian - 52 - SPOUSE 2 . Ms.Harsha Rebecca Joseph - 18 - DAUGHTER 3 . Ms.Hannah Mariam Joseph - 22 - DAUGHTER |
| Membership / Identification No | 852 |
| 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/181318/01/2024/004483/699 |
| Name and Address 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 Geevarghese - |
| Name & relationship of the dependents | 1 . Ms.Ciji James - 55 - SPOUSE |
| Membership / Identification No | 854 |
| 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/181318/01/2024/004483/700 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sanju John - |
| Name & relationship of the dependents | 1 . Ms.Suja Sanju John - 55 - SPOUSE 2 . Mr.Anwin Sanju John - 22 - SON |
| Membership / Identification No | 855 |
| 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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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/181318/01/2024/004483/701 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | |
| Membership / Identification No | 856 |
| Occupation | OTHERS |
| Date of Birth/Age | / 89 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/702 |
| Name and Address 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 | |
| Membership / Identification No | 857 |
| 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

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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/181318/01/2024/004483/703 |
| Name and Address 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 Abraham - |
| Name & relationship of the dependents | |
| Membership / Identification No | 858 |
| 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
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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/704 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shebu Thankachen - |
| Name & relationship of the dependents | 1 . Ms.Beena - 39 - SPOUSE 2 . Ms.Hanna Mariam Shebu - 13 - DAUGHTER |
| Membership / Identification No | 859 |
| 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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Authorised Signatory.

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/705 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Annamma Thomas - 59 - SPOUSE |
| Membership / Identification No | 860 |
| 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/181318/01/2024/004483/706 |
| Name and Address 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 | |
| Membership / Identification No | 861 |
| 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/181318/01/2024/004483/707 |
| Name and Address 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 K Varghese - |
| Name & relationship of the dependents | 1 . Ms.Susha Jose - 54 - SPOUSE |
| Membership / Identification No | 862 |
| 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



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/181318/01/2024/004483/708 |
| Name and Address 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 Sunny John - |
| Name & relationship of the dependents | 1 . Ms.Suma Joseph - 54 - SPOUSE |
| Membership / Identification No | 863 |
| 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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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/181318/01/2024/004483/709 |
| Name and Address 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 Mukadiyil - |
| Name & relationship of the dependents | 1 . Ms.Jeena Shaji - 50 - SPOUSE 2 . Ms.Sharon Rachel - 16 - DAUGHTER 3 . Mr.Stoffel Baby - 20 - SON |
| Membership / Identification No | 864 |
| 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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, 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/181318/01/2024/004483/710 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Binzi Jose - 52 - SPOUSE 2 . Ms.Joyna Reba Jose - 24 - DAUGHTER 3 . Mr.Jeremy Mathew Jose - 19 - SON |
| Membership / Identification No | 865 |
| 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

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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/181318/01/2024/004483/711 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Annie Varghese - 46 - SPOUSE |
| Membership / Identification No | 866 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/712 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Giju George - |
| Name & relationship of the dependents | 1 . Ms.Nisha Giju George - 44 - SPOUSE 2 . Ms.Rachel Giju George - 19 - DAUGHTER 3 . Ms.Serah Giju George - 15 - DAUGHTER |
| Membership / Identification No | 867 |
| 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/181318/01/2024/004483/713 |
| Name and Address 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.Shibu Varghese P.C(P S Varghese) - |
| Name & relationship of the dependents | 1 . Ms.Nimmi Varghese - 37 - SPOUSE 2 . Mr.Nethan Shibu Varghese - 12 - SON 3 . Mr.Nathanael Shibu Varghese - 5 - SON |
| Membership / Identification No | 868 |
| 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/181318/01/2024/004483/714 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sigin Mathew - |
| Name & relationship of the dependents | 1 . Ms.Anila Ann Sigin - 38 - SPOUSE 2 . Ms.Niya Mariyam Sigin - 8 - DAUGHTER 3 . Ms.Siya Susan Sigin - 15 - DAUGHTER |
| Membership / Identification No | 869 |
| 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/181318/01/2024/004483/715 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Binoj M Baby - |
| Name & relationship of the dependents | 1 . Ms.Sherly Varghese - 44 - SPOUSE 2 . Ms.Joanna Binoj - 9 - DAUGHTER |
| Membership / Identification No | 870 |
| 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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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/181318/01/2024/004483/716 |
| Name and Address 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.Nisha Mathew - 35 - SPOUSE 2 . Ms.Diya Sara Mathew - 14 - DAUGHTER 3 . Mr.Ayaan Tom Mathew - 7 - SON |
| Membership / Identification No | 871 |
| 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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, 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/181318/01/2024/004483/717 |
| Name and Address 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 Varughese - |
| Name & relationship of the dependents | 1 . Ms.Jicy Mary George - 49 - SPOUSE 2 . Mr.Joshua George - 23 - SON 3 . Ms.Hanna Mary George - 18 - DAUGHTER |
| Membership / Identification No | 872 |
| 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



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/181318/01/2024/004483/718 |
| Name and Address 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 Johnson Mulamoottil - |
| Name & relationship of the dependents | 1 . Ms.Subi T - 47 - SPOUSE |
| Membership / Identification No | 873 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/719 |
| Name and Address 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 Shajan - |
| Name & relationship of the dependents | 1 . Ms.Biji Daniel - 50 - SPOUSE 2 . Ms.Megha Raichel Shajan - 24 - DAUGHTER 3 . Mr.Nidhil S Daniel - 19 - SON |
| Membership / Identification No | 874 |
| 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/181318/01/2024/004483/720 |
| Name and Address 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 | 1 . Ms.Suni Kurain - 45 - SPOUSE 2 . Mr.Christy Kurian - 20 - SON |
| Membership / Identification No | 875 |
| 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

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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/181318/01/2024/004483/721 |
| Name and Address 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 G Varghese - |
| Name & relationship of the dependents | 1 . Ms.Rosamma David - 53 - SPOUSE 2 . Mr.Kevin Varghese Philip - 22 - SON |
| Membership / Identification No | 876 |
| 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/181318/01/2024/004483/722 |
| Name and Address 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 Panavelil - |
| Name & relationship of the dependents | 1 . Ms.Lissy Kurian - 52 - SPOUSE |
| Membership / Identification No | 877 |
| 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/181318/01/2024/004483/723 |
| Name and Address 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 G John - |
| Name & relationship of the dependents | 1 . Ms.Jeny John - 48 - SPOUSE 2 . Mr.Abel Varghese John - 19 - SON |
| Membership / Identification No | 880 |
| 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/181318/01/2024/004483/724 |
| Name and Address 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 Puthenveetil - |
| Name & relationship of the dependents | |
| Membership / Identification No | 881 |
| 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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, 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/181318/01/2024/004483/725 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Denny P John - |
| Name & relationship of the dependents | 1 . Ms.Anu Anna Ninan - 38 - SPOUSE 2 . Ms.Rachel Thankam Thomas - 7 - DAUGHTER 3 . Mr.John Thomas Panayil - 12 - SON |
| Membership / Identification No | 882 |
| 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/181318/01/2024/004483/726 |
| Name and Address 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 Mathews - |
| Name & relationship of the dependents | 1 . Ms.Mary Shaji - 56 - SPOUSE |
| Membership / Identification No | 885 |
| 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/181318/01/2024/004483/727 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Alvina Roy - 48 - SPOUSE 2 . Ms.Alan Anna Roy - 20 - DAUGHTER |
| Membership / Identification No | 888 |
| 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

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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/181318/01/2024/004483/728 |
| Name 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. Geevarghese Mar Theophilos Metropolitan (Fr Santhosh K Joshua) - |
| Name & relationship of the dependents | |
| Membership / Identification No | 889 |
| 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/181318/01/2024/004483/729 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sabu Mathew - |
| Name & relationship of the dependents | 1 . Ms.Sony Thomas - 55 - SPOUSE 2 . Ms.Anna Mariyam Alex - 10 - DAUGHTER |
| Membership / Identification No | 890 |
| 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



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/181318/01/2024/004483/730 |
| Name 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 Elavankat Geevarghese Ramban - |
| Name & relationship of the dependents | |
| Membership / Identification No | 891 |
| 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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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/181318/01/2024/004483/731 |
| Name and Address 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 Mathews - |
| Name & relationship of the dependents | 1 . Ms.Jiji Wilson - 51 - SPOUSE 2 . Mr.Meris Mariam Wilson - 17 - SON |
| Membership / Identification No | 892 |
| 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

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/181318/01/2024/004483/732 |
| Name and Address 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 - |
| Name & relationship of the dependents | 1 . Ms.Sancy Susan Jacob - 39 - SPOUSE 2 . Ms.Alanza Susan Jacob - 9 - DAUGHTER 3 . Mr.Aben Varghese Jacob - 12 - SON |
| Membership / Identification No | 893 |
| 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,
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/181318/01/2024/004483/733 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jobie K John - |
| Name & relationship of the dependents | |
| Membership / Identification No | 894 |
| 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/181318/01/2024/004483/734 |
| Name and Address 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 Isac - |
| Name & relationship of the dependents | 1 . Ms.Venny M Varghese - 32 - SPOUSE 2 . Ms.Angel Sara Varghese - 9 - DAUGHTER 3 . Mr.Immanuel Isac Varghese - 3 - SON |
| Membership / Identification No | 895 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/735 |
| Name and Address 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 Oommen Philip - |
| Name & relationship of the dependents | 1 . Ms.Angel Thomas - 43 - SPOUSE 2 . Ms.Mariam Elsa Pradeep - 5 - DAUGHTER |
| Membership / Identification No | 896 |
| 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/181318/01/2024/004483/736 |
| Name and Address 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 Cherian (Roshan) - |
| Name & relationship of the dependents | 1 . Ms.Irene Elezabeth Geevarghese - 35 - SPOUSE 2 . Ms.Hanel Elizabeth Joseph - 3 - DAUGHTER 3 . Mr.Habel C Joseph - 1 - SON |
| Membership / Identification No | 897 |
| 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/181318/01/2024/004483/737 |
| Name and Address 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 John - |
| Name & relationship of the dependents | 1 . Ms.Kochumariamamma - 57 - SPOUSE 2 . Ms.Sophia Rebeka John - 16 - DAUGHTER |
| Membership / Identification No | 898 |
| 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/181318/01/2024/004483/738 |
| Name and Address 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 Cherian - |
| Name & relationship of the dependents | 1 . Ms.Sherin Varghese - 34 - SPOUSE 2 . Mr.George P Varghese - 6 - SON 3 . Mr.Cherian P Varghese - 10 - SON |
| Membership / Identification No | 899 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/739 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Alex Brince Mathews - |
| Name & relationship of the dependents | 1 . Ms.Sherin John - 41 - SPOUSE 2 . Mr.Bennet Alex John - 8 - SON 3 . Mr.Ben Alex Mathews - 13 - SON |
| Membership / Identification No | 900 |
| 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/181318/01/2024/004483/740 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Elwyn Thomas - |
| Name & relationship of the dependents | 1 . Ms.Jisha Mariam Elwyn - 36 - SPOUSE 2 . Ms.Ezra Tom Elwyn - 7 - DAUGHTER 3 . Mr.Ezek Gregory Elwyn - 3 - SON 4 . Ms.Ezaira Nima Elwyn - 1 - DAUGHTER |
| Membership / Identification No | 901 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/741 |
| Name and Address 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 Joy - |
| Name & relationship of the dependents | 1 . Ms.Priya Raj - 34 - SPOUSE 2 . Ms.Nanma Mariam Mathew - 9 - DAUGHTER 3 . Ms.Nidhi Mariam Mathew - 10 - DAUGHTER |
| Membership / Identification No | 902 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/742 |
| Name and Address 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.Roshin - 39 - SPOUSE 2 . Ms.Hanna John - 11 - DAUGHTER |
| Membership / Identification No | 903 |
| 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

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/743 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Sheeba Shyju - 39 - SPOUSE 2 . Mr.Pranoy Gheevargughese Vettikunnel - 10 - SON 3 . Ms.Sneha Susan Geevarughese - 5 - DAUGHTER |
| Membership / Identification No | 904 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/744 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Siju Zach Vettiyyar - |
| Name & relationship of the dependents | 1 . Ms.Aneesha Skariya - 38 - SPOUSE 2 . Ms.Hanna Valsa Siju - 10 - DAUGHTER 3 . Ms.Sera Valsa Siju - 4 - DAUGHTER |
| Membership / Identification No | 905 |
| 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/181318/01/2024/004483/745 |
| Name and Address 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 T Geevarghese - |
| Name & relationship of the dependents | 1 . Ms.Siji P Thampi - 35 - SPOUSE 2 . Mr.Aabel K Varghese - 10 - SON 3 . Mr.Abel K Varghese - 10 - SON |
| Membership / Identification No | 906 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/746 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Nelson T T - |
| Name & relationship of the dependents | 1 . Ms.Anu Mathai - 35 - SPOUSE 2 . Ms.Christeena Nelson - 10 - DAUGHTER 3 . Mr.Anson Thomas - 9 - SON |
| Membership / Identification No | 908 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/747 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr G Chacko Tharakan - |
| Name & relationship of the dependents | 1 . Ms.K O Aleyamma - 64 - SPOUSE |
| Membership / Identification No | 909 |
| 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/181318/01/2024/004483/748 |
| Name and Address 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 Tharakan M J - |
| Name & relationship of the dependents | 1 . Ms.Sajani P C - 35 - SPOUSE 2 . Ms.Kripa S Tharakan - 5 - DAUGHTER 3 . Mr.Yuhan S Tharakan - 8 - SON |
| Membership / Identification No | 910 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/749 |
| Name and Address 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 K Raju - |
| Name & relationship of the dependents | 1 . Ms.Silvi K Aby - 35 - SPOUSE 2 . Ms.Abiah Rachael Aby - 7 - DAUGHTER 3 . Mr.Abiel Abraham Aby - 5 - SON |
| Membership / Identification No | 911 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/750 |
| Name and Address 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 Samuel - |
| Name & relationship of the dependents | |
| Membership / Identification No | 912 |
| 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,
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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/751 |
| Name and Address 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 N B(Jins) - |
| Name & relationship of the dependents | 1 . Ms.Bincy P K - 34 - SPOUSE 2 . Ms.Ellyn Seraphia J B - 7 - DAUGHTER 3 . Ms.Miran Seraphia J B - 12 - DAUGHTER |
| Membership / Identification No | 913 |
| 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

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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/181318/01/2024/004483/752 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Gigin Baby - |
| Name & relationship of the dependents | 1 . Ms.Lincy Sara Skariah - 32 - SPOUSE 2 . Ms.Abiya Sara Gigin - 8 - DAUGHTER 3 . Ms.Hannah Sara Gigin - 3 - DAUGHTER |
| Membership / Identification No | 914 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/753 |
| Name and Address 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 Valayil - |
| Name & relationship of the dependents | |
| Membership / Identification No | 915 |
| 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/181318/01/2024/004483/754 |
| Name and Address 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 Mathai - |
| Name & relationship of the dependents | 1 . Ms.Rachel Mathai - 47 - SPOUSE 2 . Ms.Hanna Mathai - 24 - DAUGHTER 3 . Mr.Noah Mathai - 15 - SON 4 . Ms.Irene Mathai - 15 - DAUGHTER |
| Membership / Identification No | 917 |
| 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/181318/01/2024/004483/755 |
| Name 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 Nathaniel Ramban(Fr Samu George) - |
| Name & relationship of the dependents | |
| Membership / Identification No | 918 |
| 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/181318/01/2024/004483/756 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Anila Joy - 34 - SPOUSE 2 . Ms.Johannah Sam - 10 - DAUGHTER 3 . Mr.Joshua Sam - 5 - SON |
| Membership / Identification No | 919 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/757 |
| Name and Address 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 George - |
| Name & relationship of the dependents | 1 . Ms.Anila Elaza Thomas - 36 - SPOUSE 2 . Mr.Ahron George Thomas - 10 - SON 3 . Ms.Asnah Elizabeth Thomas - 1 - DAUGHTER |
| Membership / Identification No | 920 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/758 |
| Name and Address 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 Mathew (Jaise) - |
| Name & relationship of the dependents | |
| Membership / Identification No | 921 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/759 |
| Name and Address 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 Kuriakose - |
| Name & relationship of the dependents | 1 . Ms.Minu Mary Andrews - 32 - SPOUSE 2 . Mr.Eden Kurian Eldho - 6 - SON 3 . Mr.Adam Andrews Eldho - 3 - SON 4 . Mr.Eric Paul Eldho - 1 - SON |
| Membership / Identification No | 922 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/760 |
| Name and Address 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 N Cherian - |
| Name & relationship of the dependents | 1 . Ms.Binu Alex - 37 - SPOUSE 2 . Ms.Libnah Susan Cherian - 10 - DAUGHTER 3 . Mr.Laban Philip Cherian - 8 - SON |
| Membership / Identification No | 923 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/761 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jiju Varghese - |
| Name & relationship of the dependents | 1 . Ms.Ann Susan Varghese - 34 - SPOUSE 2 . Ms.Nathania Hanna Geevarghese - 7 - DAUGHTER 3 . Mr.Naethen Kuriakose Varghese - 4 - SON |
| Membership / Identification No | 924 |
| 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

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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/181318/01/2024/004483/762 |
| Name and Address 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 Y Wilson - |
| Name & relationship of the dependents | 1 . Ms.Marykutty Wilson - 56 - SPOUSE 2 . Mr.Samuel Wilson - 23 - SON 3 . Mr.Daniel Wilson - 24 - SON |
| Membership / Identification No | 926 |
| 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/181318/01/2024/004483/763 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jain C Mathew - |
| Name & relationship of the dependents | 1 . Ms.Preetha Mathew - 37 - SPOUSE 2 . Ms.Jewel Mariam Jain - 8 - DAUGHTER 3 . Mr.Joshua Mathew Jain - 3 - SON |
| Membership / Identification No | 927 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/764 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Nithesh N A - |
| Name & relationship of the dependents | 1 . Ms.Saniya John - 33 - SPOUSE 2 . Mr.Abel Thomas - 9 - SON |
| Membership / Identification No | 928 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/765 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Liju Yohannan - |
| Name & relationship of the dependents | 1 . Ms.Florida Varghese - 34 - SPOUSE 2 . Mr.Ephrem G Liju - 9 - SON 3 . Ms.Esther Mariam Liju - 2 - DAUGHTER |
| Membership / Identification No | 929 |
| 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,
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/181318/01/2024/004483/766 |
| Name and Address 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 | 1 . Ms.Saramma Varghese - 63 - SPOUSE |
| Membership / Identification No | 930 |
| 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/181318/01/2024/004483/767 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Rege Mathew - |
| Name & relationship of the dependents | |
| Membership / Identification No | 932 |
| 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

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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/181318/01/2024/004483/768 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Lijomon Mathew - |
| Name & relationship of the dependents | 1 . Ms.Anju Annie Alexander - 35 - SPOUSE 2 . Mr.Austin Lijo Mathews - 7 - SON 3 . Mr.Alexin Lijo Mathews - 5 - SON |
| Membership / Identification No | 933 |
| 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,
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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/181318/01/2024/004483/769 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Siju Varghese Koshy - |
| Name & relationship of the dependents | 1 . Ms.Shyba Anna Koshy - 36 - SPOUSE 2 . Mr.Hebel Koshy Varghese - 8 - SON 3 . Mr.Mabel George Varghese - 5 - SON |
| Membership / Identification No | 934 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/770 |
| Name and Address 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 M Chandy - |
| Name & relationship of the dependents | 1 . Ms.Lata Marina Varghese - 60 - SPOUSE |
| Membership / Identification No | 935 |
| 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,
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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/181318/01/2024/004483/771 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jalson P George - |
| Name & relationship of the dependents | 1 . Ms.Neethu Thomas - 32 - SPOUSE 2 . Ms.Ann Elza Jalson - 7 - DAUGHTER 3 . Mr.Alexi Geo Jalson - 8 - SON |
| Membership / Identification No | 936 |
| 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.

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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/181318/01/2024/004483/772 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Joices V J - |
| Name & relationship of the dependents | 1 . Ms.Jomi Thomas - 30 - SPOUSE 2 . Mr.Hanoch Joy Joice - 7 - SON |
| Membership / Identification No | 938 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/773 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Justin Aniyam - |
| Name & relationship of the dependents | 1 . Ms.Robsy Mariam lype - 33 - SPOUSE 2 . Ms.Miriam Sara Justin - 5 - DAUGHTER 3 . Mr.Basil George Justin - 5 - SON |
| Membership / Identification No | 939 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/774 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Praveen John Mathews - |
| Name & relationship of the dependents | 1 . Ms.Jinu M George - 39 - SPOUSE 2 . Mr.Josiah John Mathew - 13 - SON |
| Membership / Identification No | 940 |
| 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

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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/181318/01/2024/004483/775 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shijy Koshy - |
| Name & relationship of the dependents | 1 . Ms.Lincy Philip - 35 - SPOUSE 2 . Mr.Nathaan S Koshy - 10 - SON 3 . Ms.Nathania Ann Shiji - 5 - DAUGHTER |
| Membership / Identification No | 941 |
| 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,
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/181318/01/2024/004483/776 |
| Name 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 Barsleebi Ramban - |
| Name & relationship of the dependents | |
| Membership / Identification No | 942 |
| 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/181318/01/2024/004483/777 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Bijosh Thomas - |
| Name & relationship of the dependents | 1 . Ms.Eleesa Jacob - 34 - SPOUSE 2 . Ms.Eva Sarah Varghese - 6 - DAUGHTER 3 . Ms.Basilina Ann Varghees - 8 - DAUGHTER |
| Membership / Identification No | 943 |
| 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,
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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/181318/01/2024/004483/778 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Bino John - |
| Name & relationship of the dependents | 1 . Ms.Krupa Achamma Eapen - 38 - SPOUSE 2 . Mr.Peter John Varghese - 11 - SON |
| Membership / Identification No | 944 |
| 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
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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/181318/01/2024/004483/779 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jinu Chacko - |
| Name & relationship of the dependents | 1 . Ms.Rini Raju - 36 - SPOUSE 2 . Ms.Joanna Sarah Jinu - 10 - DAUGHTER 3 . Mr.Gregory C Jinu - 9 - SON 4 . Mr.Joel C Jinu - 5 - SON |
| Membership / Identification No | 945 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/780 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Anu George - |
| Name & relationship of the dependents | 1 . Ms.Reena Mathew George - 38 - SPOUSE 2 . Ms.Angel Elsa Anu - 10 - DAUGHTER |
| Membership / Identification No | 946 |
| 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,
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/181318/01/2024/004483/781 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jobin Mammen Cherian - |
| Name & relationship of the dependents | 1 . Ms.Dilsha Philip - 32 - SPOUSE 2 . Ms.Juann Mariam Cherian - 6 - DAUGHTER 3 . Mr.Aprem Mammen Cherian - 5 - SON |
| Membership / Identification No | 947 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/782 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Job Mathew - |
| Name & relationship of the dependents | |
| Membership / Identification No | 948 |
| 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/181318/01/2024/004483/783 |
| Name and Address 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 N Philip - |
| Name & relationship of the dependents | 1 . Ms.Asha Mary Abraham - 36 - SPOUSE 2 . Mr.Abel Philip Scaria - 5 - SON |
| Membership / Identification No | 950 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/784 |
| Name and Address 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 Joseph - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Joshua - 68 - SPOUSE |
| Membership / Identification No | 951 |
| 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/181318/01/2024/004483/785 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sibimon B (Geevarghese John) - |
| Name & relationship of the dependents | 1 . Ms.Sherin K Mariyam - 34 - SPOUSE 2 . Ms.Hanna Mariyam Geevarghese - 8 - DAUGHTER |
| Membership / Identification No | 952 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/786 |
| Name and Address 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 A - |
| Name & relationship of the dependents | |
| Membership / Identification No | 954 |
| 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



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/181318/01/2024/004483/787 |
| Name and Address 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 P K - |
| Name & relationship of the dependents | |
| Membership / Identification No | 955 |
| 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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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/181318/01/2024/004483/788 |
| Name and Address 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 Oommen K - |
| Name & relationship of the dependents | 1 . Ms.Sharu P John - 34 - SPOUSE 2 . Mr.Thomas K Varghese - 7 - SON 3 . Ms.Mariam K Varghese - 4 - DAUGHTER |
| Membership / Identification No | 956 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/789 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jubin Karippayil Bobby - |
| Name & relationship of the dependents | 1 . Ms.Soumya Koshy - 38 - SPOUSE |
| Membership / Identification No | 957 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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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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/181318/01/2024/004483/790 |
| Name and Address 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 Tom Varghese - |
| Name & relationship of the dependents | 1 . Ms.Princy Thomas - 36 - SPOUSE |
| Membership / Identification No | 958 |
| 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.

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, Wayanad-670645

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

Authorised Signatory.

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/181318/01/2024/004483/791 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Anish Joseph Abraham - |
| Name & relationship of the dependents | 1 . Ms.Deepa Mathew - 40 - SPOUSE 2 . Ms.Christa Anet Joseph - 10 - DAUGHTER 3 . Mr.Jobel Abraham Joseph - 7 - SON 4 . Ms.Abiya Elsa Joseph - 5 - DAUGHTER |
| Membership / Identification No | 959 |
| 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.

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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/792 |
| Name and Address 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 M P - |
| Name & relationship of the dependents | 1 . Ms.Ashamol Thomas - 40 - SPOUSE 2 . Ms.Joanna Sara Eldho - 11 - DAUGHTER 3 . Mr.Gregory Eldho - 6 - SON |
| Membership / Identification No | 960 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/793 |
| Name and Address 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 K Mathew - |
| Name & relationship of the dependents | 1 . Mr.Samson Shaji - 16 - SON |
| Membership / Identification No | 961 |
| 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.

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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/181318/01/2024/004483/794 |
| Name and Address 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 V - |
| Name & relationship of the dependents | |
| Membership / Identification No | 962 |
| 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.

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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/181318/01/2024/004483/795 |
| Name 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. Geevarghese Mar Barnabas Metropolitan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 963 |
| 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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Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/796 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shino K Thomas (Jacob) - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Shino - 35 - SPOUSE 2 . Ms.Serin Shino - 6 - DAUGHTER 3 . Mr.Rohan Shino - 11 - SON |
| Membership / Identification No | 964 |
| 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. | |

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Certificate of Insurance

Group Health Insurance

| | |
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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/797 |
| Name and Address 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 V Rajan - |
| Name & relationship of the dependents | 1 . Ms.Kesia Sara Mathews - 35 - SPOUSE 2 . Mr.Ephrem Varghese Sajan - 7 - SON 3 . Mr.Ezekiel Mathews Sajan - 2 - SON |
| Membership / Identification No | 965 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/798 |
| Name and Address 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 Issac (Aneesh) - |
| Name & relationship of the dependents | 1 . Ms.Bincy Babu - 32 - SPOUSE 2 . Mr.Noah Philip - 15 - SON 3 . Mr.Jonah Philip - 10 - SON |
| Membership / Identification No | 966 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/799 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Justin P Thomas (Yacob Thomas) - |
| Name & relationship of the dependents | 1 . Ms.Alvi Susan Abraham - 37 - SPOUSE 2 . Ms.Cyann Anna Justin - 8 - DAUGHTER 3 . Mr.Emmanuel Thomas Justin - 4 - SON |
| Membership / Identification No | 967 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/800 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Brigith K Baby (Yuhanon K Baby) - |
| Name & relationship of the dependents | 1 . Ms.Shabi Yohannan - 28 - SPOUSE |
| Membership / Identification No | 968 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/801 |
| Name and Address 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 Daniel - |
| Name & relationship of the dependents | 1 . Ms.Sweety Kuriakose - 35 - SPOUSE 2 . Mr.Nathaniel Jacob - 7 - SON |
| Membership / Identification No | 969 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/802 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Merin Abraham - |
| Name & relationship of the dependents | 1 . Ms.Jibiya M Samuvel - 31 - SPOUSE 2 . Mr.Seraphim Matthew - 6 - SON 3 . Ms.Shalom Matthew - 5 - DAUGHTER |
| Membership / Identification No | 970 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/803 |
| Name and Address 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 Kurian - |
| Name & relationship of the dependents | 1 . Ms.Anila Grace Prasad - 34 - SPOUSE 2 . Mr.Aprem Kurian Mathew - 2 - SON |
| Membership / Identification No | 971 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/804 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jithin George - |
| Name & relationship of the dependents | 1 . Ms.Riya Merin Babu - 32 - SPOUSE 2 . Ms.Esther Mariam Jithin - 7 - DAUGHTER |
| Membership / Identification No | 972 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/805 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Reena John - 37 - SPOUSE |
| Membership / Identification No | 973 |
| 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.

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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/181318/01/2024/004483/806 |
| Name and Address 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.Mercy Mathew - 53 - SPOUSE |
| Membership / Identification No | 974 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/807 |
| Name 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.Abraham P.J - |
| Name & relationship of the dependents | 1 . Ms.Manju Mathew - 36 - SPOUSE 2 . Mr.Gregory P Abraham - 12 - SON 3 . Ms.Georgia Abraham - 6 - DAUGHTER |
| Membership / Identification No | 975 |
| 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/181318/01/2024/004483/808 |
| Name and Address 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 George - |
| Name & relationship of the dependents | 1 . Ms.Sheela George - 58 - SPOUSE |
| Membership / Identification No | 976 |
| 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

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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/181318/01/2024/004483/809 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Moncy K K - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth David - 40 - SPOUSE 2 . Ms.Seraphia Susan Moncy - 12 - DAUGHTER 3 . Mr.Seraphim George Moncy - 10 - SON |
| Membership / Identification No | 977 |
| 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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, 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/181318/01/2024/004483/810 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sijo John - |
| Name & relationship of the dependents | 1 . Ms.Ancy K John - 34 - SPOUSE 2 . Ms.Joanna Elizabeth Sijo - 8 - DAUGHTER 3 . Ms.Juan Mariam Sijo - 4 - DAUGHTER |
| Membership / Identification No | 978 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/811 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Cyril Varghese - |
| Name & relationship of the dependents | 1 . Ms.Blessy Cyril - 37 - SPOUSE 2 . Mr.Ephraim Mathew Cyril - 6 - SON 3 . Mr.Seraphim Boaz Cyril - 10 - SON |
| Membership / Identification No | 979 |
| 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,
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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/181318/01/2024/004483/812 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sonu George - |
| Name & relationship of the dependents | 1 . Ms.Teenu Thomas - 34 - SPOUSE 2 . Mr.Steve John George - 9 - SON 3 . Ms.Tessa Mercy John - 4 - DAUGHTER |
| Membership / Identification No | 980 |
| 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.

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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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/813 |
| Name and Address 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 Lal - |
| Name & relationship of the dependents | 1 . Ms.Jissa P Thampi - 40 - SPOUSE 2 . Mr.Dhyan Varghese Lal - 12 - SON |
| Membership / Identification No | 982 |
| 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/181318/01/2024/004483/814 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Liju P Jose - |
| Name & relationship of the dependents | 1 . Ms.Ansu Mary Varghese - 34 - SPOUSE 2 . Ms.Meeval Elsa Daniel - 8 - DAUGHTER |
| Membership / Identification No | 984 |
| 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.

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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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/815 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Simon Jacob Mathew - |
| Name & relationship of the dependents | 1 . Ms.Nissa Susan Mathew - 41 - SPOUSE |
| Membership / Identification No | 986 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/816 |
| Name and Address 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 V M - |
| Name & relationship of the dependents | 1 . Ms.Mariamma Zachariah - 69 - SPOUSE |
| Membership / Identification No | 987 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/817 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Stino Stanly Johns - |
| Name & relationship of the dependents | 1 . Ms.Luna Johny - 37 - SPOUSE 2 . Mr.Johaana S John - 9 - SON |
| Membership / Identification No | 988 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/818 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Vinod Philip - |
| Name & relationship of the dependents | 1 . Ms.Soji Elsa George - 35 - SPOUSE 2 . Mr.Jeevan Philip Skariah - 9 - SON 3 . Ms.Keerthana Elsa Skariah - 4 - DAUGHTER |
| Membership / Identification No | 989 |
| 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/181318/01/2024/004483/819 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Job T Philip - |
| Name & relationship of the dependents | 1 . Ms.Stephy Philip - 31 - SPOUSE |
| Membership / Identification No | 990 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/820 |
| Name and Address 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 (Prethish Mathew) - |
| Name & relationship of the dependents | 1 . Ms.Merin Jacob - 35 - SPOUSE 2 . Ms.Evania Ann Prethish - 7 - DAUGHTER 3 . Ms.Melsso Mariam Prethish - 5 - DAUGHTER |
| Membership / Identification No | 991 |
| 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/181318/01/2024/004483/821 |
| Name and Address 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 T Thomas (Ton Thomas) - |
| Name & relationship of the dependents | 1 . Ms.Jiji Thomas - 30 - SPOUSE 2 . Ms.Michelle Lissa Ton - 7 - DAUGHTER 3 . Ms.Gabby Rachel Ton - 2 - DAUGHTER |
| Membership / Identification No | 993 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/822 |
| Name and Address 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 Kappil - |
| Name & relationship of the dependents | 1 . Ms.Sonia Susan Skariah - 35 - SPOUSE 2 . Mr.Kurian George - 5 - SON 3 . Ms.Krupa Susan George - 1 - DAUGHTER |
| Membership / Identification No | 994 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/823 |
| Name and Address 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 Shaji P John - |
| Name & relationship of the dependents | 1 . Mr.Asher John - 24 - SON |
| Membership / Identification No | 995 |
| 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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Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/824 |
| Name and Address 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 Philipose - |
| Name & relationship of the dependents | 1 . Ms.Jibi Abraham Thomas - 41 - SPOUSE 2 . Ms.Keziah Mariam Thomas - 14 - DAUGHTER |
| Membership / Identification No | 996 |
| 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/181318/01/2024/004483/825 |
| Name and Address 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 C V - |
| Name & relationship of the dependents | 1 . Ms.Joicymol - 35 - SPOUSE 2 . Ms.Kripa Mariyam Ninan - 7 - DAUGHTER |
| Membership / Identification No | 997 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/826 |
| Name and Address 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 Peter - |
| Name & relationship of the dependents | 1 . Ms.Suja George - 44 - SPOUSE 2 . Ms.Hanannya George - 13 - DAUGHTER 3 . Ms.Helena George - 14 - DAUGHTER |
| Membership / Identification No | 998 |
| 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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/827 |
| Name and Address 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 Varghese (Aji T) - |
| Name & relationship of the dependents | 1 . Ms.Bincy Abraham - 38 - SPOUSE 2 . Ms.Meeval A Varghes - 5 - DAUGHTER 3 . Ms.Haliel A Varghese - 12 - DAUGHTER |
| Membership / Identification No | 999 |
| 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,
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/181318/01/2024/004483/828 |
| Name and Address 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.Ludhiyamma Chacko - 56 - SPOUSE |
| Membership / Identification No | 1000 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/829 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Varughese Philip - |
| Name & relationship of the dependents | 1 . Ms.Sonia Mathew - 33 - SPOUSE 2 . Mr.Heaven Philip Varughese - 8 - SON |
| Membership / Identification No | 1001 |
| 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/181318/01/2024/004483/830 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Blessen Mathew Joseph - |
| Name & relationship of the dependents | 1 . Ms.Linu Jacob - 37 - SPOUSE 2 . Ms.Acza Ann Mathew - 7 - DAUGHTER |
| Membership / Identification No | 1002 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/831 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Bibin C Mathew - |
| Name & relationship of the dependents | 1 . Ms.Suthin Raichel Thomas - 33 - SPOUSE 2 . Mr.Dhyan Mathew Jacob - 16 - SON |
| Membership / Identification No | 1003 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/832 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sanju N Jose - |
| Name & relationship of the dependents | 1 . Ms.Anu V Mathew - 36 - SPOUSE 2 . Mr.Gabriel Varghese - 1 - SON |
| Membership / Identification No | 1004 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/833 |
| Name and Address 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 Varghese Mathew - |
| Name & relationship of the dependents | 1 . Ms.Jancy Mary Jose - 34 - SPOUSE 2 . Mr.Manav Varghese Johnson - 10 - SON |
| Membership / Identification No | 1005 |
| 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,
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/181318/01/2024/004483/834 |
| Name and Address 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 Y Roy - |
| Name & relationship of the dependents | 1 . Ms.Shiji T V - 45 - SPOUSE 2 . Mr.Akhil Roy - 20 - SON 3 . Mr.Amal Roy - 20 - SON |
| Membership / Identification No | 1006 |
| 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/181318/01/2024/004483/835 |
| Name and Address 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 John - |
| Name & relationship of the dependents | 1 . Ms.Soly Chacko - 56 - SPOUSE 2 . Mr.Joshua Jacob - 12 - SON |
| Membership / Identification No | 1007 |
| 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/181318/01/2024/004483/836 |
| Name and Address 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.Shiji Varghese - 48 - SPOUSE 2 . Mr.Alby Tom Varghese - 17 - SON 3 . Mr.Ajo Kurian Varghese - 20 - SON |
| Membership / Identification No | 1008 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/837 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Jessy Thomas - 61 - SPOUSE |
| Membership / Identification No | 1009 |
| 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

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/838 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Yuhanon John - |
| Name & relationship of the dependents | 1 . Ms.Bincy Elsa Baby - 31 - SPOUSE 2 . Ms.Johanna Mariyam John - 2 - DAUGHTER |
| Membership / Identification No | 1010 |
| Occupation | OTHERS |
| Date of Birth/Age | / 33 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/839 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Nobil Scaria - |
| Name & relationship of the dependents | 1 . Ms.Beena Nobil - 30 - SPOUSE 2 . Mr.Basil A Nobil - 6 - SON |
| Membership / Identification No | 1011 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/840 |
| Name and Address 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 Babu(Yuhanon Babu) - |
| Name & relationship of the dependents | 1 . Ms.Lincy Sara Mathew - 35 - SPOUSE 2 . Ms.Joanna Grace Shibu - 7 - DAUGHTER 3 . Mr.Johan Shibu - 3 - SON |
| Membership / Identification No | 1012 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/841 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jobin Samuel - |
| Name & relationship of the dependents | 1 . Ms.Shincy Jobin - 34 - SPOUSE |
| Membership / Identification No | 1013 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/842 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shine Jacob Mathew - |
| Name & relationship of the dependents | 1 . Ms.Jency Philip - 33 - SPOUSE 2 . Ms.Dhyuthi Susan Jacob - 6 - DAUGHTER |
| Membership / Identification No | 1014 |
| Occupation | OTHERS |
| Date of Birth/Age | / 33 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/843 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jojoy James George - |
| Name & relationship of the dependents | 1 . Ms.Nancy Susan Abraham - 29 - SPOUSE 2 . Mr.Jonah George Jojoy - 5 - SON |
| Membership / Identification No | 1015 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/844 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jerin John - |
| Name & relationship of the dependents | 1 . Ms.Manuja Sara Mathew - 32 - SPOUSE 2 . Ms.Nethania Meriam John - 7 - DAUGHTER 3 . Ms.Nethevia Anna John - 7 - DAUGHTER |
| Membership / Identification No | 1016 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/845 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sobi Varghese - |
| Name & relationship of the dependents | 1 . Ms.Anu Yohannan - 37 - SPOUSE 2 . Mr.Abiel Sobi Varghese - 10 - SON |
| Membership / Identification No | 1017 |
| 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,
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/181318/01/2024/004483/846 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Pious L Jacob - |
| Name & relationship of the dependents | 1 . Ms.Molu Elsa Eapen - 32 - SPOUSE 2 . Mr.Hanoch Jacob Pious - 6 - SON 3 . Ms.Maria Rachel Pious - 4 - DAUGHTER |
| Membership / Identification No | 1018 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/847 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Mahesh Thankachan - |
| Name & relationship of the dependents | 1 . Ms.Sani Mahesh - 34 - SPOUSE 2 . Mr.Jerome Mahesh - 10 - SON |
| Membership / Identification No | 1020 |
| 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,
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/181318/01/2024/004483/848 |
| Name and Address 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.Christy D Ponnann - 34 - SPOUSE 2 . Mr.Ephraim Chris Mathew - 6 - SON |
| Membership / Identification No | 1021 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/849 |
| Name and Address 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 T George - |
| Name & relationship of the dependents | 1 . Ms.Jincy Mathew - 36 - SPOUSE 2 . Ms.Jerusha Elsa Mathews - 7 - DAUGHTER |
| Membership / Identification No | 1022 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/850 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jinu George - |
| Name & relationship of the dependents | 1 . Ms.Sheeba Babu - 35 - SPOUSE 2 . Ms.Olivia Ann Jinu - 6 - DAUGHTER 3 . Ms.Ivania Ann Jinu - 3 - DAUGHTER |
| Membership / Identification No | 1023 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/851 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Rinju P Koshy - |
| Name & relationship of the dependents | 1 . Ms.Vini V John - 39 - SPOUSE 2 . Ms.Dhyuthi Mariam Rinju - 8 - DAUGHTER 3 . Mr.Darshan P Rinju - 13 - SON |
| Membership / Identification No | 1024 |
| 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/181318/01/2024/004483/852 |
| Name 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 P G Kurian Cor-Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Alice Kurian - 69 - SPOUSE |
| Membership / Identification No | 1025 |
| 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/181318/01/2024/004483/853 |
| Name and Address 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.Sheena Joshua - 39 - SPOUSE 2 . Ms.Miriyam Ann George - 5 - DAUGHTER 3 . Mr.Johan Skaria George - 10 - SON |
| Membership / Identification No | 1026 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/854 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Abish Chacko (Jacob) - |
| Name & relationship of the dependents | 1 . Ms.Christy Abish - 35 - SPOUSE 2 . Mr.Arush Abish - 10 - SON 3 . Mr.Ethan Abish - 5 - SON |
| Membership / Identification No | 1027 |
| 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/181318/01/2024/004483/855 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Aju Philip - |
| Name & relationship of the dependents | 1 . Ms.Cinu I Paul - 35 - SPOUSE |
| Membership / Identification No | 1029 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/856 |
| Name and Address 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.Sheena Philip - 33 - SPOUSE 2 . Ms.Eva Mariyam George - 5 - DAUGHTER |
| Membership / Identification No | 1031 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/857 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Abin Abraham Mathew - |
| Name & relationship of the dependents | 1 . Ms.Sheba Anna Kuruvilla - 33 - SPOUSE 2 . Ms.Anna Abraham - 6 - DAUGHTER 3 . Mr.Mathews Abraham - 3 - SON |
| Membership / Identification No | 1032 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/858 |
| Name and Address 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 John - |
| Name & relationship of the dependents | 1 . Ms.Jessy Varghese - 32 - SPOUSE 2 . Mr.Josh John Jacob - 6 - SON |
| Membership / Identification No | 1033 |
| 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

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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/181318/01/2024/004483/859 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Renjimon A - |
| Name & relationship of the dependents | 1 . Ms.Lisa S - 39 - SPOUSE 2 . Ms.Nayama Sara Lukose - 10 - DAUGHTER 3 . Ms.Manna Mariam Lukose - 14 - DAUGHTER |
| Membership / Identification No | 1035 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/860 |
| Name and Address 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 Mathew - |
| Name & relationship of the dependents | 1 . Ms.Sheeba Manoj - 40 - SPOUSE 2 . Mr.Abhishikth Manoj - 12 - SON 3 . Ms.Alethia Manoj - 6 - DAUGHTER |
| Membership / Identification No | 1038 |
| 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/181318/01/2024/004483/861 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jiss Johnson - |
| Name & relationship of the dependents | 1 . Ms.Minu Mathews - 35 - SPOUSE 2 . Mr.Bessius Jiss - 8 - SON 3 . Mr.Gressel Jiss - 2 - SON |
| Membership / Identification No | 1039 |
| 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,
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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/862 |
| Name and Address 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 Baby - |
| Name & relationship of the dependents | 1 . Ms.Amitha Elizabeth John - 32 - SPOUSE 2 . Ms.Amaya Sarah Anil - 6 - DAUGHTER 3 . Ms.Amicah Anna Anil - 3 - DAUGHTER |
| Membership / Identification No | 1040 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/863 |
| Name and Address 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 Kakkassery - |
| Name & relationship of the dependents | 1 . Ms.Anitha A Paul - 57 - SPOUSE |
| Membership / Identification No | 1041 |
| 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/181318/01/2024/004483/864 |
| Name and Address 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 C - |
| Name & relationship of the dependents | 1 . Ms.Jiby Alex - 33 - SPOUSE 2 . Mr.Joshua Joseph Varghese - 6 - SON 3 . Mr.Jeremiah Varghese - 4 - SON |
| Membership / Identification No | 1042 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/865 |
| Name and Address 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 K V - |
| Name & relationship of the dependents | 1 . Ms.Cissy K T - 36 - SPOUSE 2 . Mr.Gregory K Mathew - 10 - SON 3 . Mr.Eprem K Mathew - 12 - SON |
| Membership / Identification No | 1043 |
| 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/181318/01/2024/004483/866 |
| Name and Address 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 John(Pondson) - |
| Name & relationship of the dependents | 1 . Ms.Litty Thomas - 37 - SPOUSE 2 . Mr.Aiden Pondson - 7 - SON |
| Membership / Identification No | 1044 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/867 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Rinumon Varghese - |
| Name & relationship of the dependents | 1 . Ms.Esther Ancy - 37 - SPOUSE 2 . Ms.Andrea Sara Geevarghese - 8 - DAUGHTER 3 . Mr.Ephraim Geevarghese - 6 - SON |
| Membership / Identification No | 1045 |
| 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/181318/01/2024/004483/868 |
| Name and Address 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 Santhosh Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1046 |
| 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.

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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/181318/01/2024/004483/869 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jeo Joseph - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1047 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/870 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Nobin Philip - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1048 |
| Occupation | OTHERS |
| Date of Birth/Age | / 33 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject 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.

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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/181318/01/2024/004483/871 |
| Name and Address 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 John - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1049 |
| 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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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/872 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Somu K Samuel - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1050 |
| 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. | |

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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/873 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jobin Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1051 |
| Occupation | OTHERS |
| Date of Birth/Age | / 33 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/874 |
| Name 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 S Yuhanon Ramban - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1052 |
| 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.

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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/181318/01/2024/004483/875 |
| Name and Address 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 Thankachan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1053 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/876 |
| Name and Address 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 | |
| Membership / Identification No | 1054 |
| Occupation | OTHERS |
| Date of Birth/Age | / 33 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject 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/181318/01/2024/004483/877 |
| Name and Address 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 K P - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1055 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject 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/181318/01/2024/004483/878 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Siby Kurian - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1057 |
| 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. | |

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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/879 |
| Name and Address 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 K Koshy - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1058 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days 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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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/880 |
| Name and Address 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 | |
| Membership / Identification No | 1059 |
| 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. | |

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Certificate of Insurance

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/881 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shaiju Philip - |
| Name & relationship of the dependents | 1 . Ms.Rechel Shaiju - 35 - SPOUSE 2 . Mr.Jubal Shaiju - 9 - SON 3 . Mr.Joel Shaiju - 11 - SON |
| Membership / Identification No | 1061 |
| 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/181318/01/2024/004483/882 |
| Name and Address 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 David - |
| Name & relationship of the dependents | 1 . Ms.Anju Paulose - 34 - SPOUSE 2 . Ms.Diya Mariam David - 7 - DAUGHTER 3 . Ms.Serah Mariam David - 10 - DAUGHTER |
| Membership / Identification No | 1062 |
| 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



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/181318/01/2024/004483/883 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jain Daniel - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1063 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/884 |
| Name and Address 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 Baby - |
| Name & relationship of the dependents | 1 . Ms.Tency K Thomas - 34 - SPOUSE 2 . Mr.Evan Regi Sam - 6 - SON |
| Membership / Identification No | 1064 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/885 |
| Name and Address 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 Ayrookuzhi - |
| Name & relationship of the dependents | 1 . Ms.Smitha Cherian - 45 - SPOUSE 2 . Mr.Ryan Jacob Cherian - 11 - SON 3 . Mr.Roshan Varghese Cherian - 19 - SON |
| Membership / Identification No | 1065 |
| 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/181318/01/2024/004483/886 |
| Name and Address 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 Daniel - |
| Name & relationship of the dependents | 1 . Ms.Ashna Thankachan - 37 - SPOUSE 2 . Mr.Gamaliel Daniel Boby - 6 - SON 3 . Mr.Manoha Daniel Boby - 11 - SON |
| Membership / Identification No | 1067 |
| 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,
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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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/887 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Liju K Thomas - |
| Name & relationship of the dependents | 1 . Ms.Reeja M John - 41 - SPOUSE 2 . Mr.Johan Thomas Koruthu - 10 - SON 3 . Mr.Joshua John Koruthu - 11 - SON |
| Membership / Identification No | 1068 |
| 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.

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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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/888 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Princy Thomas - 35 - SPOUSE 2 . Ms.Liora Mariam Sherin - 10 - DAUGHTER 3 . Mr.Ryan Thomas S - 7 - SON |
| Membership / Identification No | 1069 |
| 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,
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/181318/01/2024/004483/889 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | 1 . Ms.Smitha Kurien - 55 - SPOUSE |
| Membership / Identification No | 1070 |
| 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/181318/01/2024/004483/890 |
| Name and Address 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 Varghese (Joseph Varghese) - |
| Name & relationship of the dependents | 1 . Ms.Minimol K C - 47 - SPOUSE 2 . Ms.Grace Mariam Sunny - 11 - DAUGHTER 3 . Mr.Gregor Sunny - 18 - SON |
| Membership / Identification No | 1071 |
| 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/181318/01/2024/004483/891 |
| Name and Address 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 Philip (Kunjumon Philipose) - |
| Name & relationship of the dependents | 1 . Ms.Litha Mathew - 42 - SPOUSE 2 . Ms.Abiya Mathew - 12 - DAUGHTER 3 . Ms.Diya Mathew - 18 - DAUGHTER 4 . Mr.Didimos Mathew - 3 - SON |
| Membership / Identification No | 1072 |
| 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/181318/01/2024/004483/892 |
| Name and Address 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 T Samuel - |
| Name & relationship of the dependents | 1 . Ms.Vigil V Alex - 40 - SPOUSE 2 . Mr.Dhyan Samuel Abey - 7 - SON |
| Membership / Identification No | 1073 |
| 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,
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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/181318/01/2024/004483/893 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Bijesh Philip - |
| Name & relationship of the dependents | 1 . Ms.Seenu Bijesh - 52 - SPOUSE 2 . Mr.Asher Jacob Abraham - 22 - SON |
| Membership / Identification No | 1075 |
| 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/894 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jogy C George - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1078 |
| 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/181318/01/2024/004483/895 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shinu Cherian - |
| Name & relationship of the dependents | 1 . Ms.Reeba K Baby - 30 - SPOUSE 2 . Mr.Kaleb G Zachariah - 6 - SON 3 . Mr.Chriss G Zacharia - 5 - SON |
| Membership / Identification No | 1079 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/896 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Anoop Joseph - |
| Name & relationship of the dependents | 1 . Ms.Minu Philipose - 33 - SPOUSE 2 . Ms.Eva Susan Andrews - 7 - DAUGHTER |
| Membership / Identification No | 1080 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/897 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr lype P Alex - |
| Name & relationship of the dependents | 1 . Ms.Bindu lype - 50 - SPOUSE |
| Membership / Identification No | 1081 |
| 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

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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/181318/01/2024/004483/898 |
| Name and Address 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 Kunjappan - |
| Name & relationship of the dependents | 1 . Ms.Anju Alex - 31 - SPOUSE 2 . Ms.Aanliya Susan Aneesh - 5 - DAUGHTER |
| Membership / Identification No | 1083 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/899 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Lijo Jacob - |
| Name & relationship of the dependents | 1 . Ms.Merin V Panicker - 29 - SPOUSE 2 . Ms.Eden Mariyam Jacob - 5 - DAUGHTER |
| Membership / Identification No | 1085 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/900 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shijo S - |
| Name & relationship of the dependents | 1 . Ms.Leeba Babu - 36 - SPOUSE 2 . Ms.Katherine Lee John - 5 - DAUGHTER |
| Membership / Identification No | 1088 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/901 |
| Name and Address 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 Kuruvilla - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1089 |
| 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/181318/01/2024/004483/902 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Varughese V Philipose - |
| Name & relationship of the dependents | 1 . Ms.Rakhi Mariam Cheran - 35 - SPOUSE 2 . Ms.Junia Sara Varghese - 9 - DAUGHTER 3 . Ms.Lydia Rebecca Varghese - 5 - DAUGHTER |
| Membership / Identification No | 1090 |
| 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,
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/181318/01/2024/004483/903 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Lijo John - |
| Name & relationship of the dependents | 1 . Ms.Lincy Lijo John - 40 - SPOUSE 2 . Ms.Angelina Lijo John - 8 - DAUGHTER 3 . Ms.Joanna Lijo John - 11 - DAUGHTER |
| Membership / Identification No | 1091 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/904 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Anish K Sam - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1092 |
| 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

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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/181318/01/2024/004483/905 |
| Name and Address 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 B Thomas - |
| Name & relationship of the dependents | 1 . Ms.Sunila Binu - 36 - SPOUSE 2 . Mr.Ezekiel Thomas - 5 - SON |
| Membership / Identification No | 1093 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/906 |
| Name and Address 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 Koodarathil(Reji K J) - |
| Name & relationship of the dependents | 1 . Ms.Samma M S - 55 - SPOUSE |
| Membership / Identification No | 1095 |
| 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

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/181318/01/2024/004483/907 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Sunu Samuel - |
| Name & relationship of the dependents | 1 . Ms.Anu Varghese - 32 - SPOUSE 2 . Mr.Eldadh John - 7 - SON 3 . Ms.Eithel Navomi John - 6 - DAUGHTER |
| Membership / Identification No | 1096 |
| 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

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/181318/01/2024/004483/908 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Lijo George - |
| Name & relationship of the dependents | 1 . Ms.Sherin Ann Thomas - 29 - SPOUSE 2 . Mr.Abel Lijo George - 6 - SON |
| Membership / Identification No | 1097 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/909 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Anish Joseph Varughese - |
| Name & relationship of the dependents | 1 . Ms.Rincy Susan Varghese - 38 - SPOUSE 2 . Mr.Abram Joseph Varghese - 6 - SON |
| Membership / Identification No | 1100 |
| 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.

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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/181318/01/2024/004483/910 |
| Name and Address 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 Kuriakose(Sony Kurian) - |
| Name & relationship of the dependents | 1 . Ms.Leenu Anna Cherian - 30 - SPOUSE 2 . Ms.Ann Mariam Sony - 9 - DAUGHTER 3 . Mr.Georgin Kurian Sony - 5 - SON 4 . Mr.Evan Cherian Sony - 2 - SON |
| Membership / Identification No | 1101 |
| 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,
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/181318/01/2024/004483/911 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Zakaria Mathew - |
| Name & relationship of the dependents | 1 . Ms.Anila Philip - 38 - SPOUSE 2 . Ms.Manna Mariam Zakaria - 8 - DAUGHTER 3 . Ms.Hannah Elsa Zakaria - 15 - DAUGHTER |
| Membership / Identification No | 1102 |
| 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



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/181318/01/2024/004483/912 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jobin P Abraham - |
| Name & relationship of the dependents | 1 . Ms.Jane Jobin - 29 - SPOUSE 2 . Ms.Judith Mary Jobin - 5 - DAUGHTER |
| Membership / Identification No | 1104 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/913 |
| Name and Address 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 John (Anoob) - |
| Name & relationship of the dependents | 1 . Ms.Shiny Raichal Mathew - 38 - SPOUSE 2 . Mr.Ephrem Joseph - 6 - SON 3 . Ms.Esther Joseph - 5 - DAUGHTER |
| Membership / Identification No | 1109 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/914 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Basil Thomas - |
| Name & relationship of the dependents | 1 . Ms.Subi Basil - 33 - SPOUSE 2 . Mr.Hanokh Basil - 9 - SON 3 . Mr.Habel Basil - 5 - SON |
| Membership / Identification No | 1110 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/915 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Ivan Joseph Geevarghese - |
| Name & relationship of the dependents | 1 . Ms.Sojy Rajan - 32 - SPOUSE 2 . Ms.Saira Elsa Ivan - 7 - DAUGHTER 3 . Mr.Noah Varghese Ivan - 5 - SON |
| Membership / Identification No | 1111 |
| Occupation | OTHERS |
| Date of Birth/Age | / 33 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/916 |
| Name and Address 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 V Elias - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1112 |
| 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.

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/181318/01/2024/004483/917 |
| Name and Address 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 Edampadam - |
| Name & relationship of the dependents | 1 . Ms.Mary Abraham - 63 - SPOUSE 2 . Ms.Thabeetha Mariam - 9 - DAUGHTER |
| Membership / Identification No | 1113 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/918 |
| Name and Address 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 Abraham - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1114 |
| 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/181318/01/2024/004483/919 |
| Name and Address 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 Varghese - |
| Name & relationship of the dependents | 1 . Ms.Annamma James - 58 - SPOUSE |
| Membership / Identification No | 1115 |
| 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,
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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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/920 |
| Name and Address 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 Aby Mathews - |
| Name & relationship of the dependents | 1 . Ms.Adv Jasmin Baby K - 50 - SPOUSE 2 . Ms.Angelia Mariam Mathews - 17 - DAUGHTER 3 . Ms.Olivia Raichal Mathews - 22 - DAUGHTER |
| Membership / Identification No | 1116 |
| 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

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/181318/01/2024/004483/921 |
| Name and Address 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 K Jose - |
| Name & relationship of the dependents | 1 . Ms.Seena Abraham - 48 - SPOUSE |
| Membership / Identification No | 1117 |
| 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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/922 |
| Name and Address 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 Thankachan - |
| Name & relationship of the dependents | 1 . Ms.Annamma David - 35 - SPOUSE 2 . Mr.Abidan John David - 8 - SON 3 . Ms.Agnes Anna David - 2 - DAUGHTER |
| Membership / Identification No | 1118 |
| 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/181318/01/2024/004483/923 |
| Name and Address 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 Pulikottle - |
| Name & relationship of the dependents | 1 . Ms.Jolly John - 62 - SPOUSE |
| Membership / Identification No | 1119 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/924 |
| Name and Address 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 Karakkattu - |
| Name & relationship of the dependents | 1 . Ms.Jolly Joseph - 55 - SPOUSE 2 . Mr.Ephrem Joseph - 24 - SON |
| Membership / Identification No | 1120 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/925 |
| Name and Address 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 I Varghese - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Varghese - 73 - SPOUSE |
| Membership / Identification No | 1121 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/926 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shaiju Cheriyan - |
| Name & relationship of the dependents | 1 . Ms.Suby Abraham - 35 - SPOUSE 2 . Ms.Ayana Sara Zacharia - 6 - DAUGHTER 3 . Ms.Amaya Mariam Zacharia - 6 - DAUGHTER |
| Membership / Identification No | 1122 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/927 |
| Name and Address 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 Y Chacko - |
| Name & relationship of the dependents | 1 . Ms.Bindu Susan Varghese - 50 - SPOUSE 2 . Mr.Georgy V Jacob - 22 - SON 3 . Mr.Gregory John Jacob - 24 - SON |
| Membership / Identification No | 1123 |
| 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/181318/01/2024/004483/928 |
| Name and Address 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 Philipose - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Philipose - 73 - SPOUSE |
| Membership / Identification No | 1124 |
| 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/181318/01/2024/004483/929 |
| Name and Address 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 J Jacob - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1125 |
| 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

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/930 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Alex P George - |
| Name & relationship of the dependents | 1 . Ms.Suby Mary Eappen - 39 - SPOUSE 2 . Ms.Mariya P Alex - 10 - DAUGHTER 3 . Mr.George P Alex - 12 - SON |
| Membership / Identification No | 1126 |
| 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/181318/01/2024/004483/931 |
| Name and Address 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 Mattam - |
| Name & relationship of the dependents | 1 . Ms.Moly C I - 72 - SPOUSE |
| Membership / Identification No | 1128 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/932 |
| Name and Address 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 J Abraham - |
| Name & relationship of the dependents | 1 . Ms.Shibi K George - 47 - SPOUSE 2 . Ms.Seba Abraham - 22 - DAUGHTER 3 . Ms.Jaiby A Abraham - 24 - DAUGHTER |
| Membership / Identification No | 1130 |
| 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/181318/01/2024/004483/933 |
| Name and Address 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 George - |
| Name & relationship of the dependents | 1 . Ms.Resmi John - 44 - SPOUSE 2 . Mr.Aaron Jacob John - 18 - SON 3 . Mr.Laby John - 21 - SON |
| Membership / Identification No | 1131 |
| 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,
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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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/934 |
| Name and Address 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 Ealias - |
| Name & relationship of the dependents | 1 . Ms.Chinnamma E C - 72 - SPOUSE |
| Membership / Identification No | 1132 |
| 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

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/935 |
| Name and Address 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 Elias - |
| Name & relationship of the dependents | 1 . Ms.Elizabeth Chacko - 42 - SPOUSE 2 . Mr.Cyril K Thomas - 9 - SON 3 . Mr.Abel K Thomas - 13 - SON |
| Membership / Identification No | 1133 |
| 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/181318/01/2024/004483/936 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Tiju K Daniel - |
| Name & relationship of the dependents | 1 . Ms.Jomol Joy - 33 - SPOUSE 2 . Ms.Anna Mariam Daniel - 7 - DAUGHTER 3 . Ms.Sarah Elsa Daniel - 4 - DAUGHTER |
| Membership / Identification No | 1134 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/937 |
| Name and Address 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 Jacob - |
| Name & relationship of the dependents | 1 . Ms.Kunjamma Jacob - 72 - SPOUSE |
| Membership / Identification No | 1135 |
| 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/181318/01/2024/004483/938 |
| Name and Address 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 Kuriakose - |
| Name & relationship of the dependents | 1 . Ms.P V Ammini - 78 - SPOUSE |
| Membership / Identification No | 1136 |
| 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.

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/181318/01/2024/004483/939 |
| Name and Address 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 Alias - |
| Name & relationship of the dependents | 1 . Ms.Lilly Mathew V - 66 - SPOUSE |
| Membership / Identification No | 1137 |
| 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/940 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Geo George - |
| Name & relationship of the dependents | 1 . Ms.Bindu C Kurian - 48 - SPOUSE 2 . Mr.Daniel Kurian Geo - 22 - SON |
| Membership / Identification No | 1138 |
| 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

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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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/941 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jiju Varghese - |
| Name & relationship of the dependents | 1 . Ms.Remya Jiju Varghese - 42 - SPOUSE 2 . Mr.Joshua Varghese Mathew - 12 - SON 3 . Mr.Joel Jiju Varghese - 20 - SON |
| Membership / Identification No | 1139 |
| 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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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/181318/01/2024/004483/942 |
| Name and Address 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 George - |
| Name & relationship of the dependents | 1 . Ms.Suja Thomas - 32 - SPOUSE |
| Membership / Identification No | 1140 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/943 |
| Name and Address 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 T Thomas - |
| Name & relationship of the dependents | 1 . Ms.Reeby Thomas - 37 - SPOUSE |
| Membership / Identification No | 1141 |
| 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/181318/01/2024/004483/944 |
| Name and Address 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 Raju - |
| Name & relationship of the dependents | 1 . Ms.K M Reena - 51 - SPOUSE 2 . Ms.Asisha C Raj - 23 - DAUGHTER |
| Membership / Identification No | 1142 |
| 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/181318/01/2024/004483/945 |
| Name and Address 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 K M - |
| Name & relationship of the dependents | 1 . Ms.Elyamma Kuriakose - 76 - SPOUSE |
| Membership / Identification No | 1143 |
| 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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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/181318/01/2024/004483/946 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Zackariah John (Juby K John) - |
| Name & relationship of the dependents | 1 . Ms.Rebecca Raju - 37 - SPOUSE 2 . Ms.Manna K Juby - 9 - DAUGHTER 3 . Mr.K.J.Gabriel - 5 - SON |
| Membership / Identification No | 1144 |
| 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,
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

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/947 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Deepu Job Davis - |
| Name & relationship of the dependents | 1 . Ms.Rincy Mary Varghese - 38 - SPOUSE 2 . Ms.Meryl Ann Job - 7 - DAUGHTER 3 . Mr.Johan Davis Job - 12 - SON |
| Membership / Identification No | 1145 |
| 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/181318/01/2024/004483/948 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Simon Joseph V K - |
| Name & relationship of the dependents | 1 . Ms.Feba Raichel Simon - 17 - DAUGHTER 2 . Ms.Seba Anna Simon - 23 - DAUGHTER |
| Membership / Identification No | 1146 |
| 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/181318/01/2024/004483/949 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Viji Kurian Thomas - |
| Name & relationship of the dependents | 1 . Ms.Nancy Pappachen - 40 - SPOUSE 2 . Ms.Aan Mariyam Kurian - 11 - DAUGHTER 3 . Mr.Aain Thomas Kurian - 10 - SON 4 . Mr.Aanin Kurian Thomas - 3 - SON |
| Membership / Identification No | 1147 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/950 |
| Name and Address 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 Markose - |
| Name & relationship of the dependents | 1 . Ms.Binju Mary Chacko - 35 - SPOUSE 2 . Ms.Ann Martus - 7 - DAUGHTER 3 . Mr.Ryan Martus - 9 - SON |
| Membership / Identification No | 1148 |
| 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/181318/01/2024/004483/951 |
| Name and Address 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 John Zachariah - |
| Name & relationship of the dependents | 1 . Ms.Libi John - 39 - SPOUSE 2 . Mr.Ebenezer John - 8 - SON 3 . Mr.Emmanuvel John - 13 - SON |
| Membership / Identification No | 1153 |
| 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



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/181318/01/2024/004483/952 |
| Name and Address 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 George - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1154 |
| 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.

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/181318/01/2024/004483/953 |
| Name and Address 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 Yohannan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1155 |
| 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

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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/181318/01/2024/004483/954 |
| Name and Address 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 Samuel - |
| Name & relationship of the dependents | 1 . Ms.Gency Jacob - 34 - SPOUSE 2 . Mr.Basil Sam Jacob - 5 - SON 3 . Ms.Benita Mariyam Jacob - 1 - DAUGHTER |
| Membership / Identification No | 1156 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/955 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Subin Varghese - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1157 |
| 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/181318/01/2024/004483/956 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Lijo Daniel - |
| Name & relationship of the dependents | 1 . Ms.Shiji John - 32 - SPOUSE 2 . Ms.Sthuthi Lijo Daniel - 3 - DAUGHTER 3 . Ms.Prarthana Lijo Daniel - 1 - DAUGHTER |
| Membership / Identification No | 1159 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/957 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Anu Mathew - |
| Name & relationship of the dependents | 1 . Ms.Stiji Samuel - 33 - SPOUSE 2 . Ms.Milcah Mariam Thomas - 5 - DAUGHTER 3 . Ms.Miya Sara Thomas - 1 - DAUGHTER |
| Membership / Identification No | 1160 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/958 |
| Name 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 Yakob Mar Elias Metropolitan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1162 |
| 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/181318/01/2024/004483/959 |
| Name 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 Joshua Mar Nicodimos Metropolitan - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1163 |
| 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,
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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/181318/01/2024/004483/960 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Nobin K Varghese - |
| Name & relationship of the dependents | 1 . Ms.Jilmol - 32 - SPOUSE 2 . Ms.Angelin Mariya Nobin - 6 - DAUGHTER 3 . Mr.Ethan John Nobin - 3 - SON |
| Membership / Identification No | 1165 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/961 |
| Name and Address 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 Baby - |
| Name & relationship of the dependents | 1 . Ms.Asha Thomas - 35 - SPOUSE 2 . Ms.Meeval Anna Geevarghese - 5 - DAUGHTER 3 . Mr.Siloah G Kaumo - 10 - SON |
| Membership / Identification No | 1166 |
| 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/181318/01/2024/004483/962 |
| Name 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 Joseph Thaliaparampil Cor- Episcopa - |
| Name & relationship of the dependents | 1 . Ms.Aleyamma Joseph Thaliaparampil - 69 - SPOUSE |
| Membership / Identification No | 1167 |
| 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/181318/01/2024/004483/963 |
| Name and Address 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 Alex - |
| Name & relationship of the dependents | 1 . Ms.Omana Susan Mathew - 60 - SPOUSE |
| Membership / Identification No | 1168 |
| 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/181318/01/2024/004483/964 |
| Name and Address 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 | |
| Membership / Identification No | 1169 |
| 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/181318/01/2024/004483/965 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Liju P Cherian - |
| Name & relationship of the dependents | 1 . Ms.Helen Raisa Liju - 35 - SPOUSE 2 . Ms.Ivene Ann Liju - 4 - DAUGHTER |
| Membership / Identification No | 1170 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/966 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Joby Varghese - |
| Name & relationship of the dependents | 1 . Ms.Jinu George - 36 - SPOUSE 2 . Mr.Aaron Joby - 11 - SON |
| Membership / Identification No | 1171 |
| 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

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/967 |
| Name and Address 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 M Vakkanampadam - |
| Name & relationship of the dependents | 1 . Ms.Daisy George - 57 - SPOUSE 2 . Ms.Divya George - 24 - DAUGHTER |
| Membership / Identification No | 1172 |
| 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/181318/01/2024/004483/968 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Iyoob O I C - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1173 |
| 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,
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/181318/01/2024/004483/969 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Solomon O I C - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1174 |
| 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/181318/01/2024/004483/970 |
| Name and Address 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 O I C - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1175 |
| 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/181318/01/2024/004483/971 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Pathros O I C - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1176 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/972 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Yohannan O I C - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1177 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/973 |
| Name and Address 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 O I C - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1178 |
| 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/181318/01/2024/004483/974 |
| Name and Address 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 O I C - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1179 |
| 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

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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/181318/01/2024/004483/975 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Job M Koshy - |
| Name & relationship of the dependents | 1 . Ms.Neethu Susan Alex - 32 - SPOUSE 2 . Mr.Immanuel M Job - 5 - SON |
| Membership / Identification No | 1180 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/976 |
| Name and Address 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 Philipose (Libin Philipose) - |
| Name & relationship of the dependents | 1 . Ms.Nithya Mary George - 32 - SPOUSE 2 . Ms.Liniya Elsa Philipose - 5 - DAUGHTER 3 . Mr.Liyan C Philipose - 4 - SON |
| Membership / Identification No | 1181 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/977 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Ani Kuriakose Varughese - |
| Name & relationship of the dependents | 1 . Ms.Sincy Anna Oommen - 33 - SPOUSE 2 . Mr.Abidan V Kuriakose - 6 - SON 3 . Mr.Aadan Tom Kuriakose - 5 - SON |
| Membership / Identification No | 1182 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/978 |
| Name and Address 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 Elias (Manoj Elias) - |
| Name & relationship of the dependents | 1 . Ms.Dr Gibi K George - 32 - SPOUSE 2 . Ms.Dua Miriam Kuriakose - 6 - DAUGHTER |
| Membership / Identification No | 1183 |
| 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,
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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/181318/01/2024/004483/979 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr B M Thomas - |
| Name & relationship of the dependents | 1 . Ms.Cincy Thomas - 38 - SPOUSE 2 . Mr.Jerome M Thomas - 9 - SON 3 . Ms.Jeziel S Thomas - 3 - DAUGHTER |
| Membership / Identification No | 1184 |
| Occupation | OTHERS |
| Date of Birth/Age | / 38 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/980 |
| Name and Address 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 Mathai - |
| Name & relationship of the dependents | 1 . Ms.Anu Susan Varghese - 48 - SPOUSE 2 . Ms.Adonica Mariam Mathai - 17 - DAUGHTER |
| Membership / Identification No | 1185 |
| 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

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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/181318/01/2024/004483/981 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Alex Thomas - |
| Name & relationship of the dependents | 1 . Ms.Acsah Ann Varghese - 33 - SPOUSE 2 . Ms.Heava Anna Alex - 6 - DAUGHTER |
| Membership / Identification No | 1186 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/982 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jobin T Ulahannan - |
| Name & relationship of the dependents | 1 . Ms.Lija Achamma George - 32 - SPOUSE 2 . Ms.Angelin Ann Abraham - 6 - DAUGHTER 3 . Ms.Amelin Tresa Abraham - 2 - DAUGHTER |
| Membership / Identification No | 1187 |
| Occupation | OTHERS |
| Date of Birth/Age | / 34 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

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| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/983 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Joby K Jacob - |
| Name & relationship of the dependents | 1 . Ms.Retti Sam - 39 - SPOUSE 2 . Ms.Elka Susan Cheriyan - 13 - DAUGHTER 3 . Mr.Ebel Geevarghese Cheriyan - 9 - SON |
| Membership / Identification No | 1189 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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

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|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/984 |
| Name and Address 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 M Varughese - |
| Name & relationship of the dependents | 1 . Ms.Anu Thomas - 45 - SPOUSE 2 . Ms.Abiya Ann Varughese - 16 - DAUGHTER 3 . Mr.Aaron Varughese Jacob - 20 - SON |
| Membership / Identification No | 1190 |
| 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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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/181318/01/2024/004483/985 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Gego George - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1191 |
| Occupation | OTHERS |
| Date of Birth/Age | / 42 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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

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|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/986 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Justin P Kuriakose - |
| Name & relationship of the dependents | 1 . Ms.Shinta Justin - 34 - SPOUSE 2 . Mr.Hanan Joseph - 6 - SON 3 . Mr.Hain Joseph - 4 - SON |
| Membership / Identification No | 1192 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/987 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Shajan Varghese - |
| Name & relationship of the dependents | 1 . Ms.Reeba Varghese - 43 - SPOUSE 2 . Ms.Manna Susan Joseph - 14 - DAUGHTER 3 . Mr.Gregory Joseph Varghese - 15 - SON |
| Membership / Identification No | 1193 |
| 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

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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/181318/01/2024/004483/988 |
| Name and Address 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 Thomas - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1194 |
| 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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Authorised Signatory.

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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/989 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Libu Jacob Varghese - |
| Name & relationship of the dependents | 1 . Ms.Jinty Varghese - 34 - SPOUSE 2 . Ms.B/o Jinty Varghese - 5 - DAUGHTER |
| Membership / Identification No | 1195 |
| 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,
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/181318/01/2024/004483/990 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Libin Raj - |
| Name & relationship of the dependents | 1 . Ms.Bino M Daniel - 32 - SPOUSE 2 . Mr.Nathan Thomas Philip - 5 - SON |
| Membership / Identification No | 1196 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/991 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Jithu Mathew(Johns) - |
| Name & relationship of the dependents | 1 . Ms.Anju Baby - 32 - SPOUSE 2 . Ms.Juvan Johns Mathew - 5 - DAUGHTER 3 . Ms.Jeffrin Johns Mathew - 2 - DAUGHTER |
| Membership / Identification No | 1197 |
| Occupation | OTHERS |
| Date of Birth/Age | / 35 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 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/181318/01/2024/004483/992 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Nithin V Rajan - |
| Name & relationship of the dependents | 1 . Ms.Sheena Nithin - 35 - SPOUSE 2 . Ms.Sthuthi S Nithin - 5 - DAUGHTER 3 . Ms.Aaradhana S Nithin - 2 - DAUGHTER |
| Membership / Identification No | 1198 |
| Occupation | OTHERS |
| Date of Birth/Age | / 37 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/993 |
| Name and Address 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 Philip - |
| Name & relationship of the dependents | 1 . Ms.Jaya Mathew - 47 - SPOUSE 2 . Mr.Jayan Mathew - 18 - SON 3 . Mr.Sajan Mathew - 22 - SON |
| Membership / Identification No | 1200 |
| 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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, 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/181318/01/2024/004483/994 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Eldos Elias - |
| Name & relationship of the dependents | |
| Membership / Identification No | 1201 |
| 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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

| | |
|--|--|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/995 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Bibin Philip (James) - |
| Name & relationship of the dependents | 1 . Ms.Gincy Mol Cherian - 32 - SPOUSE 2 . Ms.Abigail Mariam James - 7 - DAUGHTER 3 . Mr.Asher P James - 3 - SON |
| Membership / Identification No | 1202 |
| Occupation | OTHERS |
| Date of Birth/Age | / 36 yrs |
| Period of Insurance | From : 03-SEP-23 To : 02-SEP-24 |
| Sum Insured (Rs.) | 300000 /- |
| Premium Details : | Premium Rs. /- |
| | GST Rs. /- |
| | Total Rs. /- |
| Coverage Details: | |
| 30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover. | |
| Conditions: | |
| Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured. | |

In the event of any claim under the policy, intimation should be given to 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/181318/01/2024/004483/996 |
| Name and Address 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 Abraham - |
| Name & relationship of the dependents | 1 . Ms.Mariamma V Z - 72 - SPOUSE |
| Membership / Identification No | 1203 |
| 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/181318/01/2024/004483/997 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Arun V S (Samuel Varghese) - |
| Name & relationship of the dependents | 1 . Ms.Aleyamma Thomas - 35 - SPOUSE 2 . Ms.Abiya Rachel Sam - 7 - DAUGHTER 3 . Mr.Aiden V Sam - 7 - SON |
| Membership / Identification No | 1204 |
| 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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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/181318/01/2024/004483/998 |
| Name and Address 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 Mundamattam - |
| Name & relationship of the dependents | 1 . Ms.Thankamma Philip - 71 - SPOUSE |
| Membership / Identification No | 1205 |
| 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.

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Certificate of Insurance

Group Health Insurance

| | |
|--|---|
| Policy No | P/181318/01/2024/004483 |
| Certificate No | P/181318/01/2024/004483/999 |
| Name and Address of the Proposer | MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004 |
| Name & Address of the Insured Person | Mr.Rev Fr Arun Skaria Markose - |
| Name & relationship of the dependents | 1 . Ms.Lijina George - 33 - SPOUSE 2 . Mr.Markose Zachariah - 8 - SON 3 . Mr.George Zachariah - 1 - SON |
| Membership / Identification No | 1206 |
| 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.

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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/181318/01/2024/004483/1000 |
| Name and Address 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 P S - |
| Name & relationship of the dependents | 1 . Ms.Mercy Jacob K - 66 - SPOUSE |
| Membership / Identification No | 1207 |
| 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. | |

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