

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1001
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bejoy Mathew  -
Name & relationship of the dependents	1 . Ms.Jeny Abraham - 32 - SPOUSE 2 . Mr.Efren Mathew Bejoy - 6 - SON 3 . Mr.Eden Mathew Bejoy - 8 - SON
Membership / Identification No	1208
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1002
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jacob Kurian -
Name & relationship of the dependents	1 . Ms.Annie P N - 64 - SPOUSE
Membership / Identification No	1209
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1003
Name 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 Cherian Chakkalackal Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Samma Cherian - 71 - SPOUSE
Membership / Identification No	1210
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1004
Name and Address 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 Alencheril -
Name & relationship of the dependents	1 . Ms.Valsamma V Z - 67 - SPOUSE
Membership / Identification No	1211
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1005
Name and Address 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 P K(Jacob Kuruvilla) -
Name & relationship of the dependents	1 . Ms.Libimol Abraham - 38 - SPOUSE 2 . Ms.Jerusha Ann Jacob - 15 - DAUGHTER 3 . Mr.Shalem Jacob Kuruvilla - 10 - SON
Membership / Identification No	1212
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1006
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Mathew -
Name & relationship of the dependents	1 . Ms.Siji Rachel George - 47 - SPOUSE 2 . Ms.Angel Hannah George - 19 - DAUGHTER 3 . Mr.Cyril George - 22 - SON
Membership / Identification No	1213
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1007
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Eassow Philipose(Lijo Philipose) -
Name & relationship of the dependents	1 . Ms.Dhanya Varghese - 35 - SPOUSE 2 . Ms.Anna Mariyam Koshy - 10 - DAUGHTER 3 . Ms.Rebecca Mariyam Koshy - 2 - DAUGHTER
Membership / Identification No	1214
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1008
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew K T -
Name & relationship of the dependents	1 . Ms.Annamma Abraham - 66 - SPOUSE
Membership / Identification No	1215
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1009
Name and Address 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 V Kurian  -
Name & relationship of the dependents	1 . Ms.Mini A A - 53 - SPOUSE 2 . Ms.Amulya Thomas - 19 - DAUGHTER
Membership / Identification No	1216
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1010
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abi Kurian  -
Name & relationship of the dependents	1 . Ms.Rency Thomas - 42 - SPOUSE 2 . Ms.Maria Anna Varghese - 7 - DAUGHTER 3 . Mr.Christo Gregorion - 13 - SON
Membership / Identification No	1217
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1011
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jomy K G -
Name & relationship of the dependents	1 . Ms.Lija Joseph - 34 - SPOUSE 2 . Mr.Edhen Varghese George - 5 - SON
Membership / Identification No	1218
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1012
Name and Address 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 K G -
Name & relationship of the dependents	1 . Ms.Jibimole T R - 31 - SPOUSE 2 . Mr.Ephraim Thomas George - 5 - SON
Membership / Identification No	1219
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1013
Name and Address 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 P Alexander -
Name & relationship of the dependents	1 . Ms.Shyni Y Kannappara - 57 - SPOUSE
Membership / Identification No	1220
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1014
Name and Address 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 P Jacob  -
Name & relationship of the dependents	1 . Ms.Mercy Samuel - 58 - SPOUSE 2 . Ms.Feby Elsa Jacob - 15 - DAUGHTER 3 . Ms.Febina Mary Jacob - 23 - DAUGHTER
Membership / Identification No	1221
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1015
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr P S Thomas -
Name & relationship of the dependents	1 . Ms.Bindumole P V - 51 - SPOUSE 2 . Mr.Alen Sam Thomas - 24 - SON
Membership / Identification No	1222
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1016
Name and Address 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 John -
Name & relationship of the dependents	1 . Ms.Leena Alexander - 44 - SPOUSE 2 . Ms.Grace Ann Varughese - 12 - DAUGHTER 3 . Mr.Georgy John Varughese - 17 - SON
Membership / Identification No	1223
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1017
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Zerah Paul  -
Name & relationship of the dependents	
Membership / Identification No	1225
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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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/181318/01/2024/004483/1018
Name and Address 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.Shiny Zachariah - 39 - SPOUSE 2 . Ms.Serah Varghese - 11 - DAUGHTER
Membership / Identification No	1226
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1019
Name and Address 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 Geevarghese -
Name & relationship of the dependents	1 . Ms.Annamma T Varghese - 71 - SPOUSE
Membership / Identification No	1227
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1020
Name and Address 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 J George -
Name & relationship of the dependents	1 . Ms.V M Aleyamma - 71 - SPOUSE
Membership / Identification No	1228
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1021
Name and Address 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 Daniel -
Name & relationship of the dependents	1 . Ms.Bincy Babu - 36 - SPOUSE 2 . Mr.Salomon Daniel Joby - 12 - SON 3 . Ms.PeninnahMariam Joby - 9 - DAUGHTER
Membership / Identification No	1229
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1022
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Nibu K Thomas -
Name & relationship of the dependents	1 . Ms.Sharin T B - 27 - SPOUSE 2 . Ms.Esther Susan Nibu - 5 - DAUGHTER 3 . Mr.Elohin K Nibu - 3 - SON
Membership / Identification No	1230
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1023
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Eldose P J -
Name & relationship of the dependents	1 . Ms.Jinshy M A - 32 - SPOUSE 2 . Ms.Eva Mariya Eldose - 4 - DAUGHTER 3 . Mr.Eliyah John Eldose - 1 - SON
Membership / Identification No	1231
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. /-
<b>Coverage Details:</b>	
30 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/181318/01/2024/004483/1024
Name and Address 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 A  -
Name & relationship of the dependents	1 . Ms.Sijimol K J - 51 - SPOUSE
Membership / Identification No	1232
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1025
Name and Address 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 T G  -
Name & relationship of the dependents	1 . Ms.Saly K P - 54 - SPOUSE 2 . Mr.Sanjay Oommen - 24 - SON
Membership / Identification No	1233
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1026
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese John( Saju V John ) -
Name & relationship of the dependents	1 . Ms.Johnsheela K Salim - 35 - SPOUSE 2 . Ms.Evaniya Mariya Varghese - 6 - DAUGHTER 3 . Mr.Bovas John Varghese - 10 - SON
Membership / Identification No	1234
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1027
Name and Address 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 V G(Geevarghese George) -
Name & relationship of the dependents	1 . Ms.Sheeja M V - 44 - SPOUSE 2 . Ms.Sherin Biju - 15 - DAUGHTER 3 . Ms.Merin Raichel George - 18 - DAUGHTER
Membership / Identification No	1235
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Issue Office Address: Second floor,Olive Arcade,  
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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1028
Name and Address 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 -
Name & relationship of the dependents	1 . Ms.Saramma Varghese - 70 - SPOUSE
Membership / Identification No	1236
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1029
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Yaldo Jacob -
Name & relationship of the dependents	1 . Ms.Suma Mathew - 53 - SPOUSE 2 . Ms.Elaina Yaldo - 17 - DAUGHTER 3 . Ms.Egeleena Yaldo - 18 - DAUGHTER
Membership / Identification No	1237
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1030
Name and Address 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 Vattiyanickeel -
Name & relationship of the dependents	1 . Ms.Mariamamma George - 60 - SPOUSE 2 . Ms.Ruth Ann Mathew - 24 - DAUGHTER
Membership / Identification No	1238
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1031
Name 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 I Abraham Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Cicity K I - 79 - SPOUSE
Membership / Identification No	1239
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1032
Name and Address 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 Peter -
Name & relationship of the dependents	1 . Ms.Elizabeth Varkey - 40 - SPOUSE 2 . Ms.Abigail Boby - 11 - DAUGHTER 3 . Ms.Sangreal Boby - 14 - DAUGHTER
Membership / Identification No	1240
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1033
Name and Address 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 Abraham -
Name & relationship of the dependents	1 . Ms.Simi Babu - 32 - SPOUSE 2 . Mr.Emmanuel Kuriakose - 5 - SON 3 . Ms.Esther Anna Aji - 4 - DAUGHTER
Membership / Identification No	1241
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1034
Name and Address 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 Abraham -
Name & relationship of the dependents	1 . Ms.Annamma T K - 61 - SPOUSE
Membership / Identification No	1242
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1035
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr A D Geevarghese  -
Name & relationship of the dependents	
Membership / Identification No	1243
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1036
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas Joseph  -
Name & relationship of the dependents	1 . Ms.Jincy Jacob - 40 - SPOUSE 2 . Mr.Aiden Joseph Thomas - 8 - SON 3 . Ms.Aira Anna Thomas - 5 - DAUGHTER
Membership / Identification No	1245
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1037
Name and Address 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 -
Name & relationship of the dependents	1 . Ms.Shibymol P Abraham - 46 - SPOUSE 2 . Mr.Bless Joseph - 16 - SON 3 . Mr.Johns Joseph - 21 - SON
Membership / Identification No	1246
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1038
Name and Address 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.Tincy Anna Yohannan - 36 - SPOUSE 2 . Ms.Joanna Anna Manoj - 7 - DAUGHTER 3 . Mr.Juan M Manoj - 12 - SON
Membership / Identification No	1247
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1039
Name and Address 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.Susan C George - 32 - SPOUSE 2 . Mr.Ethan Cherian Varghese - 6 - SON
Membership / Identification No	1248
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1040
Name and Address 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 Thomas -
Name & relationship of the dependents	1 . Ms.Blessy M Varghese - 37 - SPOUSE 2 . Ms.Andrea Rachel Varghese - 8 - DAUGHTER 3 . Ms.Aleena Mariam Varghese - 14 - DAUGHTER 4 . Mr.Alexander Varghese - 11 - SON
Membership / Identification No	1249
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1041
Name and Address 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 Purackan -
Name & relationship of the dependents	1 . Ms.Sini Mathews - 39 - SPOUSE 2 . Mr.Jacob Mathews - 8 - SON 3 . Mr.Gregary Mathews - 13 - SON 4 . Mr.Johnny Mathews - 13 - SON
Membership / Identification No	1250
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1042
Name and Address 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 C M  -
Name & relationship of the dependents	1 . Ms.Shyla Abraham - 48 - SPOUSE 2 . Ms.Anjala C J - 9 - DAUGHTER 3 . Mr.Abhishek C J - 11 - SON 4 . Mr.Aaran C J - 21 - SON
Membership / Identification No	1251
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1043
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bison Sunny  -
Name & relationship of the dependents	1 . Ms.Blessy Thomas - 30 - SPOUSE 2 . Mr.Blesson B - 5 - SON
Membership / Identification No	1253
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1044
Name and Address 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 Joshua -
Name & relationship of the dependents	1 . Ms.Molly Geevarghese - 55 - SPOUSE 2 . Mr.Renny Varghese - 23 - SON
Membership / Identification No	1254
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1045
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bijin K John -
Name & relationship of the dependents	1 . Ms.Annamma Shaji - 30 - SPOUSE 2 . Ms.Mary K Thomas - 5 - DAUGHTER
Membership / Identification No	1255
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1046
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Linu Lukose -
Name & relationship of the dependents	1 . Ms.Soby Thankachan - 34 - SPOUSE 2 . Ms.B/O Soby Thankachan - 5 - DAUGHTER 3 . Mr.Reuben Luke Linu - 8 - SON
Membership / Identification No	1256
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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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/181318/01/2024/004483/1047
Name and Address 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 Roy N J  -
Name & relationship of the dependents	1 . Ms.Suma K T - 58 - SPOUSE
Membership / Identification No	1257
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1048
Name and Address 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 George -
Name & relationship of the dependents	1 . Ms.Jaisy George - 34 - SPOUSE 2 . Mr.Eden George Binu - 2 - SON
Membership / Identification No	1258
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1049
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V V Mathews -
Name & relationship of the dependents	1 . Ms.Jessy Mariam - 52 - SPOUSE
Membership / Identification No	1259
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1050
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr V M Thomas  -
Name & relationship of the dependents	
Membership / Identification No	1260
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1051
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jijo P Abraham -
Name & relationship of the dependents	
Membership / Identification No	1261
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1052
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Saju Varghese -
Name & relationship of the dependents	1 . Ms.Jessy John - 49 - SPOUSE 2 . Mr.Sharon Jacob - 21 - SON
Membership / Identification No	1262
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1053
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Varghese Mathew (Sunil )  -
Name & relationship of the dependents	
Membership / Identification No	1264
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1054
Name and Address 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 -
Name & relationship of the dependents	1 . Ms.Mariamamma - 72 - SPOUSE
Membership / Identification No	1266
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1055
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Jijo K Joy -
Name & relationship of the dependents	1 . Ms.Reshma Sara Stanley - 31 - SPOUSE 2 . Ms.Jewel Mary Jijo - 5 - DAUGHTER 3 . Ms.Niya Sara Jijo - 4 - DAUGHTER
Membership / Identification No	1267
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1056
Name and Address 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 K P -
Name & relationship of the dependents	1 . Ms.Jessy V T - 52 - SPOUSE 2 . Mr.Christy Thomas - 20 - SON 3 . Mr.Christoffer Paul - 22 - SON
Membership / Identification No	1268
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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



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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1057
Name and Address 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 (Jose T V)  -
Name & relationship of the dependents	1 . Ms.Shiny Joseph - 36 - SPOUSE 2 . Ms.Ann Maria Jose - 10 - DAUGHTER 3 . Mr.Johan Jose - 3 - SON
Membership / Identification No	1269
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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



# 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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1058
Name and Address 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 M George -
Name & relationship of the dependents	
Membership / Identification No	1270
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1059
Name and Address 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 Karamel -
Name & relationship of the dependents	1 . Ms.Sindhu Abraham - 50 - SPOUSE
Membership / Identification No	1271
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1060
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Abi P U  -
Name & relationship of the dependents	1 . Ms.Shyni Jacob - 39 - SPOUSE 2 . Ms.Elsa Mary Abi - 11 - DAUGHTER 3 . Mr.Yuhanon Abi - 8 - SON
Membership / Identification No	1272
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1061
Name and Address 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  -
Name & relationship of the dependents	
Membership / Identification No	1273
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1062
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Alias John -
Name & relationship of the dependents	1 . Ms.Kochumol Alias - 54 - SPOUSE
Membership / Identification No	1274
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1063
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Alias K V -
Name & relationship of the dependents	1 . Ms.Aleyamma - 56 - SPOUSE 2 . Ms.Anne Elizabeth - 20 - DAUGHTER 3 . Mr.Varghese - 23 - SON
Membership / Identification No	1275
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1064
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Babu Abraham -
Name & relationship of the dependents	1 . Ms.Pravitha Babu - 39 - SPOUSE 2 . Mr.Nehan Mathew Babu - 6 - SON 3 . Mr.Milan Paul Babu - 9 - SON
Membership / Identification No	1276
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1065
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Benoy John -
Name & relationship of the dependents	1 . Ms.Santi P Kuriachen - 48 - SPOUSE 2 . Ms.Aswathy Santi Benoy - 20 - DAUGHTER 3 . Mr.Thomas John P - 18 - SON
Membership / Identification No	1277
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto:support@starhealth.in) or fax-1800 425 5522.

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Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1066
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Cherian P C -
Name & relationship of the dependents	1 . Ms.Moncy Cherian - 56 - SPOUSE 2 . Mr.Basil Jacob Cherian - 23 - SON
Membership / Identification No	1278
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1067
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Elias Cherukattu -
Name & relationship of the dependents	1 . Ms.Reena Elias - 53 - SPOUSE 2 . Ms.Aquin Anna Elias - 20 - DAUGHTER
Membership / Identification No	1279
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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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Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai - 600034.  
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1068
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Edward George -
Name & relationship of the dependents	1 . Ms.Shalini J Mathew - 44 - SPOUSE 2 . Ms.Amna Rachel George - 15 - DAUGHTER 3 . Ms.Abiah Sara George - 18 - DAUGHTER
Membership / Identification No	1280
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1069
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr George Jacob -
Name & relationship of the dependents	1 . Ms.Susy George - 67 - SPOUSE
Membership / Identification No	1281
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1070
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.H. G. Geevarghese Mar Pachomios Metropolitan (Kochuparambil Geevarghese Ramban )  -
Name & relationship of the dependents	
Membership / Identification No	1282
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1071
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Geevarghese John -
Name & relationship of the dependents	1 . Ms.Mariam M Joy - 37 - SPOUSE 2 . Mr.John Geevarghese - 16 - SON
Membership / Identification No	1283
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1072
Name and Address 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 V Varghese -
Name & relationship of the dependents	
Membership / Identification No	1284
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1073
Name and Address 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 E Jacob -
Name & relationship of the dependents	1 . Ms.Sarah Jacob - 72 - SPOUSE
Membership / Identification No	1285
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1074
Name and Address 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 V John -
Name & relationship of the dependents	1 . Ms.Sarakutty John - 61 - SPOUSE
Membership / Identification No	1287
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1075
Name and Address 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 Kadukummakkil -
Name & relationship of the dependents	1 . Ms.Suja Joy - 54 - SPOUSE
Membership / Identification No	1288
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1076
Name and Address 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 Moolamattom -
Name & relationship of the dependents	1 . Ms.Usha John - 53 - SPOUSE 2 . Ms.Aida John - 23 - DAUGHTER 3 . Ms.Aiva John - 24 - DAUGHTER
Membership / Identification No	1289
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1077
Name and Address 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 Abraham -
Name & relationship of the dependents	1 . Ms.Mercy Jose - 49 - SPOUSE 2 . Ms.Manna Jose - 23 - DAUGHTER 3 . Mr.Malki Jose - 21 - SON
Membership / Identification No	1290
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1078
Name and Address 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 Thomas -
Name & relationship of the dependents	1 . Ms.Anu Joy - 47 - SPOUSE 2 . Mr.Alen Thomas Joy - 20 - SON
Membership / Identification No	1291
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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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/181318/01/2024/004483/1079
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathew Abraham -
Name & relationship of the dependents	1 . Ms.Bency Mathew - 69 - SPOUSE
Membership / Identification No	1292
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1080
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Mathews -
Name & relationship of the dependents	1 . Ms.Molly Mathews - 69 - SPOUSE
Membership / Identification No	1293
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1081
Name and Address 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 Kanjirampara -
Name & relationship of the dependents	1 . Ms.Sudha Mathews - 64 - SPOUSE
Membership / Identification No	1294
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1082
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Marydas Stephen -
Name & relationship of the dependents	1 . Ms.Cibi Marydas - 54 - SPOUSE
Membership / Identification No	1295
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1083
Name 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 Paulose Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Ammi Paulose - 69 - SPOUSE
Membership / Identification No	1296
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1084
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Prince K John -
Name & relationship of the dependents	1 . Ms.Jessy Jacob - 50 - SPOUSE 2 . Mr.Jacob Prince - 22 - SON
Membership / Identification No	1297
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1085
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Paulose Skaria -
Name & relationship of the dependents	1 . Ms.Alice Cherian - 64 - SPOUSE
Membership / Identification No	1298
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1086
Name and Address 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 Mathai (Surej) -
Name & relationship of the dependents	1 . Ms.Feby Mariam John - 39 - SPOUSE 2 . Ms.Naidhel Ann Surej - 7 - DAUGHTER 3 . Ms.Nell Ann Surej - 15 - DAUGHTER
Membership / Identification No	1299
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1087
Name and Address 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 Rajan George -
Name & relationship of the dependents	
Membership / Identification No	1300
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1088
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Tuby Baby -
Name & relationship of the dependents	1 . Ms.Bincy Baby - 36 - SPOUSE 2 . Ms.Sarah Mary Tuby - 5 - DAUGHTER 3 . Ms.Hannah Susan Tuby - 8 - DAUGHTER
Membership / Identification No	1301
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1089
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Viju Ealias -
Name & relationship of the dependents	1 . Ms.Lincy - 39 - SPOUSE 2 . Ms.Joann Susan Varkey - 8 - DAUGHTER 3 . Mr.Jonathan Alias Varkey - 10 - SON
Membership / Identification No	1302
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1090
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Tinku Parakulam -
Name & relationship of the dependents	1 . Ms.Elizabeth Daniel - 34 - SPOUSE 2 . Ms.Essa Mariam Varghese - 4 - DAUGHTER
Membership / Identification No	1303
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1091
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.M T Varghese -
Name & relationship of the dependents	1 . Ms.Susamma Varghese - 55 - SPOUSE
Membership / Identification No	1304
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1092
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Saji Varghese -
Name & relationship of the dependents	1 . Ms.Jilu John - 52 - SPOUSE 2 . Ms.Jinta Anna Saji - 20 - DAUGHTER 3 . Mr.Jithu Geevarghese Saji - 14 - SON
Membership / Identification No	1305
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1093
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Jipson E Kurian  -
Name & relationship of the dependents	1 . Ms.Jishamol Jacob - 39 - SPOUSE 2 . Mr.Johan K Jipson - 9 - SON 3 . Ms.Jerusha Anna Jipson - 4 - DAUGHTER
Membership / Identification No	1306
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. /-
<b>Coverage Details:</b>	
30 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/181318/01/2024/004483/1094
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Raju Abraham -
Name & relationship of the dependents	1 . Ms.Annamma Raju - 65 - SPOUSE
Membership / Identification No	1307
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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Nungambakkam, Chennai - 600034.  
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1095
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Kurian Philip -
Name & relationship of the dependents	1 . Ms.Marykutty Abraham - 55 - SPOUSE 2 . Ms.Nayana Ann Kurian - 24 - DAUGHTER
Membership / Identification No	1308
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1096
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.A V Varghese -
Name & relationship of the dependents	1 . Ms.Saly Varghese - 65 - SPOUSE
Membership / Identification No	1310
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1097
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.George T Varghese -
Name & relationship of the dependents	1 . Ms.Mariamamma Skaria - 39 - SPOUSE 2 . Mr.Godwin T George - 6 - SON 3 . Mr.Georgin T George - 11 - SON
Membership / Identification No	1311
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



# 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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1098
Name and Address 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 Raju -
Name & relationship of the dependents	1 . Ms.Shilpa Elizabeth Byju - 31 - SPOUSE 2 . Ms.Alana Rose Anoop - 5 - DAUGHTER
Membership / Identification No	1312
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1099
Name and Address 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 Geevarghese -
Name & relationship of the dependents	1 . Mr.Eric Thomas Geevarghese - 3 - SON 2 . Ms.Anju P Varghese - 33 - SPOUSE 3 . Mr.Izaak Sam Geevarghese - 1 - SON
Membership / Identification No	1313
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1100
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Denice P Samuel -
Name & relationship of the dependents	1 . Ms.Blessy Susan Babu - 32 - SPOUSE 2 . Ms.Hridhya P Dennis - 3 - DAUGHTER 3 . Ms.Shradha P Dennis - 1 - DAUGHTER
Membership / Identification No	1314
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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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/181318/01/2024/004483/1101
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Shijumon Abraham -
Name & relationship of the dependents	1 . Ms.Mariamamma Kuruvilla - 40 - SPOUSE 2 . Mr.Aron Abraham - 6 - SON 3 . Mr.Alwin Abraham - 14 - SON
Membership / Identification No	1315
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1102
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Joy K K -
Name & relationship of the dependents	1 . Ms.Ashamol Joseph - 38 - SPOUSE 2 . Mr.Johan K Joy - 9 - SON 3 . Mr.Joshua K Joy - 12 - SON
Membership / Identification No	1316
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1103
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Saji Joseph -
Name & relationship of the dependents	1 . Ms.Remya John - 31 - SPOUSE 2 . Ms.Elsa Mariam Saji - 4 - DAUGHTER
Membership / Identification No	1317
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1104
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Geemon Kuriakose  -
Name & relationship of the dependents	
Membership / Identification No	1318
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1105
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Aneesh K Abraham -
Name & relationship of the dependents	1 . Ms.Tintu N Kuriakose - 31 - SPOUSE 2 . Mr.Abel K Aneesh - 4 - SON
Membership / Identification No	1320
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Issue Office Address: Second floor,Olive Arcade,  
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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1106
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Alin Joseph Alex -
Name & relationship of the dependents	
Membership / Identification No	1321
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1107
Name and Address 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.Jincy Joshua - 32 - SPOUSE 2 . Mr.Hanoch Mathew Thomas - 6 - SON
Membership / Identification No	1322
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1108
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Thomas K Chacko -
Name & relationship of the dependents	1 . Ms.Jincy George - 40 - SPOUSE 2 . Mr.Basil George Thomas - 8 - SON 3 . Mr.Joel Jacob Thomas - 15 - SON
Membership / Identification No	1323
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1109
Name and Address 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 C -
Name & relationship of the dependents	
Membership / Identification No	1324
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1110
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Bijo Rajan -
Name & relationship of the dependents	1 . Ms.Joel M Mathew - 32 - SPOUSE 2 . Ms.Esther Bijo - 6 - DAUGHTER 3 . Mr.Ezra Bijo - 3 - SON
Membership / Identification No	1325
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1111
Name and Address 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 Abraham -
Name & relationship of the dependents	1 . Ms.Renju John - 37 - SPOUSE 2 . Mr.Abidaan Abraham Geevarghese - 11 - SON
Membership / Identification No	1326
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1112
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr John Mathew  -
Name & relationship of the dependents	1 . Ms.Rincy John - 37 - SPOUSE 2 . Mr.Alvares John - 6 - SON
Membership / Identification No	1327
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1113
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Rance Thomas Chacko -
Name & relationship of the dependents	1 . Ms.Biji Babu - 29 - SPOUSE 2 . Mr.Nathan Rance Thomas - 5 - SON
Membership / Identification No	1328
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1114
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Jinto K Varghese -
Name & relationship of the dependents	1 . Ms.Manu Kuriakose - 40 - SPOUSE 2 . Ms.Jeeval Jinto - 8 - DAUGHTER 3 . Ms.Meeval Elsa Jinto - 12 - DAUGHTER
Membership / Identification No	1329
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1115
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Biju Varkey -
Name & relationship of the dependents	1 . Ms.Tissa Varghese - 41 - SPOUSE 2 . Ms.Kezia Susan Biju - 12 - DAUGHTER 3 . Ms.Dilia Anne Biju - 17 - DAUGHTER
Membership / Identification No	1330
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1116
Name and Address 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 Chacko -
Name & relationship of the dependents	1 . Ms.Priya George - 32 - SPOUSE 2 . Ms.Alisha Miriam Anish - 6 - DAUGHTER
Membership / Identification No	1332
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1117
Name 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 Zachariah Remban (Raju K) -
Name & relationship of the dependents	
Membership / Identification No	1333
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1118
Name and Address 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 B  -
Name & relationship of the dependents	1 . Ms.Ancy John - 32 - SPOUSE 2 . Ms.Manna Mariyam Geevarghese - 1 - DAUGHTER
Membership / Identification No	1334
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1119
Name and Address 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 George Mathew  -
Name & relationship of the dependents	
Membership / Identification No	1335
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1120
Name and Address 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 Thomas  -
Name & relationship of the dependents	1 . Ms.Sara Paul - 41 - SPOUSE 2 . Ms.Marina Paul - 11 - DAUGHTER 3 . Ms.Mariya Paul - 13 - DAUGHTER 4 . Micah Paul - 4 - SON
Membership / Identification No	1337
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1121
Name and Address 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 Baby -
Name & relationship of the dependents	1 . Ms.Ancy Raj - 32 - SPOUSE 2 . Mr.Basil Alex Mathew - 5 - SON 3 . Ms.Irine Grace Mathew - 2 - DAUGHTER
Membership / Identification No	1338
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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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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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1122
Name and Address 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 Cheriyan -
Name & relationship of the dependents	1 . Ms.Lisha Saju - 26 - SPOUSE 2 . Mr.Habin Philip - 5 - SON
Membership / Identification No	1339
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1123
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joji George Philip -
Name & relationship of the dependents	1 . Ms.Bincy Abraham - 32 - SPOUSE 2 . Ms.Diya Grace Joji - 5 - DAUGHTER
Membership / Identification No	1340
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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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/181318/01/2024/004483/1124
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Joe Mathew Johnson -
Name & relationship of the dependents	1 . Ms.Kripa Susan Babu - 30 - SPOUSE 2 . Mr.Juan K Mathew - 5 - SON 3 . Mr.Ian K Mathew - 2 - SON
Membership / Identification No	1341
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1125
Name and Address 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 ( Sujay )  -
Name & relationship of the dependents	1 . Ms.Nancy Babu - 31 - SPOUSE 2 . Mr.Nathaniel John Mathew - 5 - SON
Membership / Identification No	1342
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1126
Name and Address 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 Baby -
Name & relationship of the dependents	1 . Ms.Sneha Kurian - 38 - SPOUSE 2 . Ms.Krislyn Kurian - 8 - DAUGHTER 3 . Ms.Kathryn Kurian - 12 - DAUGHTER
Membership / Identification No	1343
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1127
Name and Address 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 Joy  -
Name & relationship of the dependents	
Membership / Identification No	1344
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1128
Name and Address 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 Babu -
Name & relationship of the dependents	1 . Ms.Anju Varghese - 27 - SPOUSE 2 . Ms.Johana Mariam George - 5 - DAUGHTER 3 . Ms.Olivia Susan George - 2 - DAUGHTER
Membership / Identification No	1345
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1129
Name and Address 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 Zachariah C -
Name & relationship of the dependents	1 . Ms.Anjana Rebecca Roy - 36 - SPOUSE 2 . Ms.Iza Elizabeth Mathai - 10 - DAUGHTER 3 . Mr.Ian Zachariah Mathai - 6 - SON
Membership / Identification No	1346
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1130
Name and Address 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 P K -
Name & relationship of the dependents	1 . Ms.Stephy Benny - 32 - SPOUSE 2 . Mr.Besalel Eldho - 5 - SON 3 . Ms.Bethel Mariya Eldho - 2 - DAUGHTER
Membership / Identification No	1347
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1131
Name 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.Rittu Philipose -
Name & relationship of the dependents	1 . Ms.Dona Ann Abraham - 30 - SPOUSE 2 . Mr.Evan Philip Rittu - 5 - SON
Membership / Identification No	1350
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1132
Name 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.Aswin V Eappen -
Name & relationship of the dependents	1 . Ms.Reshma Elsa Reji - 32 - SPOUSE 2 . Ms.Izah Suzan Eappen - 3 - DAUGHTER
Membership / Identification No	1351
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1133
Name 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.Anoop Thomas Alexander -
Name & relationship of the dependents	1 . Ms.Anu Paulose - 30 - SPOUSE 2 . Mr.Izahak Alex Thomas - 3 - SON 3 . Mr.Benyamin Paul Thomas - 1 - SON
Membership / Identification No	1352
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1134
Name 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.Bijin Thomas Cherian -
Name & relationship of the dependents	1 . Ms.Nimmy Anna Babu - 28 - SPOUSE 2 . Mr.Adam Bijin Cherian - 5 - SON
Membership / Identification No	1353
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1135
Name 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.Nithin Mathew -
Name & relationship of the dependents	1 . Ms.Dhanya Gerison - 28 - SPOUSE 2 . Ms.Ruth Nithin - 3 - DAUGHTER
Membership / Identification No	1354
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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

Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1136
Name 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.Biju Daniel -
Name & relationship of the dependents	1 . Ms.Joji Biju - 33 - SPOUSE 2 . Ms.Agnes Rachel Biju - 6 - DAUGHTER
Membership / Identification No	1355
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1137
Name 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.Subin Daniel  -
Name & relationship of the dependents	1 . Ms.Steffi Ann Jacob - 32 - SPOUSE 2 . Ms.Eva Ann Subin - 8 - DAUGHTER
Membership / Identification No	1356
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1138
Name 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.Tijo Kuriakose -
Name & relationship of the dependents	1 . Ms.Blesy Thampan - 34 - SPOUSE 2 . Ms.Kezia Elsa Tijo - 6 - DAUGHTER 3 . Mr.Koruth Zacher Tijo - 5 - SON
Membership / Identification No	1357
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1139
Name 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.Mathaikutty. Y -
Name & relationship of the dependents	
Membership / Identification No	1358
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1140
Name 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.Biju.N.Eapen  -
Name & relationship of the dependents	
Membership / Identification No	1359
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1141
Name 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.Eby.C.Philip  -
Name & relationship of the dependents	
Membership / Identification No	1360
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1142
Name 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.Binil RaJ -
Name & relationship of the dependents	1 . Ms.Jaisemol Issac - 30 - SPOUSE 2 . Mr.Rooh Raj Geevarghese - 3 - SON
Membership / Identification No	1361
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1143
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev.Fr.Ebin T Mathew (Mathew T Mamoottil)  -
Name & relationship of the dependents	1 . Ms.Sarayu Simon - 26 - SPOUSE 2 . Ms.Nimah S Mathew - 5 - DAUGHTER
Membership / Identification No	1362
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1144
Name 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.Thomas John -
Name & relationship of the dependents	1 . Ms.Meris P Onattu - 45 - SPOUSE 2 . Ms.Reeme Meris Thomas - 15 - DAUGHTER 3 . Ms.Rinna Mary Thomas - 14 - DAUGHTER
Membership / Identification No	1363
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1145
Name 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.Ajith Joseph -
Name & relationship of the dependents	1 . Ms.Shynu K Alexander - 31 - SPOUSE 2 . Ms.Nitha Susan Daniel - 4 - DAUGHTER
Membership / Identification No	1364
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1146
Name 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.Jibin Baby Korah -
Name & relationship of the dependents	1 . Ms.Deepa Mary Alex - 29 - SPOUSE 2 . Mr.Paul Kuriakose Baby - 5 - SON
Membership / Identification No	1365
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1147
Name 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.Shibu John -
Name & relationship of the dependents	1 . Ms.Stessy K Chacko - 34 - SPOUSE 2 . Ms.Jewel Ann John - 6 - DAUGHTER 3 . Ms.Mabel Susan John - 5 - DAUGHTER
Membership / Identification No	1367
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1148
Name 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.Sobin Samuel -
Name & relationship of the dependents	1 . Ms.Aby Mary Skaria - 35 - SPOUSE 2 . Ms.Maritsa Liz Joseph - 7 - DAUGHTER 3 . Ms.Chrizin Ann Joseph - 3 - DAUGHTER
Membership / Identification No	1368
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1149
Name 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.Geo M Solomon -
Name & relationship of the dependents	1 . Ms.Suji Elizabeth Mathew - 34 - SPOUSE
Membership / Identification No	1369
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1150
Name 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.Jubin Thomas -
Name & relationship of the dependents	1 . Ms.Steffi Abraham - 30 - SPOUSE 2 . Mr.John Jubin - 2 - SON 3 . Mr.Jeremiel Jubin - 2 - SON
Membership / Identification No	1370
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1151
Name 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.Santhosh Babu -
Name & relationship of the dependents	1 . Ms.Ansu K Reji - 27 - SPOUSE
Membership / Identification No	1371
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1152
Name 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.Babin Babu -
Name & relationship of the dependents	1 . Ms.Swincy Kuriakose - 32 - SPOUSE 2 . Mr.Evan Babin - 5 - SON
Membership / Identification No	1372
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1153
Name 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.Bejoy George -
Name & relationship of the dependents	1 . Ms.Murupel Gini P - 33 - SPOUSE
Membership / Identification No	1373
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1154
Name 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.Georgekutty D  -
Name & relationship of the dependents	
Membership / Identification No	1374
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1155
Name 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.Thomas Ponnankuzhy -
Name & relationship of the dependents	1 . Ms.Aney Thomas - 72 - SPOUSE
Membership / Identification No	1375
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1156
Name 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.Sebi Thomas Baby -
Name & relationship of the dependents	1 . Ms.Pretty Sebi - 29 - SPOUSE 2 . Mr.Mikhael Thomas Sebi - 5 - SON
Membership / Identification No	1377
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1157
Name 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.Binu Mathews Itty -
Name & relationship of the dependents	1 . Ms.Jincy Elsa Samuel - 29 - SPOUSE 2 . Ms.Amelia Anna Mathews - 5 - DAUGHTER
Membership / Identification No	1378
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1158
Name 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.Thomas Geevarghese -
Name & relationship of the dependents	1 . Ms.Shalu Thomas - 30 - SPOUSE 2 . Mr.Johan George Thomas - 5 - SON 3 . Ms.Gianna Dia Thomas - 1 - DAUGHTER
Membership / Identification No	1379
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1159
Name 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.Sunil P Thomas -
Name & relationship of the dependents	1 . Ms.Megha George - 40 - SPOUSE 2 . Mr.John Kuriakose Pallichira - 12 - SON 3 . Mr.Grigory Kuriakose Pallichira - 7 - SON
Membership / Identification No	1380
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1160
Name 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.Chackochan M -
Name & relationship of the dependents	
Membership / Identification No	1381
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1161
Name 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.Abin Mathew Zachariah -
Name & relationship of the dependents	1 . Ms.Jincy Sam - 31 - SPOUSE 2 . Ms.Amariah Ann Abin - 5 - DAUGHTER 3 . Mr.Haziel Zac Abin - 3 - SON
Membership / Identification No	1382
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1162
Name 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.Lukose T Panicker -
Name & relationship of the dependents	1 . Ms.Pheba Ann Chacko - 30 - SPOUSE 2 . Mr.Yakov Luke Panicker - 4 - SON
Membership / Identification No	1383
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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

Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1163
Name 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.Johnson Mathew -
Name & relationship of the dependents	1 . Ms.Christina S Raju - 28 - SPOUSE 2 . Ms.Elizabeth L John - 4 - DAUGHTER
Membership / Identification No	1384
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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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/181318/01/2024/004483/1164
Name 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.Shibin Varughese  -
Name & relationship of the dependents	1 . Ms.Susan K Wilson - 34 - SPOUSE 2 . Ms.Angel Elizabeth Shibin - 5 - DAUGHTER
Membership / Identification No	1385
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1165
Name 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.Liju K.Ponnachan -
Name & relationship of the dependents	1 . Ms.Liji Samuel - 34 - SPOUSE 2 . Mr.Aaron K.Liju - 9 - SON 3 . Mr.Aidan Liju - 2 - SON
Membership / Identification No	1386
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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/181318/01/2024/004483/1166
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.P.A.Alichan (P.A.Kuriakose) -
Name & relationship of the dependents	1 . Ms.Betty Mariam Alichan - 60 - SPOUSE 2 . Ms.Abisha Susan Alichan - 23 - DAUGHTER
Membership / Identification No	1387
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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

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Date: 19-OCT-23

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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1167
Name 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.Akhil Varghese -
Name & relationship of the dependents	1 . Ms.Reeja Elsa George - 28 - SPOUSE 2 . Mr.Abram George Achenkunju - 3 - SON
Membership / Identification No	1388
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1168
Name 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.Tinumon K.K -
Name & relationship of the dependents	1 . Ms.Gibi Susan Varughese - 33 - SPOUSE 2 . Mr.Nathanael K Tinumon - 4 - SON
Membership / Identification No	1389
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1169
Name 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.Dennies K Daniel  -
Name & relationship of the dependents	1 . Ms.Jisha D Thomas - 30 - SPOUSE 2 . Mr.Jaiden K Dennies - 5 - SON
Membership / Identification No	1390
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1170
Name 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.Jobin Yohannan -
Name & relationship of the dependents	1 . Ms.Tincy Thomas - 30 - SPOUSE 2 . Ms.Anna Elza Jobin - 5 - DAUGHTER
Membership / Identification No	1391
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1171
Name 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.Navunkazha Varghese Skaria Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Geetha Varghese - 64 - SPOUSE
Membership / Identification No	1392
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1172
Name 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.Saju Philip -
Name & relationship of the dependents	1 . Ms.Indu Jacob - 39 - SPOUSE 2 . Mr.Jones M Philip - 13 - SON 3 . Ms.Johana Sara Saju - 9 - DAUGHTER
Membership / Identification No	1393
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1173
Name 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.John Mathew -
Name & relationship of the dependents	1 . Ms.Sinu Susan Jacob - 33 - SPOUSE 2 . Ms.Hanna Susan John - 6 - DAUGHTER 3 . Ms.Sera Susan John - 5 - DAUGHTER
Membership / Identification No	1394
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1174
Name 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.Isac. C.A -
Name & relationship of the dependents	1 . Ms.Kunjunjamma Isac - 67 - SPOUSE
Membership / Identification No	1395
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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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/181318/01/2024/004483/1175
Name 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.Kurian Mathew -
Name & relationship of the dependents	1 . Ms.Rachel V John - 63 - SPOUSE
Membership / Identification No	1397
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1176
Name 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.Aby Raju -
Name & relationship of the dependents	1 . Ms.Neethu Mariam - 28 - SPOUSE 2 . Ms.Mariam Susan Daniel - 5 - DAUGHTER
Membership / Identification No	1398
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1177
Name 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.Prasad Thomas -
Name & relationship of the dependents	
Membership / Identification No	1399
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1178
Name 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.Sijin Mathew -
Name & relationship of the dependents	1 . Ms.Jiji Oommen - 29 - SPOUSE 2 . Ms.Hannah Rachel Varghese - 3 - DAUGHTER
Membership / Identification No	1400
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1179
Name 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.Ligin Thomas -
Name & relationship of the dependents	1 . Ms.Stephy Joshua - 31 - SPOUSE 2 . Mr.Hallel Thomas Philip - 4 - SON
Membership / Identification No	1401
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1180
Name 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.Lijo K Oonny -
Name & relationship of the dependents	1 . Ms.Bini Kurian - 41 - SPOUSE 2 . Mr.Johan Joseph - 13 - SON 3 . Mr.Jubal Joseph - 8 - SON
Membership / Identification No	1402
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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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/181318/01/2024/004483/1181
Name 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.Kurian John -
Name & relationship of the dependents	1 . Ms.Bency Kurian - 46 - SPOUSE 2 . Ms.Alivi Susan Kurian - 20 - DAUGHTER
Membership / Identification No	1403
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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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/181318/01/2024/004483/1182
Name 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.Kris Sebi -
Name & relationship of the dependents	1 . Ms.Teena Mariyam Thomas - 29 - SPOUSE 2 . Ms.Haniel Mariam Kris - 4 - DAUGHTER
Membership / Identification No	1404
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1183
Name 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.Aji Mathew -
Name & relationship of the dependents	1 . Ms.Chinjumol Joseph - 39 - SPOUSE 2 . Mr.Aidan Aji Mathew - 10 - SON 3 . Ms.Mariyam Serah Mathew - 2 - DAUGHTER
Membership / Identification No	1406
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1184
Name 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.John Baby -
Name & relationship of the dependents	1 . Ms.Lini T George - 34 - SPOUSE 2 . Mr.Johan Joseph John - 3 - SON 3 . Ms.Hannah Mary John - 1 - DAUGHTER
Membership / Identification No	1407
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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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/181318/01/2024/004483/1185
Name 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.Sibi Mathew Varghese -
Name & relationship of the dependents	1 . Ms.Jeny Sara Chacko - 36 - SPOUSE 2 . Mr.Ephrem Varughese Sibi - 8 - SON 3 . Mr.Nathaniel Chacko Sibi - 4 - SON
Membership / Identification No	1408
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1186
Name 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.Saji Thomas -
Name & relationship of the dependents	1 . Ms.Liju Susan Saji - 52 - SPOUSE 2 . Ms.Nitya Annah Saji - 22 - DAUGHTER
Membership / Identification No	1409
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1187
Name 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.Joemon Thomas -
Name & relationship of the dependents	1 . Ms.Mini Mary Joemon - 34 - SPOUSE 2 . Ms.Jennita Sara Joe - 8 - DAUGHTER 3 . Ms.Jenisha Sara Joe - 4 - DAUGHTER
Membership / Identification No	1411
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1188
Name 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.Robin Varghese -
Name & relationship of the dependents	1 . Ms.Jessa George - 38 - SPOUSE 2 . Ms.Meechal Aan Varghese - 10 - DAUGHTER
Membership / Identification No	1412
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1189
Name 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.Thomas P.M -
Name & relationship of the dependents	1 . Ms.Mariamamma Thomas - 65 - SPOUSE
Membership / Identification No	1414
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1190
Name 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.Thomas T.C  -
Name & relationship of the dependents	
Membership / Identification No	1415
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1191
Name 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.Sankarathil Benji Thomas -
Name & relationship of the dependents	
Membership / Identification No	1417
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1192
Name 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.Aswin Fernandis -
Name & relationship of the dependents	
Membership / Identification No	1418
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1193
Name 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.Shinu K Thomas -
Name & relationship of the dependents	1 . Ms.Jasmin Cherian - 42 - SPOUSE 2 . Mr.Aron Greg Thomas - 17 - SON 3 . Ms.Sharon Susan Thomas - 9 - DAUGHTER
Membership / Identification No	1419
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1194
Name 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.Noel Lewis  -
Name & relationship of the dependents	
Membership / Identification No	1421
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1195
Name 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.Biju Mathai -
Name & relationship of the dependents	1 . Ms.Teena Thomas - 38 - SPOUSE 2 . Ms.Diya Mariam Biju - 16 - DAUGHTER 3 . Mr.Dan Biju - 10 - SON
Membership / Identification No	1423
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1196
Name 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.Jibu C Joy -
Name & relationship of the dependents	1 . Ms.Betty P Joy - 34 - SPOUSE 2 . Ms.Sairah Anna Daniel - 8 - DAUGHTER 3 . Ms.Rachael Mariyam Daniel - 4 - DAUGHTER
Membership / Identification No	1424
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1197
Name 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.Liju John -
Name & relationship of the dependents	1 . Ms.Anisha Varghese - 37 - SPOUSE 2 . Mr.Asher Zechariah - 9 - SON 3 . Mr.Augen Thomas - 7 - SON 4 . Ms.Ann Mary - 8 - DAUGHTER
Membership / Identification No	1425
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1198
Name 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.Ajish Babu -
Name & relationship of the dependents	1 . Ms.Merlin John - 36 - SPOUSE 2 . Mr.Nathan Ajish - 9 - SON 3 . Mr.Nick Ajish - 5 - SON
Membership / Identification No	1426
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1199
Name 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.Kuriyakose K V -
Name & relationship of the dependents	1 . Ms.Jinumol Kuriyakose - 31 - SPOUSE
Membership / Identification No	1427
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1200
Name 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.Mathew P Raju -
Name & relationship of the dependents	1 . Ms.Laji Merin Renju - 30 - SPOUSE
Membership / Identification No	1428
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1201
Name 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.Allen S Mathew -
Name & relationship of the dependents	1 . Ms.Bitha Mary Biji - 29 - SPOUSE 2 . Ms.Serah Raichel Allen - 2 - DAUGHTER
Membership / Identification No	1429
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1202
Name 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.Rejo Mathew Joseph -
Name & relationship of the dependents	1 . Ms.Jais Anna Mathew - 31 - SPOUSE 2 . Mr.Johan Mathew - 3 - SON 3 . Ms.Hana Elsa Mathew - 1 - DAUGHTER
Membership / Identification No	1430
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1203
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jacob Anish Varghese  -
Name & relationship of the dependents	1 . Ms.Shincy Jacob - 37 - SPOUSE 2 . Mr.Aaron George Jacob - 11 - SON
Membership / Identification No	1431
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1204
Name 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.Shiju Thomas -
Name & relationship of the dependents	
Membership / Identification No	1433
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1205
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Dr.Ninan K George -
Name & relationship of the dependents	1 . Ms.Blosam Sam - 60 - SPOUSE
Membership / Identification No	1434
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1206
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Dr.Thomas Mar Athanasius Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	1435
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1207
Name 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.John George Vattakkattu -
Name & relationship of the dependents	1 . Ms.Detty M Panicker - 32 - SPOUSE 2 . Ms.Diya Ann John - 7 - DAUGHTER
Membership / Identification No	1436
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1208
Name 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.Richi Tom Mathew  -
Name & relationship of the dependents	
Membership / Identification No	1437
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1209
Name 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.Solomon Babu -
Name & relationship of the dependents	
Membership / Identification No	1438
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1210
Name 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.Vineeth Thomas -
Name & relationship of the dependents	1 . Ms.Anjaly Thankachan - 25 - SPOUSE
Membership / Identification No	1439
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1211
Name 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.Stalin Alex -
Name & relationship of the dependents	1 . Ms.Soby Varghese - 31 - SPOUSE 2 . Ms.Rebecca Mariyam Stalin - 4 - DAUGHTER
Membership / Identification No	1440
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1212
Name 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.John K Jacob -
Name & relationship of the dependents	1 . Ms.Rose Mary John - 33 - SPOUSE
Membership / Identification No	1441
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1213
Name 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.Thomas Chandy -
Name & relationship of the dependents	1 . Ms.Siya Biju Pulikkottil - 28 - SPOUSE 2 . Mr.Jophiel Chandy Thomas - 1 - SON
Membership / Identification No	1442
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1214
Name 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.Abel George Mathai T -
Name & relationship of the dependents	
Membership / Identification No	1444
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. /-
<b>Coverage Details:</b>	
30 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1215
Name 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.Aby Varghese -
Name & relationship of the dependents	1 . Ms.Anju Rajan - 29 - SPOUSE 2 . Ms.Abiya Elza Thomas - 4 - DAUGHTER
Membership / Identification No	1445
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 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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Authorised Signatory.

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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1216
Name 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.George Varghese -
Name & relationship of the dependents	1 . Ms.Sheena George - 41 - SPOUSE 2 . Mr.Samson George - 18 - SON
Membership / Identification No	1446
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1217
Name 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.Senu K Samuel -
Name & relationship of the dependents	1 . Ms.Kripa Mathew - 32 - SPOUSE 2 . Ms.Serah Mariam Senu - 4 - DAUGHTER
Membership / Identification No	1447
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1218
Name 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.Saji Raju -
Name & relationship of the dependents	1 . Ms.Midhy Meria Kurian - 37 - SPOUSE 2 . Mr.Jerome Paul Varghese - 10 - SON 3 . Ms.Jenny Ann Varghese - 4 - DAUGHTER
Membership / Identification No	1448
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1219
Name 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 Jacob ( Suji )  -
Name & relationship of the dependents	1 . Ms.Dr.Merin Joseph - 34 - SPOUSE 2 . Mr.Georgy Abraham Jacob - 5 - SON 3 . Ms.Johanna Rachel Abraham - 3 - DAUGHTER
Membership / Identification No	1449
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1220
Name 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.K.M.Thomas -
Name & relationship of the dependents	1 . Ms.Aleyamma Thomas - 73 - SPOUSE
Membership / Identification No	1450
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1221
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev.Thomas Ramban  -
Name & relationship of the dependents	
Membership / Identification No	1451
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1222
Name 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.Samuel -
Name & relationship of the dependents	
Membership / Identification No	1452
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1223
Name 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.Yacob -
Name & relationship of the dependents	
Membership / Identification No	1453
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1224
Name 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.Santu Skariah  -
Name & relationship of the dependents	
Membership / Identification No	1454
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1225
Name 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.Anish Varghese -
Name & relationship of the dependents	
Membership / Identification No	1455
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1226
Name 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.Kiran Jacob Joy  -
Name & relationship of the dependents	1 . Ms.Christy Varghese - 32 - SPOUSE 2 . Mr.Kevin Joy Kiran - 6 - SON 3 . Ms.Karen Mariam Kiran - 5 - DAUGHTER
Membership / Identification No	1456
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1227
Name 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.John Philipose  -
Name & relationship of the dependents	1 . Ms.Lini Mary Idiculla - 40 - SPOUSE 2 . Mr.Micah John - 12 - SON 3 . Mr.Asher John - 5 - SON
Membership / Identification No	1458
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1228
Name 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.Y.Mathews -
Name & relationship of the dependents	1 . Ms.Annamma D - 62 - SPOUSE
Membership / Identification No	1460
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1229
Name 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.Geevarghese Jacob ( Ajin George Jacob) -
Name & relationship of the dependents	1 . Ms.Rincy Philip - 31 - SPOUSE 2 . Mr.Jake George Jacob - 4 - SON
Membership / Identification No	1461
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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

Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1230
Name 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.Justin Abraham -
Name & relationship of the dependents	1 . Ms.Nancy Ninan - 32 - SPOUSE 2 . Ms.Esther Mariyam Justin - 5 - DAUGHTER
Membership / Identification No	1462
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1231
Name 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.Samuel Punnoor ( Sam Varghese ) -
Name & relationship of the dependents	1 . Ms.Jessy Peter - 52 - SPOUSE
Membership / Identification No	1463
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1232
Name 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.Ranjith K Raju -
Name & relationship of the dependents	1 . Ms.Anu Ranjith - 32 - SPOUSE 2 . Mr.Ryaan Abraham Ranjith - 5 - SON
Membership / Identification No	1465
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1233
Name 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.Saju Unnooni -
Name & relationship of the dependents	1 . Ms.Jisha Saji - 34 - SPOUSE 2 . Ms.Sancia Susan Saju - 8 - DAUGHTER 3 . Mr.Sayaan Daniel Saju - 4 - SON
Membership / Identification No	1466
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1234
Name 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.Skaria Thomas (Sibi ) -
Name & relationship of the dependents	1 . Ms.Feba Sibi - 34 - SPOUSE 2 . Ms.Sarah Susan Sibi - 7 - DAUGHTER 3 . Ms.Anna Mariam Sibi - 6 - DAUGHTER
Membership / Identification No	1467
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1235
Name 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.Binsan Thomas -
Name & relationship of the dependents	1 . Ms.Soniya Varughese - 31 - SPOUSE 2 . Mr.Ezekiel T Binsan - 4 - SON
Membership / Identification No	1468
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1236
Name 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.Saju George -
Name & relationship of the dependents	1 . Ms.Linu Babu - 29 - SPOUSE 2 . Ms.Tessa Mariyam John - 4 - DAUGHTER
Membership / Identification No	1469
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1237
Name 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.Abey M Tharakan -
Name & relationship of the dependents	1 . Ms.Jesmi Elizabeth Philip - 30 - SPOUSE 2 . Mr.Aiden Alexander Tharakan - 4 - SON
Membership / Identification No	1470
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1238
Name 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.Tijo Thampi  -
Name & relationship of the dependents	1 . Ms.Sneha Chacko - 28 - SPOUSE 2 . Ms.Minha Mariam Tijo - 3 - DAUGHTER
Membership / Identification No	1471
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1239
Name 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.Joji Rajan -
Name & relationship of the dependents	1 . Ms.Daisy Thomas - 37 - SPOUSE 2 . Mr.Josiah Joji George - 8 - SON 3 . Ms.Abigail Ann Joji - 5 - DAUGHTER
Membership / Identification No	1473
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1240
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Varghese P J  -
Name & relationship of the dependents	1 . Ms.Jais Varghese - 36 - SPOUSE 2 . Mr.Hazael Varghese - 10 - SON 3 . Mr.Haniel Varghese - 5 - SON
Membership / Identification No	1474
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1241
Name 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.Geevarghese Joy ( Leo) -
Name & relationship of the dependents	1 . Ms.Simi C J - 28 - SPOUSE
Membership / Identification No	1475
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1242
Name 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.Y.Thomas Muttuvvely Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Elizabeth Thomas - 69 - SPOUSE
Membership / Identification No	1476
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1243
Name 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.Philipose Venattu ( Philipkutty Mathews) -
Name & relationship of the dependents	1 . Ms.Shini Abraham ( Shini Philip ) - 56 - SPOUSE
Membership / Identification No	1477
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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

Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
Nungambakkam, Chennai - 600034.  
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1244
Name 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.Jerin George K  -
Name & relationship of the dependents	1 . Ms.Merlin Mary Thomas - 30 - SPOUSE 2 . Mr.Edward Joseph - 4 - SON 3 . Mr.Edrick Joseph - 1 - SON
Membership / Identification No	1478
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1245
Name 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.Prince Paulose -
Name & relationship of the dependents	1 . Ms.Anuja Raju - 30 - SPOUSE 2 . Ms.Hagia Elsa Prince - 4 - DAUGHTER
Membership / Identification No	1479
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1246
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev.Thomas Paul Rambachen -
Name & relationship of the dependents	
Membership / Identification No	1480
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1247
Name 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.Joseph Chacko -
Name & relationship of the dependents	1 . Ms.Liny Joseph - 32 - SPOUSE 2 . Mr.Aaron John Joseph - 8 - SON
Membership / Identification No	1482
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1248
Name 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.Jobins Joy ( Kuriakose ) -
Name & relationship of the dependents	1 . Ms.Lintu Varghese - 32 - SPOUSE
Membership / Identification No	1483
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1249
Name 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.Geevarghese Jacob -
Name & relationship of the dependents	1 . Ms.Anju Mary Varghese - 33 - SPOUSE
Membership / Identification No	1484
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1250
Name 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.Philen P Mathew -
Name & relationship of the dependents	
Membership / Identification No	1485
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1251
Name 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.Anup Joseph Eapen -
Name & relationship of the dependents	1 . Ms.Jenu Joseph - 38 - SPOUSE 2 . Mr.Thejas Eapen Joseph - 5 - SON
Membership / Identification No	1486
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1252
Name 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.Ansal John -
Name & relationship of the dependents	1 . Ms.Lincy Abraham - 32 - SPOUSE 2 . Ms.Serah Ansal - 4 - DAUGHTER
Membership / Identification No	1487
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1253
Name 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.Ashish James -
Name & relationship of the dependents	1 . Ms.Anitha L Chacko - 32 - SPOUSE 2 . Mr.Joshua J Ashish - 4 - SON
Membership / Identification No	1488
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1254
Name 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.Tijo Varghese -
Name & relationship of the dependents	1 . Ms.Reeba V Varghese - 30 - SPOUSE 2 . Ms.Mariam Sara Varghese - 1 - DAUGHTER
Membership / Identification No	1489
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1255
Name 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.Basil Poulose -
Name & relationship of the dependents	1 . Ms.Jinta Susan Mathew - 25 - SPOUSE 2 . Ms.Mariyam Basil - 4 - DAUGHTER 3 . Ms.Susanna Basil - 1 - DAUGHTER
Membership / Identification No	1490
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 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/181318/01/2024/004483/1256
Name 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.Tiju Thomas -
Name & relationship of the dependents	1 . Ms.Aneena Anna Uthup - 41 - SPOUSE 2 . Mr.Abel Tom John - 16 - SON 3 . Mr.Albin Joseph John - 12 - SON
Membership / Identification No	1491
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1257
Name 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.Mathukutty V V -
Name & relationship of the dependents	1 . Ms.Leelamma Mathew - 75 - SPOUSE
Membership / Identification No	1492
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1258
Name 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.M.M.Abraham -
Name & relationship of the dependents	1 . Ms.Thankamma Abraham - 71 - SPOUSE
Membership / Identification No	1493
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1259
Name 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.Alex John -
Name & relationship of the dependents	1 . Ms.Ria Alex - 32 - SPOUSE 2 . Mr.Zachariah Alex - 2 - SON
Membership / Identification No	1494
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1260
Name 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.G.Thomas Ramban  -
Name & relationship of the dependents	
Membership / Identification No	1495
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1261
Name 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.Rijo Mathew -
Name & relationship of the dependents	1 . Ms.Shiji Mathew - 28 - SPOUSE 2 . Mr.Ephraim Mathew George - 3 - SON 3 . Mr.Isahak Mathew George - 1 - SON
Membership / Identification No	1496
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1262
Name 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.Eldo Jacob -
Name & relationship of the dependents	1 . Ms.Sharon Eldo - 52 - SPOUSE 2 . Mr.Abel Eldho - 20 - SON
Membership / Identification No	1497
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1263
Name 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.Robin Varghese -
Name & relationship of the dependents	1 . Ms.Alsa Raju - 27 - SPOUSE 2 . Mr.Obedh Varghese - 4 - SON
Membership / Identification No	1498
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1264
Name 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.Tibin John -
Name & relationship of the dependents	
Membership / Identification No	1499
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23





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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1265
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Varghese P Varghese -
Name & relationship of the dependents	1 . Ms.Banila K Monachan - 28 - SPOUSE
Membership / Identification No	1500
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1266
Name 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.Lijomon V A ( Varghese Mathew ) -
Name & relationship of the dependents	1 . Ms.Rosmin C Elsa Abraham - 33 - SPOUSE 2 . Mr.Theophin Mathew Lijo - 1 - SON
Membership / Identification No	1501
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1267
Name 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.Ajish V Alex -
Name & relationship of the dependents	1 . Ms.Jaisymol Johnkutty - 32 - SPOUSE 2 . Mr.Luke Alex Ajish - 3 - SON
Membership / Identification No	1502
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1268
Name 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.Paulgee K John -
Name & relationship of the dependents	1 . Ms.Aleena Susan Thomas - 31 - SPOUSE 2 . Mr.Elwin John Paul - 7 - SON
Membership / Identification No	1503
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1269
Name 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.Thomas Oommen -
Name & relationship of the dependents	1 . Ms.Akhila Thomas - 30 - SPOUSE 2 . Mr.Nathan Thomas - 2 - SON
Membership / Identification No	1505
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1270
Name 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.Tino Thankachen -
Name & relationship of the dependents	1 . Ms.Reshma Shaju - 28 - SPOUSE 2 . Mr.Felix Thomas Jacob - 4 - SON 3 . Mr.Filan George Jacob - 2 - SON
Membership / Identification No	1506
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1271
Name 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.Samuel Abraham ( Shanu V A) -
Name & relationship of the dependents	1 . Ms.Anie Samuel - 29 - SPOUSE
Membership / Identification No	1507
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1272
Name 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.Aaron Joy -
Name & relationship of the dependents	1 . Ms.Ansu Merin Koshy - 31 - SPOUSE
Membership / Identification No	1508
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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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/181318/01/2024/004483/1273
Name 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.Abey A Thomas -
Name & relationship of the dependents	1 . Ms.Soby Nelson - 30 - SPOUSE 2 . Ms.Esther Mariam Abey - 4 - DAUGHTER
Membership / Identification No	1509
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1274
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jacob John Mathew -
Name & relationship of the dependents	1 . Ms.Joslin Rachel Jose - 27 - SPOUSE 2 . Mr.Noha John Jacob - 3 - SON
Membership / Identification No	1510
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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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/181318/01/2024/004483/1275
Name 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.Jaimon Joseph -
Name & relationship of the dependents	1 . Ms.Gilu Joseph - 34 - SPOUSE 2 . Ms.Angel Maria Jaimon - 4 - DAUGHTER 3 . Ms.Adona Maria Jaimon - 2 - DAUGHTER
Membership / Identification No	1511
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1276
Name 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.Grigory Varghese Daniel -
Name & relationship of the dependents	1 . Ms.Lida Rajan Tharian - 35 - SPOUSE
Membership / Identification No	1512
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1277
Name 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. Nithin Mathew Thomas -
Name & relationship of the dependents	1 . Ms.Minu Mary Roy - 33 - SPOUSE 2 . Mr.Stephen Thomas Mannacheril - 3 - SON 3 . Mr.Mark Thomas Mannacheril - 1 - SON
Membership / Identification No	1513
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1278
Name 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.Mebin Thomas ( Abraham ) -
Name & relationship of the dependents	1 . Ms.Jinsa Elesabeth Jacob - 33 - SPOUSE 2 . Ms.Miorah Susan Abraham - 2 - DAUGHTER
Membership / Identification No	1514
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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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/181318/01/2024/004483/1279
Name 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.Geevarghese Raj ( Jubin ) -
Name & relationship of the dependents	1 . Ms.Jitti Annie Abraham - 29 - SPOUSE 2 . Mr.Abram Paul George - 3 - SON
Membership / Identification No	1515
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1280
Name 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.Kuriakose Kurian ( Arun P Kurian ) -
Name & relationship of the dependents	1 . Ms.Deepa Mariam Joshua - 29 - SPOUSE 2 . Mr.Ethan Kurian Kuriakose - 1 - SON
Membership / Identification No	1516
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1281
Name 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.Shabin Raju -
Name & relationship of the dependents	1 . Ms.Neena P Raju - 26 - SPOUSE 2 . Mr.Abram Yohann Shabin - 2 - SON
Membership / Identification No	1517
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1282
Name 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.Shijo John -
Name & relationship of the dependents	1 . Ms.Ashly Shijo - 26 - SPOUSE 2 . Mr.Shawn Shijo - 2 - SON
Membership / Identification No	1518
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1283
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Prasad Thankappan -
Name & relationship of the dependents	1 . Ms.Biji Prasad - 51 - SPOUSE 2 . Ms.Anakha C Prasad - 21 - DAUGHTER 3 . Ms.Amrutha C Prasad - 19 - DAUGHTER
Membership / Identification No	1519
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1284
Name 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.Richu Cherian -
Name & relationship of the dependents	1 . Ms.Merin Mariam John - 28 - SPOUSE 2 . Ms.Evania Susan Thomas - 2 - DAUGHTER
Membership / Identification No	1520
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1285
Name 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.Eldhose Babu -
Name & relationship of the dependents	1 . Ms.Neenu Baby - 31 - SPOUSE 2 . Mr.Hanoch Eldhose - 5 - SON
Membership / Identification No	1521
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1286
Name 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. Vibin Sabu -
Name & relationship of the dependents	1 . Ms.Noeline Jose - 30 - SPOUSE 2 . Ms.Olivia Liza Thomas - 3 - DAUGHTER
Membership / Identification No	1522
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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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/181318/01/2024/004483/1287
Name 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.Anu Thomas ( Thomas V Thomas )  -
Name & relationship of the dependents	1 . Ms.Maneesha Kuriakose - 28 - SPOUSE 2 . Ms.Abeegail Anna Thomas - 1 - DAUGHTER
Membership / Identification No	1523
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1288
Name 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. Baiju.J (Geevarghese Johnson)  -
Name & relationship of the dependents	
Membership / Identification No	1524
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,  
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1289
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Kurian Thomas -
Name & relationship of the dependents	1 . Ms.Liya Ann Varghese - 31 - SPOUSE 2 . Mr.Aaron Thomas Kurian - 2 - SON
Membership / Identification No	1525
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1290
Name 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.Jinu A Justin  -
Name & relationship of the dependents	1 . Ms.Stephy John - 28 - SPOUSE 2 . Mr.Derick Antony Justin - 4 - SON 3 . Mr.Danick Antony Justin - 3 - SON
Membership / Identification No	1526
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1291
Name 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.Gibu George -
Name & relationship of the dependents	1 . Ms.Jismy Jose - 35 - SPOUSE
Membership / Identification No	1527
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1292
Name 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.Jeffin Varghese -
Name & relationship of the dependents	1 . Ms.Mareen Jeffin - 38 - SPOUSE 2 . Mr.Augustine J.V - 12 - SON 3 . Ms.Agnes M.V - 7 - DAUGHTER
Membership / Identification No	1528
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1293
Name 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.Anish Mathew -
Name & relationship of the dependents	1 . Ms.Sheena Joseph - 39 - SPOUSE 2 . Mr.Chris Mathew - 13 - SON 3 . Mr.Asher Mathew - 6 - SON
Membership / Identification No	1529
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1294
Name 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.Lukose J Christudas -
Name & relationship of the dependents	1 . Ms.Leena O S - 26 - SPOUSE 2 . Ms.Susannah L Lukose - 3 - DAUGHTER 3 . Ms.Sarah L Lukose - 1 - DAUGHTER
Membership / Identification No	1530
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1295
Name 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.Shijo Thomas Thampi -
Name & relationship of the dependents	1 . Ms.Anitta Shijo - 31 - SPOUSE
Membership / Identification No	1531
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1296
Name 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.Eldho Saju -
Name & relationship of the dependents	1 . Ms.Serene K.T - 27 - SPOUSE 2 . Mr.Ezra Paul Eldho - 2 - SON
Membership / Identification No	1532
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23



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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1297
Name 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.Ivan Mathews -
Name & relationship of the dependents	1 . Ms.Sunu P Mathew - 37 - SPOUSE 2 . Ms.Arptha Mariam Ivan - 6 - DAUGHTER 3 . Ms.Niveditha Sara Ivan - 2 - DAUGHTER
Membership / Identification No	1534
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1298
Name 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.Jerry Thomas Chacko -
Name & relationship of the dependents	1 . Ms.Anju M Shaji - 30 - SPOUSE
Membership / Identification No	1535
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1299
Name 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.Linu Thomas -
Name & relationship of the dependents	1 . Ms.Meenu Benny - 30 - SPOUSE 2 . Ms.Nivedita Sara Varghees - 3 - DAUGHTER 3 . Ms.Natasha Mariam Varghese - 2 - DAUGHTER
Membership / Identification No	1536
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1300
Name 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.Anu K.L  -
Name & relationship of the dependents	
Membership / Identification No	1538
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1301
Name 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.Sobin Varghese -
Name & relationship of the dependents	1 . Ms.Siny Annamma Cherian - 28 - SPOUSE 2 . Ms.Agnes Mary Mathew - 2 - DAUGHTER
Membership / Identification No	1540
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1302
Name 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.Geevarghese Alex -
Name & relationship of the dependents	1 . Ms.Sruthy Joby - 28 - SPOUSE 2 . Ms.Siya Elsa Joby - 3 - DAUGHTER
Membership / Identification No	1541
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1303
Name 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.Georgy K Alex -
Name & relationship of the dependents	1 . Ms.Sheba Mariam Mathew - 29 - SPOUSE 2 . Mr.Ephrath Alex Georgy - 2 - SON
Membership / Identification No	1542
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1304
Name 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.Mathai K Varghese ( Jinu R ) -
Name & relationship of the dependents	1 . Ms.Sunija Babu - 27 - SPOUSE
Membership / Identification No	1543
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1305
Name 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.Dynu Kurian  -
Name & relationship of the dependents	1 . Ms.Babisha P John - 34 - SPOUSE 2 . Ms.Dayana Mariyam Dynu - 11 - DAUGHTER 3 . Mr.Daniel Dynu Kurian - 10 - SON
Membership / Identification No	1544
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1306
Name 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.Basil George -
Name & relationship of the dependents	1 . Ms.Anju Peter - 27 - SPOUSE 2 . Ms.Nathania Basil George - 4 - DAUGHTER 3 . Ms.Naomia Basil George - 1 - DAUGHTER
Membership / Identification No	1545
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1307
Name 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.Benoy C G -
Name & relationship of the dependents	1 . Ms.Ligin K Sunny - 34 - SPOUSE 2 . Ms.Hefziba Elz Benoy - 11 - DAUGHTER 3 . Ms.Hanna Anna Benoy - 5 - DAUGHTER
Membership / Identification No	1546
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1308
Name 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.Bibin Mathew -
Name & relationship of the dependents	1 . Ms.Jinsa Mary Cherian - 30 - SPOUSE 2 . Mr.Cyril Mathew Zachariah - 3 - SON
Membership / Identification No	1547
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1309
Name 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.Bijoy Alexander -
Name & relationship of the dependents	1 . Ms.Theja Sossu Kurian - 32 - SPOUSE 2 . Mr.Eden Bijoy - 5 - SON
Membership / Identification No	1548
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1310
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Dr.Samuel John Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Thangm Samuel - 68 - SPOUSE
Membership / Identification No	1550
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1311
Name 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.Mathew M Mathew -
Name & relationship of the dependents	1 . Ms.Ancy Mathew - 34 - SPOUSE 2 . Ms.Duethi Mathew S - 12 - DAUGHTER 3 . Mr.Thejas Mathew S - 8 - SON
Membership / Identification No	1551
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Authorised Signatory.

Date: 19-OCT-23

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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1312
Name 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.J.Samuel Remban -
Name & relationship of the dependents	
Membership / Identification No	1552
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1313
Name 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 Abraham Marett Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Thankamma Abraham - 84 - SPOUSE
Membership / Identification No	1553
Occupation	OTHERS
Date of Birth/Age	/ 86 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1314
Name and Address 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 K.O  -
Name & relationship of the dependents	1 . Ms.Sumi T. Christian - 36 - SPOUSE 2 . Mr.Aaron Aneesh - 4 - SON 3 . Mr.Adriel Aneesh - 1 - SON
Membership / Identification No	1554
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1315
Name 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.Jeswin Chacko -
Name & relationship of the dependents	1 . Ms.Anju Mary Varghese - 29 - SPOUSE 2 . Ms.Evania Elsa Jeswin - 3 - DAUGHTER
Membership / Identification No	1555
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1316
Name 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.Gemcy Eappen -
Name & relationship of the dependents	1 . Ritusha Koshy - 28 - SPOUSE
Membership / Identification No	1556
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1317
Name 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.John George -
Name & relationship of the dependents	1 . Ms.Dr.Selvy Xavier - 54 - SPOUSE 2 . Mr.Martin John George - 20 - SON 3 . Ms.Meera Elizabeth John - 17 - DAUGHTER
Membership / Identification No	1557
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1318
Name 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.Reji Alexander -
Name & relationship of the dependents	
Membership / Identification No	1558
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Date: 19-OCT-23

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1319
Name 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.Augustine Mathew -
Name & relationship of the dependents	1 . Ms.Hima Jacob - 55 - SPOUSE 2 . Ms.Anita Ann Augustine - 19 - DAUGHTER 3 . Mr.Alfred Mathews Augustine - 16 - SON
Membership / Identification No	1559
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1320
Name 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.Lijo T Joseph  -
Name & relationship of the dependents	1 . Ms.Jitty Elezabeth Mathew - 30 - SPOUSE 2 . Meeval Rachel Lijo - 2 - DAUGHTER
Membership / Identification No	1560
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1321
Name 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.Cijo Chacko -
Name & relationship of the dependents	1 . Ms.Meha John - 31 - SPOUSE
Membership / Identification No	1561
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1322
Name 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.Koshy.P.Joshua ( Nithin Prasad Koshy ) -
Name & relationship of the dependents	
Membership / Identification No	1562
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1323
Name 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.Sony Issac Thomas -
Name & relationship of the dependents	1 . Ms.Bency Skariah - 32 - SPOUSE
Membership / Identification No	1563
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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

Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1324
Name 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.Christy Jose -
Name & relationship of the dependents	1 . Ms.Jeena R Abraham - 25 - SPOUSE 2 . Mr.Adam Chris Joseph - 2 - SON
Membership / Identification No	1565
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1325
Name 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.Jobin Varghese -
Name & relationship of the dependents	1 . Ms.Riya Varghese - 26 - SPOUSE 2 . Mr.Jaiden Jobin Varghese - 1 - SON
Membership / Identification No	1566
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1326
Name 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.Rony John -
Name & relationship of the dependents	1 . Ms.Snehal Johny - 29 - SPOUSE
Membership / Identification No	1567
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1327
Name 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.Ajomon A ( Yohannan ) -
Name & relationship of the dependents	
Membership / Identification No	1568
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1328
Name 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.Titus John -
Name & relationship of the dependents	1 . Ms.Akkamma A.J - 48 - SPOUSE 2 . Ms.Angel Mariam Titus - 24 - DAUGHTER 3 . Mr.Abin Titus - 20 - SON
Membership / Identification No	1569
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1329
Name 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.Mathai K.A -
Name & relationship of the dependents	1 . Ms.Rajimol Varghese - 31 - SPOUSE 2 . Mr.Joshua Abraham Mathai - 2 - SON
Membership / Identification No	1570
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1330
Name 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.Bipin T.T ( Abraham ) -
Name & relationship of the dependents	1 . Ms.Akhila V Mathew - 29 - SPOUSE
Membership / Identification No	1571
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1331
Name 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.Jibin Sabu -
Name & relationship of the dependents	1 . Ms.Sneha Elsa Eby - 26 - SPOUSE 2 . Ms.Izabel Susan Thomas - 2 - DAUGHTER
Membership / Identification No	1572
Occupation	OTHERS
Date of Birth/Age	/ 29 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1332
Name 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.Manu Thankachan -
Name & relationship of the dependents	1 . Ms.Stephy Mariam Joseph - 27 - SPOUSE 2 . Ms.Niya Mariam Manu - 2 - DAUGHTER
Membership / Identification No	1573
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1333
Name 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.Sajay Jose K -
Name & relationship of the dependents	1 . Ms.Shine Marina George - 29 - SPOUSE 2 . Ms.Serah Sajay - 3 - DAUGHTER
Membership / Identification No	1574
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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For Star Health and Allied Insurance Co., Ltd.,



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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1334
Name 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.Tobin P Mathew -
Name & relationship of the dependents	1 . Ms.Lesley Thankam Reji - 30 - SPOUSE
Membership / Identification No	1575
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 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/181318/01/2024/004483/1335
Name 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.Renju Thomas -
Name & relationship of the dependents	1 . Ms.Nimmymol K.Philipose - 33 - SPOUSE 2 . Mr.Luka Jo Joseph - 2 - SON
Membership / Identification No	1576
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1336
Name 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.Paulson John -
Name & relationship of the dependents	1 . Ms.Merlin Mariam Varghese - 30 - SPOUSE
Membership / Identification No	1577
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Authorised Signatory.

Date: 19-OCT-23





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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1337
Name 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.Obin Joseph -
Name & relationship of the dependents	1 . Ms.Sneha Elsa Varughese - 28 - SPOUSE 2 . Ms.Joanna Susan Joseph - 2 - DAUGHTER
Membership / Identification No	1578
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1338
Name 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.Sajin Thomas -
Name & relationship of the dependents	1 . Ms.Aleena Raju - 30 - SPOUSE 2 . Ms.Stephanie Susan Sajin - 3 - DAUGHTER
Membership / Identification No	1579
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1339
Name 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.Eldo Kuriakose -
Name & relationship of the dependents	1 . Ms.Pritty Baby - 28 - SPOUSE 2 . Mr.Kerub Eldo Kurian - 3 - SON
Membership / Identification No	1580
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1340
Name 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.Subin Sam -
Name & relationship of the dependents	
Membership / Identification No	1581
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1341
Name 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.Jibu ( Behanan Koruthu )  -
Name & relationship of the dependents	
Membership / Identification No	1582
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1342
Name 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.Amos Tharakan -
Name & relationship of the dependents	1 . Ms.Sherin M Wilson - 28 - SPOUSE 2 . Ms.Mariam Elsa Amos - 3 - DAUGHTER
Membership / Identification No	1583
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1343
Name 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.Jobsam Mathew -
Name & relationship of the dependents	1 . Ms.Remya Susan George - 31 - SPOUSE
Membership / Identification No	1584
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1344
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.P.K.Varghese -
Name & relationship of the dependents	1 . Ms.Sheeja Varghese - 48 - SPOUSE 2 . Ms.Keziah Grace Varghese - 24 - DAUGHTER 3 . Ms.Christa Hanna Varghese - 20 - DAUGHTER
Membership / Identification No	1585
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23





# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1345
Name 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.Robin Varghese -
Name & relationship of the dependents	1 . Ms.Sherin Mathew - 27 - SPOUSE 2 . Mr.Asher V Thomas - 2 - SON
Membership / Identification No	1586
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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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/181318/01/2024/004483/1346
Name 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.Jibin Zachariah -
Name & relationship of the dependents	1 . Ms.Seenu Mariam Soju - 31 - SPOUSE 2 . Mr.Joshua Jibin - 3 - SON
Membership / Identification No	1587
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1347
Name 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.Moncy Philip -
Name & relationship of the dependents	1 . Ms.Ancy Mathai - 29 - SPOUSE 2 . Mr.Ephrem Philip Moncy - 2 - SON
Membership / Identification No	1588
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1348
Name 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.Paul Jacob -
Name & relationship of the dependents	1 . Ms.Christina P.K - 36 - SPOUSE 2 . Mr.Genis Jacob Paul - 10 - SON 3 . Mr.Geo Kurian Paul - 7 - SON
Membership / Identification No	1589
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1349
Name 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.Lince Cheriyan -
Name & relationship of the dependents	1 . Ms.Liji George - 36 - SPOUSE 2 . Ms.Anabel Mariya Lince - 12 - DAUGHTER 3 . Mr.Abiel Lince - 5 - SON
Membership / Identification No	1591
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1350
Name 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.Alvin Abraham Simon  -
Name & relationship of the dependents	1 . Ms.Edith Jacob - 31 - SPOUSE 2 . Mr.Joshua Simon Abraham - 3 - SON
Membership / Identification No	1592
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1351
Name 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.Gibin T Varghese -
Name & relationship of the dependents	1 . Ms.Bindu Jacob - 30 - SPOUSE 2 . Ms.Hazel Mariam Gibin - 2 - DAUGHTER
Membership / Identification No	1593
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1352
Name 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.Simon Thomas Joy -
Name & relationship of the dependents	1 . Ms.Cincy Mathew - 27 - SPOUSE 2 . Ms.Kymtha Ann Simon - 3 - DAUGHTER 3 . Ms.Rooshma Ann Simom - 1 - DAUGHTER
Membership / Identification No	1594
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1353
Name 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.Ajith Philipose -
Name & relationship of the dependents	1 . Ms.Tincy K Thomas - 30 - SPOUSE 2 . Mr.Ivan Ajith - 2 - SON
Membership / Identification No	1595
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1354
Name 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.Lijomon T.Kuruvilla ( Mathew Kuruvilla ) -
Name & relationship of the dependents	1 . Ms.Joice K - 29 - SPOUSE
Membership / Identification No	1596
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



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Date: 19-OCT-23



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## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1355
Name 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.S.Paul Ramban -
Name & relationship of the dependents	
Membership / Identification No	1597
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1356
Name 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.Geevarghese Joseph K -
Name & relationship of the dependents	1 . Ms.Rincy Grace Xavier - 33 - SPOUSE 2 . Ms.Gabriela Elza Geevarghese - 1 - DAUGHTER
Membership / Identification No	1598
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1357
Name 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.Varughese Joseph -
Name & relationship of the dependents	
Membership / Identification No	1599
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1358
Name 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.Sanjay Pappachan -
Name & relationship of the dependents	1 . Ms.Ancy Thomas - 45 - SPOUSE 2 . Ms.Esha Varghese - 19 - DAUGHTER 3 . Ms.Sarah Mariam Varghese - 18 - DAUGHTER
Membership / Identification No	1600
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1359
Name 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.Anjith Thomas -
Name & relationship of the dependents	1 . Ms.Soumya V George - 26 - SPOUSE
Membership / Identification No	1601
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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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/181318/01/2024/004483/1360
Name 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.Moncy Varghese -
Name & relationship of the dependents	1 . Ms.Priyanka Elizabeth Reji - 29 - SPOUSE 2 . Mr.Nathaniel V Mathew - 2 - SON
Membership / Identification No	1602
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1361
Name 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.Jobin K George -
Name & relationship of the dependents	1 . Ms.Jesmina John - 26 - SPOUSE 2 . Mr.Hanock George Kuriakose - 2 - SON
Membership / Identification No	1603
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1362
Name 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.Shinu P.Paul -
Name & relationship of the dependents	1 . Ms.Ann Samuel Vilayil - 30 - SPOUSE 2 . Ms.Azania Ann Shinu - 1 - DAUGHTER
Membership / Identification No	1605
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1363
Name 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.Tijo Abraham -
Name & relationship of the dependents	1 . Ms.Ancy Baby - 29 - SPOUSE
Membership / Identification No	1606
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1364
Name 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.Ajin Koshy John -
Name & relationship of the dependents	
Membership / Identification No	1607
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1365
Name 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.Mathew P George ( Binson ) -
Name & relationship of the dependents	1 . Ms.Saino Anna John - 28 - SPOUSE 2 . Mr.Ephraim George Mathew - 3 - SON
Membership / Identification No	1609
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1366
Name 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.Nishy George -
Name & relationship of the dependents	1 . Ms.Siji Nishy - 42 - SPOUSE 2 . Ms.Niva Mary Nishy - 17 - DAUGHTER 3 . Mr.Nathaan N George - 11 - SON
Membership / Identification No	1610
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1367
Name 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.Rajesh John -
Name & relationship of the dependents	1 . Ms.Jinsu Rajesh - 33 - SPOUSE 2 . Ms.Aleena Susan Rajesh - 13 - DAUGHTER 3 . Ms.Angelina Mariam Rajesh - 2 - DAUGHTER
Membership / Identification No	1611
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1368
Name 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.Y.Charles Bose -
Name & relationship of the dependents	1 . Ms.L.Maria Jakulin - 40 - SPOUSE 2 . Ms.C.M.Lara Catherine - 18 - DAUGHTER 3 . Mr.C.M.Jeffry Joshua - 16 - SON
Membership / Identification No	1612
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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





# 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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1369
Name 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.Prince C.M -
Name & relationship of the dependents	1 . Ms.Ashly Mathew - 27 - SPOUSE
Membership / Identification No	1613
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1370
Name 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.Alex Jose Mathew -
Name & relationship of the dependents	1 . Ms.Nimmy Mariam Sunny - 27 - SPOUSE 2 . Mr.Gautham M Mathew - 3 - SON 3 . Mr.Adhithya M Mathew - 2 - SON
Membership / Identification No	1614
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1371
Name 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.Rijo Sunny Varghese -
Name & relationship of the dependents	1 . Ms.Diya Merlin Zachariah - 26 - SPOUSE
Membership / Identification No	1615
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1372
Name 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.Bipin P -
Name & relationship of the dependents	1 . Ms.Selin Anna John - 26 - SPOUSE 2 . Mr.Ezra Geevarghese Bipin - 2 - SON
Membership / Identification No	1616
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1373
Name 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.George J Abraham -
Name & relationship of the dependents	1 . Ms.Shila Varughese - 49 - SPOUSE 2 . Ms.Krupa Anna George - 21 - DAUGHTER 3 . Ms.Amrita Ann George - 18 - DAUGHTER
Membership / Identification No	1617
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1374
Name 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.Jim M George  -
Name & relationship of the dependents	1 . Ms.Bincy Wilson - 28 - SPOUSE 2 . Mr.Cyrus M George - 2 - SON
Membership / Identification No	1618
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1375
Name 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.Jibin M Joy -
Name & relationship of the dependents	1 . Ms.Jully Joseph George - 30 - SPOUSE
Membership / Identification No	1619
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1376
Name 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.Lijin Abraham -
Name & relationship of the dependents	1 . Ms.Babitha Thomas - 29 - SPOUSE
Membership / Identification No	1620
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1377
Name 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.Boby Varghese -
Name & relationship of the dependents	1 . Ms.Lincy John - 44 - SPOUSE 2 . Mr.Elijah Geevarghese Boby - 6 - SON
Membership / Identification No	1621
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1378
Name 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.Thomas John -
Name & relationship of the dependents	
Membership / Identification No	1623
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1379
Name 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.Jibin Kuriakose -
Name & relationship of the dependents	1 . Ms.Chinju P Joy - 28 - SPOUSE 2 . Mr.Evaan Jibin - 3 - SON
Membership / Identification No	1624
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1380
Name 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.Jomon Cherian -
Name & relationship of the dependents	1 . Ms.Priya Sara Mathew - 37 - SPOUSE 2 . Mr.Jonah C Kurian - 12 - SON 3 . Ms.Jeni Anna Jomon - 5 - DAUGHTER
Membership / Identification No	1625
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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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/181318/01/2024/004483/1381
Name 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 Alex -
Name & relationship of the dependents	1 . Ms.Asha Ray Cherian - 29 - SPOUSE 2 . Mr.Alex P Abraham - 3 - SON 3 . Mr.Aloshy C Abraham - 1 - SON
Membership / Identification No	1626
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1382
Name 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.Binoy Koshy -
Name & relationship of the dependents	1 . Ms.Christa Mariyam Thomas - 26 - SPOUSE 2 . Ms.Tessa Elsa Mathew - 3 - DAUGHTER
Membership / Identification No	1627
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1383
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jiji Thomas -
Name & relationship of the dependents	1 . Ms.Selin Geevarghese - 26 - SPOUSE
Membership / Identification No	1629
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1384
Name 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.Joem Mathews -
Name & relationship of the dependents	1 . Ms.Roshin Elizabeth Jacob - 28 - SPOUSE 2 . Ms.Haizel Anna Joem - 3 - DAUGHTER
Membership / Identification No	1630
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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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](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1385
Name 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.Ajin P Thomas -
Name & relationship of the dependents	1 . Ms.Sneha Anna Philip - 31 - SPOUSE 2 . Mr.Naveen Thomas - 6 - SON 3 . Mr.Neerav Thomas - 4 - SON
Membership / Identification No	1631
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1386
Name 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.Aji Thomas Philip -
Name & relationship of the dependents	1 . Ms.Lija Kumary Joshua - 50 - SPOUSE 2 . Mr.John Philip Thomas - 15 - SON
Membership / Identification No	1632
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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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/181318/01/2024/004483/1387
Name 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.Eldho A.K -
Name & relationship of the dependents	1 . Ms.Silja Joseph - 29 - SPOUSE
Membership / Identification No	1633
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1388
Name 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.Tony M Yohannan -
Name & relationship of the dependents	1 . Ms.Sharon Susan Lalan - 29 - SPOUSE 2 . Ms.Tabitha Elza Mathew - 2 - DAUGHTER
Membership / Identification No	1634
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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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/181318/01/2024/004483/1389
Name 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.Baiju Thampan -
Name & relationship of the dependents	1 . Ms.Teena Mariyam V.Varghese - 30 - SPOUSE 2 . Ms.Neythal Liza Geevarghese - 2 - DAUGHTER
Membership / Identification No	1635
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : [www.starhealth.in](http://www.starhealth.in)  
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1390
Name 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.Dinu M Daniel -
Name & relationship of the dependents	1 . Ms.Roshni Rachel Mathew - 29 - SPOUSE
Membership / Identification No	1636
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

## Certificate of Insurance

### Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1391
Name 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.Samson Samuel Varghese -
Name & relationship of the dependents	1 . Ms.Sajeni Rachel Varghese - 29 - SPOUSE
Membership / Identification No	1637
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,  
Near St.joseph's  
Hospital,Mananthavady  
, Wayanad-670645

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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1392
Name 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.Nigil Jacob Varghese -
Name & relationship of the dependents	1 . Ms.Riya Mary Varghese - 30 - SPOUSE
Membership / Identification No	1638
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject 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/181318/01/2024/004483/1393
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.P.K.Thomas -
Name & relationship of the dependents	1 . Ms.Ashamma Thomas - 52 - SPOUSE 2 . Mr.Georgie Oommen Thomas - 22 - SON 3 . Ms.Christy Sara Thomas - 19 - DAUGHTER 4 . Ms.Kripa Rebeca Thomas - 17 - DAUGHTER
Membership / Identification No	1639
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1394
Name 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.Merbin Gee Jose -
Name & relationship of the dependents	1 . Ms.Josy Elsa Eapen - 30 - SPOUSE
Membership / Identification No	1640
Occupation	OTHERS
Date of Birth/Age	/ 32 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1395
Name 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.Vilbin K Wilson  -
Name & relationship of the dependents	1 . Ms.Jesmi C Jaibe - 21 - SPOUSE 2 . Mr.Luca Geevarghese - 1 - SON
Membership / Identification No	1642
Occupation	OTHERS
Date of Birth/Age	/ 31 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1396
Name 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.Alex Jacob ( Irin ) -
Name & relationship of the dependents	1 . Ms.Tisha Mary Samuel - 29 - SPOUSE
Membership / Identification No	1643
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: [support@starhealth.in](mailto: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/181318/01/2024/004483/1397
Name 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.Biju Skaria -
Name & relationship of the dependents	1 . Ms.Ligy T.K - 56 - SPOUSE
Membership / Identification No	1644
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1398
Name 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.Mathew Alex -
Name & relationship of the dependents	1 . Ms.Dr.Shinta Varghese - 32 - SPOUSE 2 . Ms.Serah Ann Sherin - 3 - DAUGHTER
Membership / Identification No	1645
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Certificate of Insurance**

**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1399
Name 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.Babu E.D  -
Name & relationship of the dependents	1 . Ms.Elsy Babu - 56 - SPOUSE
Membership / Identification No	1646
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. /-
<b>Coverage Details:</b>	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
<b>Conditions:</b>	
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**Group Health Insurance**

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1400
Name 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.Lukose Joy -
Name & relationship of the dependents	1 . Ms.Subi Mariam Sunil - 24 - SPOUSE
Membership / Identification No	1648
Occupation	OTHERS
Date of Birth/Age	/ 30 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
<b>Coverage Details:</b>	
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<b>Conditions:</b>	
Subject 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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