

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1401
Name and 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 Thomas -
Name & relationship of the dependents	1 . Ms.Merin Preetha J - 51 - SPOUSE 2 . Ms.Achsah Elza J - 22 - DAUGHTER 3 . Mr.Aaron Thomas J - 11 - SON
Membership / Identification No	1649
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1402
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Ajimon Pappachan -
Name & relationship of the dependents	1 . Ms.Aishwarya Jacob - 24 - SPOUSE 2 . Mr.Eldho P Sam - 2 - SON
Membership / Identification No	1650
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1403
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Siju Varghese -
Name & relationship of the dependents	1 . Ms.Lincy Mathew - 27 - SPOUSE
Membership / Identification No	1651
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1404
Name and 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 Alexander (Anu Alex) -
Name & relationship of the dependents	1 . Ms.Teena Thomas - 27 - SPOUSE 2 . Ms.Olivia Sarah Lukose - 1 - DAUGHTER
Membership / Identification No	1652
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1405
Name and 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 Biju -
Name & relationship of the dependents	1 . Ms.Reshma L.R - 25 - SPOUSE
Membership / Identification No	1653
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1406
Name and 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 Mathew -
Name & relationship of the dependents	1 . Ms.Jessy Mole - 28 - SPOUSE
Membership / Identification No	1654
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1407
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jikku P.Varghese (Jacob) -
Name & relationship of the dependents	1 . Ms.Aswathy Mariam Rajan - 29 - SPOUSE
Membership / Identification No	1655
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1408
Name and 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 Andrews (Subin Andrews) -
Name & relationship of the dependents	1 . Ms.Divya P Raju - 31 - SPOUSE
Membership / Identification No	1656
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1409
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Nibin Jacob -
Name & relationship of the dependents	1 . Ms.Dona Baby - 27 - SPOUSE 2 . Ms.Angelina Mariya Jacob - 1 - DAUGHTER
Membership / Identification No	1658
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1410
Name and 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 P Thomas -
Name & relationship of the dependents	
Membership / Identification No	1659
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1411
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Sonu Solomon -
Name & relationship of the dependents	1 . Ms.Hanna Elsa Roy - 28 - SPOUSE 2 . Mr.Moses Alexander Solomon - 2 - SON
Membership / Identification No	1660
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1412
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Tom Baby (Thomas) -
Name & relationship of the dependents	1 . Ms.Molly Elizabeth Philip - 29 - SPOUSE
Membership / Identification No	1661
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1413
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Renjan T.John -
Name & relationship of the dependents	1 . Ms.Geena George - 28 - SPOUSE 2 . Mr.Mikah John Renjan - 1 - SON
Membership / Identification No	1662
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1414
Name and 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 Roy Idiculla -
Name & relationship of the dependents	1 . Ms.Blessy Varghese - 31 - SPOUSE
Membership / Identification No	1663
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1415
Name 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 Kurien Cor-Episcopa -
Name & relationship of the dependents	1 . Ms.Susamma Thomas - 71 - SPOUSE
Membership / Identification No	1664
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1416
Name and 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 P Benchamin -
Name & relationship of the dependents	1 . Ms.Jency John - 27 - SPOUSE 2 . Ms.Edna Mariam Dinu - 2 - DAUGHTER
Membership / Identification No	1665
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1417
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Sajan Scaria -
Name & relationship of the dependents	1 . Ms.Jeena Varghees - 26 - SPOUSE 2 . Ms.Elora Mariam Sajan - 2 - DAUGHTER
Membership / Identification No	1666
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Authorised Signatory.

Date: 19-OCT-23



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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1418
Name and 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 Varghese -
Name & relationship of the dependents	1 . Ms.Blessy Thomas - 26 - SPOUSE
Membership / Identification No	1667
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1419
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Miju Philip (Geevarghese Philip) -
Name & relationship of the dependents	1 . Ms.Jeena Susan Koshy - 28 - SPOUSE 2 . Ms.Hannah Mariam Geevarghese - 1 - DAUGHTER
Membership / Identification No	1668
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1420
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Nikhil Koshy Varghese (Joshua K Varghese) -
Name & relationship of the dependents	1 . Ms.Bincy Varghese - 27 - SPOUSE 2 . Mr.Chris Joshuva Varghese - 1 - SON
Membership / Identification No	1669
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1421
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Midhun Varghese Chacko -
Name & relationship of the dependents	1 . Ms.Saumya Babuji - 35 - SPOUSE 2 . Ms.Malaka Elice Midhun - 11 - DAUGHTER 3 . Mr.Miguel Yakob Midhun - 6 - SON
Membership / Identification No	1670
Occupation	OTHERS
Date of Birth/Age	/ 36 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1422
Name and 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 Wilson -
Name & relationship of the dependents	1 . Ms.Ancy John - 26 - SPOUSE 2 . Mr.Ivan Thomas George - 1 - SON
Membership / Identification No	1671
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1423
Name and 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 James -
Name & relationship of the dependents	1 . Ms.Elizabeth Jacob - 31 - SPOUSE 2 . Mr.Gershom James Daniel - 2 - SON
Membership / Identification No	1672
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
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Issue Office Address: Second floor,Olive Arcade,
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, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1424
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Philip C.Paul -
Name & relationship of the dependents	1 . Ms.Riya Roy - 23 - SPOUSE
Membership / Identification No	1673
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1425
Name and 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 P Jacob -
Name & relationship of the dependents	1 . Ms.Dr.Rini Luckose - 33 - SPOUSE
Membership / Identification No	1674
Occupation	OTHERS
Date of Birth/Age	/ 36 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1426
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jom Thomas -
Name & relationship of the dependents	1 . Ms.Julie Kurian - 29 - SPOUSE
Membership / Identification No	1675
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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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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
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1427
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jithu Thomas -
Name & relationship of the dependents	
Membership / Identification No	1676
Occupation	OTHERS
Date of Birth/Age	/ 39 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Issue Office Address: Second floor,Olive Arcade,
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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1428
Name and 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 Thomas (Jipson) -
Name & relationship of the dependents	1 . Ms.Anitha Jipson - 28 - SPOUSE
Membership / Identification No	1677
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1429
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Siby Thomas -
Name & relationship of the dependents	
Membership / Identification No	1679
Occupation	OTHERS
Date of Birth/Age	/ 44 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1430
Name and 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 K Benny (Abhilasha) -
Name & relationship of the dependents	1 . Ms.Thenalil Ansu Thomas - 27 - SPOUSE
Membership / Identification No	1680
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1431
Name and 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 George (Anup) -
Name & relationship of the dependents	1 . Ms.Merin Mary Raju - 28 - SPOUSE
Membership / Identification No	1681
Occupation	OTHERS
Date of Birth/Age	/ 34 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1432
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jibil John George -
Name & relationship of the dependents	1 . Ms.Sophya Sara Cherian - 24 - SPOUSE
Membership / Identification No	1682
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1433
Name and 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 Johnson -
Name & relationship of the dependents	1 . Ms.Anju Mariam Johnson - 26 - SPOUSE 2 . Ms.Zeraphina Mariam John - 1 - DAUGHTER
Membership / Identification No	1683
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1434
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Dibu V Jacob -
Name & relationship of the dependents	1 . Ms.Ansu M Alex - 29 - SPOUSE
Membership / Identification No	1684
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1435
Name and 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 V David -
Name & relationship of the dependents	
Membership / Identification No	1685
Occupation	OTHERS
Date of Birth/Age	/ 38 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1436
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jijo Varghese -
Name & relationship of the dependents	1 . Ms.Merlin Mariyam Mathew - 27 - SPOUSE
Membership / Identification No	1686
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1437
Name and 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 P Kurian -
Name & relationship of the dependents	1 . Ms.Roshan Anna Joseph - 28 - SPOUSE
Membership / Identification No	1687
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1438
Name and 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 Frenz -
Name & relationship of the dependents	1 . Ms.Resa Paulson - 27 - SPOUSE
Membership / Identification No	1688
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1439
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jijo Mathai -
Name & relationship of the dependents	1 . Ms.Minnu Joy - 30 - SPOUSE
Membership / Identification No	1689
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1440
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.V.Rev.C.K.John Cor Episcopa -
Name & relationship of the dependents	1 . Ms.Kunjamma John - 80 - SPOUSE
Membership / Identification No	1690
Occupation	OTHERS
Date of Birth/Age	/ 84 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1441
Name and 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 Jose -
Name & relationship of the dependents	1 . Ms.Jeena George - 24 - SPOUSE
Membership / Identification No	1691
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1442
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Sajoie Samuel -
Name & relationship of the dependents	1 . Ms.Nidhi Sajoie - 30 - SPOUSE 2 . Mr.Daniel Sajoie - 6 - SON 3 . Mr.Jonathan Sajoie - 4 - SON
Membership / Identification No	1692
Occupation	OTHERS
Date of Birth/Age	/ 38 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1443
Name and 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 K.M -
Name & relationship of the dependents	1 . Ms.Sweety S Thomas - 25 - SPOUSE 2 . Mr.Jerome Mathulla Varghese - 1 - SON
Membership / Identification No	1693
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1444
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Alwyn Varghese -
Name & relationship of the dependents	1 . Ms.Anisha Annamma Thomas - 33 - SPOUSE
Membership / Identification No	1694
Occupation	OTHERS
Date of Birth/Age	/ 36 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1445
Name and 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 Chacko -
Name & relationship of the dependents	1 . Ms.Litty Thomas - 27 - SPOUSE
Membership / Identification No	1695
Occupation	OTHERS
Date of Birth/Age	/ 34 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1446
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Rejin C Chacko -
Name & relationship of the dependents	1 . Ms.Laya Rebecca John - 29 - SPOUSE 2 . Ms.Azariah Mary Rejin - 2 - DAUGHTER
Membership / Identification No	1696
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1447
Name and 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 Alex -
Name & relationship of the dependents	1 . Ms.Biji Babu - 30 - SPOUSE 2 . Ms.Izah Mariyam Mathew - 2 - DAUGHTER
Membership / Identification No	1698
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1448
Name and 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 T Francis -
Name & relationship of the dependents	1 . Ms.Shyja K.P - 48 - SPOUSE 2 . Ms.Merlin Susan Stalin - 22 - DAUGHTER 3 . Mr.Alwin Francis Stalin - 14 - SON
Membership / Identification No	1699
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1449
Name and 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 George -
Name & relationship of the dependents	1 . Ms.Tiji Thomas - 25 - SPOUSE
Membership / Identification No	1700
Occupation	OTHERS
Date of Birth/Age	/ 26 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1450
Name and 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 Kunjumon -
Name & relationship of the dependents	1 . Ms.Jerin Johny Tharakan - 29 - SPOUSE 2 . Ms.Nathaniya Rachel Nithin - 1 - DAUGHTER
Membership / Identification No	1701
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1451
Name and 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 Punnoose -
Name & relationship of the dependents	1 . Ms.Jiji K Joy - 28 - SPOUSE 2 . Mr.Hanok Thomas Punnoose - 1 - SON
Membership / Identification No	1703
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1452
Name and 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 Santhosh Varghese -
Name & relationship of the dependents	
Membership / Identification No	1704
Occupation	OTHERS
Date of Birth/Age	/ 43 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1453
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.K.M.George -
Name & relationship of the dependents	
Membership / Identification No	1705
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1454
Name and 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.Soye Biju Daniel - 45 - SPOUSE 2 . Ms.Kesia Mariam Biju Daniel - 20 - DAUGHTER 3 . Mr.Kristos Biju Daniel - 9 - SON
Membership / Identification No	1706
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1455
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.T.M.Yohannan -
Name & relationship of the dependents	
Membership / Identification No	1707
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1456
Name and 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 John -
Name & relationship of the dependents	1 . Ms.Ciya Maria Roy - 28 - SPOUSE 2 . Mr.Ephraim Eldho - 2 - SON
Membership / Identification No	1708
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1457
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Linto Thomas -
Name & relationship of the dependents	1 . Ms.Alphy Koshy - 25 - SPOUSE 2 . Ms.Abigail Mariyam Thomas - 1 - DAUGHTER
Membership / Identification No	1709
Occupation	OTHERS
Date of Birth/Age	/ 35 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1458
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jithin Joy Mathew -
Name & relationship of the dependents	1 . Ms.Daliya Mariam Sunny - 30 - SPOUSE 2 . Ms.Joanne Elza Mathew - 5 - DAUGHTER 3 . Mr.Joseph Joy Mathew - 3 - SON
Membership / Identification No	1710
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1459
Name and 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 Issac -
Name & relationship of the dependents	1 . Ms.Shanti Sara Thomas - 53 - SPOUSE 2 . Ms.Preethi Mariam Thomas - 23 - DAUGHTER
Membership / Identification No	1711
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1460
Name and 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 Varghese -
Name & relationship of the dependents	
Membership / Identification No	1712
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1461
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Biji Geevarghese -
Name & relationship of the dependents	1 . Ms.Anitta Elezebeth Varghese - 26 - SPOUSE 2 . Ms.Judith Susa Biji - 1 - DAUGHTER
Membership / Identification No	1713
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1462
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Rohith Skariah Georgy -
Name & relationship of the dependents	1 . Ms.Anju Anna Alex - 33 - SPOUSE 2 . Mr.Iliyah Alex Skariah - 2 - SON
Membership / Identification No	1714
Occupation	OTHERS
Date of Birth/Age	/ 35 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1463
Name and 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 Thankachen -
Name & relationship of the dependents	
Membership / Identification No	1715
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1464
Name and 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 Wilson -
Name & relationship of the dependents	1 . Ms.Dilna K.J - 24 - SPOUSE
Membership / Identification No	1716
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1465
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Rijin Skariya -
Name & relationship of the dependents	1 . Ms.Sajila K.S - 23 - SPOUSE
Membership / Identification No	1717
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1466
Name and 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 Thomas -
Name & relationship of the dependents	1 . Ms.Merin Ann Ninan - 30 - SPOUSE 2 . Mr.Timothy Thomas Mathew - 4 - SON
Membership / Identification No	1718
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1467
Name and 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.Lorraine Mariam Philip - 30 - SPOUSE
Membership / Identification No	1719
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1468
Name and 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 P Mathew -
Name & relationship of the dependents	1 . Ms.Lintu V Jose - 29 - SPOUSE
Membership / Identification No	1720
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1469
Name and 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 Varghese -
Name & relationship of the dependents	1 . Ms.Betty Mathew - 45 - SPOUSE 2 . Mr.Akhil Varghese Mathew - 21 - SON 3 . Ms.Anuja Elza Mathew - 19 - DAUGHTER
Membership / Identification No	1721
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1470
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Sumod John Samuel -
Name & relationship of the dependents	1 . Ms.Seba V Varghese - 32 - SPOUSE 2 . Mr.Sirach John Samuel - 2 - SON
Membership / Identification No	1722
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1471
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Gijo Thomas Rajan -
Name & relationship of the dependents	1 . Ms.Shyno S Thankachan - 36 - SPOUSE 2 . Ms.Marice Annah Thomas - 8 - DAUGHTER 3 . Mr.George Philex Thomas - 4 - SON
Membership / Identification No	1723
Occupation	OTHERS
Date of Birth/Age	/ 37 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1472
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Antony Marvin Dsilva -
Name & relationship of the dependents	
Membership / Identification No	1724
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1473
Name and 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 Oommen Tharakan -
Name & relationship of the dependents	
Membership / Identification No	1725
Occupation	OTHERS
Date of Birth/Age	/ 35 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1474
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.SubinVarghese -
Name & relationship of the dependents	
Membership / Identification No	1726
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1475
Name and 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 Johnson (Geevarghese) -
Name & relationship of the dependents	
Membership / Identification No	1727
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1476
Name and 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 Sanju John -
Name & relationship of the dependents	1 . Ms.Angel Aswin John - 25 - SPOUSE
Membership / Identification No	1728
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1477
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jijin Sam James -
Name & relationship of the dependents	1 . Ms.Ann Mariam Mathew - 27 - SPOUSE
Membership / Identification No	1729
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1478
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Raji Raju Varghese -
Name & relationship of the dependents	1 . Ms.Tini Mary Thomas - 31 - SPOUSE
Membership / Identification No	1730
Occupation	OTHERS
Date of Birth/Age	/ 35 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1479
Name and 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 K Yohannan -
Name & relationship of the dependents	1 . Ms.Priya Elizabeth Thomas - 31 - SPOUSE
Membership / Identification No	1731
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1480
Name and 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 Varghese -
Name & relationship of the dependents	1 . Ms.Teena P Titto - 27 - SPOUSE
Membership / Identification No	1732
Occupation	OTHERS
Date of Birth/Age	/ 27 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1481
Name and 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 K John -
Name & relationship of the dependents	1 . Ms.Jeena John - 36 - SPOUSE 2 . Mr.Jairus Thomas Abraham - 5 - SON
Membership / Identification No	1733
Occupation	OTHERS
Date of Birth/Age	/ 37 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1482
Name and 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.Judith C John - 27 - SPOUSE
Membership / Identification No	1734
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1483
Name and 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 Thomas -
Name & relationship of the dependents	1 . Ms.Saniyo James - 27 - SPOUSE 2 . Mr.Georgio Liju Thomas - 2 - SON
Membership / Identification No	1735
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1484
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Shajan Varghese -
Name & relationship of the dependents	
Membership / Identification No	1736
Occupation	OTHERS
Date of Birth/Age	/ 40 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1485
Name and 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 Thomas -
Name & relationship of the dependents	1 . Ms.Limsy Varghese - 43 - SPOUSE 2 . Ms.Keris Miriam Varghese - 15 - DAUGHTER
Membership / Identification No	1737
Occupation	OTHERS
Date of Birth/Age	/ 53 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1486
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Lawrence D'souza -
Name & relationship of the dependents	1 . Ms.Alvita Reshma D'souza - 45 - SPOUSE 2 . Ms.Tanis Crecentia D'souza - 18 - DAUGHTER
Membership / Identification No	1738
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1487
Name and 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 Kunnath -
Name & relationship of the dependents	1 . Ms.Mercy Varghese - 70 - SPOUSE
Membership / Identification No	1739
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1488
Name and 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 John Konat -
Name & relationship of the dependents	1 . Ms.Nikita Sunny - 31 - SPOUSE 2 . Ms.Elsa Paul Konat - 3 - DAUGHTER
Membership / Identification No	1740
Occupation	OTHERS
Date of Birth/Age	/ 34 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1489
Name and 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 Alex -
Name & relationship of the dependents	1 . Ms.Reeba Roy - 26 - SPOUSE
Membership / Identification No	1741
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1490
Name and 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 Mathai -
Name & relationship of the dependents	1 . Ms.Ansu Elizabeth Raju - 30 - SPOUSE
Membership / Identification No	1742
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1491
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Sinu Jose Sajan -
Name & relationship of the dependents	1 . Ms.Tincy Thampachan - 30 - SPOUSE
Membership / Identification No	1743
Occupation	OTHERS
Date of Birth/Age	/ 35 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1492
Name and 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 Geevarghese -
Name & relationship of the dependents	1 . Ms.Steffi Susan Sunny - 29 - SPOUSE
Membership / Identification No	1745
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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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/181318/01/2024/004483/1493
Name and 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 K Raju -
Name & relationship of the dependents	1 . Ms.Jeena John - 26 - SPOUSE
Membership / Identification No	1746
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1494
Name and 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 K Kuriakose -
Name & relationship of the dependents	1 . Ms.Pushpa Abraham - 45 - SPOUSE 2 . Mr.Chris A Kuriakose - 13 - SON 3 . Ms.Diya A Kuriakose - 12 - DAUGHTER
Membership / Identification No	1747
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1495
Name and 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 C Joseph -
Name & relationship of the dependents	
Membership / Identification No	1748
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1496
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Joshua John -
Name & relationship of the dependents	
Membership / Identification No	1749
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1497
Name and 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 Kuriakose -
Name & relationship of the dependents	1 . Ms.Sinisha Jithin - 27 - SPOUSE
Membership / Identification No	1750
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1498
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Lenson Skaria -
Name & relationship of the dependents	1 . Ms.Christy Mary Joy - 29 - SPOUSE 2 . Ms.Elora Anna John - 1 - DAUGHTER
Membership / Identification No	1751
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1499
Name and 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 Varghese -
Name & relationship of the dependents	
Membership / Identification No	1752
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1500
Name and 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 Abraham (Anoop) -
Name & relationship of the dependents	
Membership / Identification No	1753
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1501
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Markose John -
Name & relationship of the dependents	1 . Ms.Jitha Ann Mathew - 38 - SPOUSE 2 . Ms.Easha Elsa Markose - 9 - DAUGHTER 3 . Ms.Evana Elsa Markose - 13 - DAUGHTER 4 . Ms.Eniya Elsa Markose - 8 - DAUGHTER
Membership / Identification No	1754
Occupation	OTHERS
Date of Birth/Age	/ 43 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1502
Name and 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 Thomas -
Name & relationship of the dependents	
Membership / Identification No	1755
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1503
Name and 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.A.Chерian -
Name & relationship of the dependents	1 . Ms.Ani Cherian - 54 - SPOUSE
Membership / Identification No	1756
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1504
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Peter Paul -
Name & relationship of the dependents	1 . Ms.Tisha Mariam Thomas - 28 - SPOUSE
Membership / Identification No	1757
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1505
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Lalu Thomas -
Name & relationship of the dependents	1 . Ms.Rose Mary Lulu - 51 - SPOUSE 2 . Mr.Joshua Paul - 23 - SON
Membership / Identification No	1758
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1506
Name and 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 Abraham -
Name & relationship of the dependents	
Membership / Identification No	1759
Occupation	OTHERS
Date of Birth/Age	/ 35 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1507
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Silin K Nixon -
Name & relationship of the dependents	
Membership / Identification No	1760
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1508
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Soman Varghese -
Name & relationship of the dependents	1 . Ms.Sara Reshmi Joseph - 50 - SPOUSE 2 . Mr.Aaron Thomas Varghese - 22 - SON 3 . Ms.Aan Mary Thomas - 17 - DAUGHTER
Membership / Identification No	1761
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1509
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Ajoy V.J (Johnson V.J) -
Name & relationship of the dependents	
Membership / Identification No	1762
Occupation	OTHERS
Date of Birth/Age	/ 37 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1510
Name and 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 Chacko -
Name & relationship of the dependents	1 . Ms.Lincy T Abey - 30 - SPOUSE 2 . Mr.Benjamin Abey - 4 - SON
Membership / Identification No	1763
Occupation	OTHERS
Date of Birth/Age	/ 33 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1511
Name and 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 Thomas -
Name & relationship of the dependents	
Membership / Identification No	1764
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1512
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jossi Jacob Ponodath -
Name & relationship of the dependents	1 . Ms.Shiny Jossi - 50 - SPOUSE
Membership / Identification No	1765
Occupation	OTHERS
Date of Birth/Age	/ 52 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1513
Name and 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 Panicker (Praveen) -
Name & relationship of the dependents	1 . Ms.Shijini Jose - 28 - SPOUSE
Membership / Identification No	1766
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1514
Name and 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 Sabu Pattathil -
Name & relationship of the dependents	1 . Ms.Bini Raju - 26 - SPOUSE
Membership / Identification No	1767
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1515
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Prayson T Johnson -
Name & relationship of the dependents	1 . Ms.Sneha Zen Mathew - 28 - SPOUSE
Membership / Identification No	1768
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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Date: 19-OCT-23



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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1516
Name and 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 K George -
Name & relationship of the dependents	1 . Ms.Ancy Ponnachen - 24 - SPOUSE
Membership / Identification No	1769
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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



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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/181318/01/2024/004483/1517
Name and 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 V George -
Name & relationship of the dependents	1 . Ms.Binsu Mariam Thomas - 26 - SPOUSE 2 . Ms.Meeval Elza Christy - 1 - DAUGHTER
Membership / Identification No	1770
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1518
Name and 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 Chacko -
Name & relationship of the dependents	1 . Ms.Abin Rijo - 36 - SPOUSE 2 . Mr.Akeesh Rijo - 8 - SON
Membership / Identification No	1771
Occupation	OTHERS
Date of Birth/Age	/ 37 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1519
Name and 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 Saji -
Name & relationship of the dependents	1 . Ms.Nimmy Anna Cherian - 27 - SPOUSE
Membership / Identification No	1772
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1520
Name and 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.O.Geevarghese -
Name & relationship of the dependents	
Membership / Identification No	1773
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1521
Name and 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 Varghese -
Name & relationship of the dependents	1 . Ms.Lintu Mary Eapen - 24 - SPOUSE
Membership / Identification No	1774
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1522
Name and 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 Thomas Varghese -
Name & relationship of the dependents	1 . Ms.Dona Alexander - 27 - SPOUSE
Membership / Identification No	1775
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1523
Name and 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 Thomas -
Name & relationship of the dependents	
Membership / Identification No	1776
Occupation	OTHERS
Date of Birth/Age	/ 42 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1524
Name and 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 George Thomas -
Name & relationship of the dependents	1 . Ms.Merrin Elizabeth Abraham - 28 - SPOUSE
Membership / Identification No	1777
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1525
Name and 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 Mathew Jacob -
Name & relationship of the dependents	1 . Ms.Sneha Baby - 26 - SPOUSE 2 . Ms.Elena Mariyam Mathew - 1 - DAUGHTER
Membership / Identification No	1778
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1526
Name and 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 Thomas -
Name & relationship of the dependents	1 . Ms.Jisha S - 23 - SPOUSE
Membership / Identification No	1779
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1527
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Daniel Chacko -
Name & relationship of the dependents	1 . Ms.Annamma Daniel - 63 - SPOUSE
Membership / Identification No	1780
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1528
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jesvin K John -
Name & relationship of the dependents	
Membership / Identification No	1781
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1529
Name and 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 Alias Joy -
Name & relationship of the dependents	1 . Ms.Binuja Varghese - 57 - SPOUSE
Membership / Identification No	1782
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1530
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Tintu U Kurian -
Name & relationship of the dependents	1 . Ms.Jasana Susan James - 26 - SPOUSE
Membership / Identification No	1783
Occupation	OTHERS
Date of Birth/Age	/ 39 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1531
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Sobhan Baby -
Name & relationship of the dependents	1 . Ms.Jisha George - 44 - SPOUSE 2 . Ms.Hannah Elsa Jacob - 18 - DAUGHTER 3 . Ms.Joanaah Eliza Jacob - 13 - DAUGHTER
Membership / Identification No	1784
Occupation	OTHERS
Date of Birth/Age	/ 46 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1532
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Ashly John Thomas -
Name & relationship of the dependents	1 . Ms.Sherin Babu - 28 - SPOUSE
Membership / Identification No	1785
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1533
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Ronny R John -
Name & relationship of the dependents	1 . Ms.Aneeta L - 23 - SPOUSE
Membership / Identification No	1786
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1534
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Sijo K -
Name & relationship of the dependents	1 . Ms.Shiji Reji - 24 - SPOUSE
Membership / Identification No	1787
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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, Wayanad-670645

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1535
Name and 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 Mathew Sam -
Name & relationship of the dependents	1 . Ms.Dr.Shiji Mariam Varghese - 29 - SPOUSE
Membership / Identification No	1788
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1536
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Abimon Vettathathu Roy -
Name & relationship of the dependents	1 . Ms.Neethu Mathew - 27 - SPOUSE
Membership / Identification No	1789
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1537
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Stephin Jacob -
Name & relationship of the dependents	1 . Ms.Minta Mariam Varghese - 28 - SPOUSE
Membership / Identification No	1790
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1538
Name and 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.Sachu T Saji - 27 - SPOUSE
Membership / Identification No	1791
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1539
Name and 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 C.T -
Name & relationship of the dependents	1 . Ms.Jisha Kuriakose - 39 - SPOUSE 2 . Ms.Nayana Elizabeth - 18 - DAUGHTER 3 . Mr.Nohin Thomas - 11 - SON
Membership / Identification No	1792
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1540
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Suby Varghese -
Name & relationship of the dependents	1 . Ms.Nidhi Mariyam Mathew - 27 - SPOUSE
Membership / Identification No	1793
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1541
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Maneesh Mathew -
Name & relationship of the dependents	1 . Ms.Elizabeth Thomas - 28 - SPOUSE
Membership / Identification No	1794
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1542
Name and 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.S -
Name & relationship of the dependents	
Membership / Identification No	1795
Occupation	OTHERS
Date of Birth/Age	/ 40 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1543
Name and 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 Mathews -
Name & relationship of the dependents	
Membership / Identification No	1796
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1544
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Rino K Mathew -
Name & relationship of the dependents	1 . Ms.Meera Mariyam Skariah - 29 - SPOUSE
Membership / Identification No	1797
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1545
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Bijo Peedikayil -
Name & relationship of the dependents	1 . Ms.Stephy Thankam Joseph - 27 - SPOUSE
Membership / Identification No	1798
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1546
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Wilson Abraham -
Name & relationship of the dependents	1 . Ms.Megha Wilson - 26 - SPOUSE
Membership / Identification No	1799
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1547
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Yohannan K -
Name & relationship of the dependents	1 . Ms.Soumya P.U - 39 - SPOUSE 2 . Ms.Minha Ann Yohannan - 11 - DAUGHTER 3 . Ms.Mishma Mary Yohannan - 9 - DAUGHTER
Membership / Identification No	1800
Occupation	OTHERS
Date of Birth/Age	/ 45 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1548
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Yuhanon Mar Chrysostomos Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	1801
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1549
Name and 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.K.John -
Name & relationship of the dependents	
Membership / Identification No	1802
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1550
Name and 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 V Joseph -
Name & relationship of the dependents	
Membership / Identification No	1803
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1551
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Lazarus Thomas -
Name & relationship of the dependents	
Membership / Identification No	1804
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1552
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Albin K Samuel -
Name & relationship of the dependents	1 . Ms.Riya Mariyam Binny - 22 - SPOUSE
Membership / Identification No	1805
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1553
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Sino Mathew -
Name & relationship of the dependents	1 . Ms.Riya John - 29 - SPOUSE
Membership / Identification No	1806
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1554
Name and 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 Thomas -
Name & relationship of the dependents	1 . Ms.Merin Mariam Thomas - 26 - SPOUSE
Membership / Identification No	1807
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1555
Name and 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 Mathew John -
Name & relationship of the dependents	1 . Ms.Rincy Raju - 27 - SPOUSE
Membership / Identification No	1808
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1556
Name and 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 Lawrence -
Name & relationship of the dependents	1 . Ms.Silbe Mathew - 28 - SPOUSE
Membership / Identification No	1809
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1557
Name and 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.Vivek Varghese -
Name & relationship of the dependents	
Membership / Identification No	1810
Occupation	OTHERS
Date of Birth/Age	/ 38 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1558
Name and 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 Thomas -
Name & relationship of the dependents	1 . Ms.Shaino Elsa Reji - 23 - SPOUSE
Membership / Identification No	1811
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1559
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Binumon B (Thomas Daniel) -
Name & relationship of the dependents	1 . Ms.Jeejomol George - 42 - SPOUSE 2 . Mr.Georgy Thomas - 19 - SON 3 . Mr.Gregory Thomas - 14 - SON
Membership / Identification No	1812
Occupation	OTHERS
Date of Birth/Age	/ 47 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1560
Name and 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 Samuel (Jinu Samuel) -
Name & relationship of the dependents	1 . Ms.Rincy Joy - 25 - SPOUSE
Membership / Identification No	1813
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1561
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Jijo Jose -
Name & relationship of the dependents	1 . Ms.Neethu Babu - 25 - SPOUSE
Membership / Identification No	1814
Occupation	OTHERS
Date of Birth/Age	/ 28 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1562
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Mathew Joseph -
Name & relationship of the dependents	1 . Ms.Tinymol Antony - 49 - SPOUSE 2 . Ms.Melva Mary Mathew - 17 - DAUGHTER 3 . Mr.Jeevan Joseph Mathew - 15 - SON
Membership / Identification No	1815
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1563
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Siby John M.J -
Name & relationship of the dependents	1 . Ms.Somy Anthrayos - 40 - SPOUSE 2 . Mr.Midhun Siby - 18 - SON 3 . Ms.Maria Siby - 14 - DAUGHTER
Membership / Identification No	1816
Occupation	OTHERS
Date of Birth/Age	/ 41 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1564
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Santhamma Kuruvila -
Name & relationship of the dependents	1 . Mr.Kuruvila Ulahannan - 60 - SPOUSE
Membership / Identification No	1817
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1565
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.Nibu T Itty -
Name & relationship of the dependents	1 . Ms.Gishamol R - 27 - SPOUSE
Membership / Identification No	1818
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1566
Name and 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 Mathew Pulimoottil (Diby) -
Name & relationship of the dependents	1 . Ms.Anu Maria James - 26 - SPOUSE
Membership / Identification No	1819
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1567
Name and 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 P Chacko -
Name & relationship of the dependents	1 . Ms.Merin Susanna Kurian - 27 - SPOUSE
Membership / Identification No	1820
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1568
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Kuriakose Mar Clemis Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	1821
Occupation	OTHERS
Date of Birth/Age	/ 87 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1569
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Geevarghese Mar Coorilos Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	1822
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1570
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Mathews Mar Thedosius Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	1823
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1571
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Alexios Mar Eusebius Metropolitan -
Name & relationship of the dependents	
Membership / Identification No	1824
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1572
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Fr.lype Mathew -
Name & relationship of the dependents	1 . Ms.Shine Anna Shaji - 26 - SPOUSE
Membership / Identification No	1825
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1573
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Leelamma Thomas -
Name & relationship of the dependents	
Membership / Identification No	1826
Occupation	OTHERS
Date of Birth/Age	/ 50 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1574
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Kunjunjamma Scaria -
Name & relationship of the dependents	
Membership / Identification No	1827
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1575
Name and 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.T.Cherian -
Name & relationship of the dependents	
Membership / Identification No	1828
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1576
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Paul -
Name & relationship of the dependents	
Membership / Identification No	1829
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1577
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma Thomas -
Name & relationship of the dependents	
Membership / Identification No	1830
Occupation	OTHERS
Date of Birth/Age	/ 85 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1578
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma Varghese -
Name & relationship of the dependents	
Membership / Identification No	1831
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1579
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Deenamma Koshy -
Name & relationship of the dependents	
Membership / Identification No	1832
Occupation	OTHERS
Date of Birth/Age	/ 84 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23



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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1580
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.V.C.Mariamma -
Name & relationship of the dependents	
Membership / Identification No	1833
Occupation	OTHERS
Date of Birth/Age	/ 89 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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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/181318/01/2024/004483/1581
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Roshni Varghese -
Name & relationship of the dependents	
Membership / Identification No	1834
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1582
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Saramma John -
Name & relationship of the dependents	
Membership / Identification No	1835
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1583
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Susamma Chacko -
Name & relationship of the dependents	
Membership / Identification No	1836
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1584
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Ponnamma John -
Name & relationship of the dependents	
Membership / Identification No	1837
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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Authorised Signatory.

Date: 19-OCT-23



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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1585
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Jessy Mathew -
Name & relationship of the dependents	
Membership / Identification No	1838
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1586
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamma Samuel -
Name & relationship of the dependents	
Membership / Identification No	1839
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1587
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Mathew -
Name & relationship of the dependents	
Membership / Identification No	1840
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Date: 19-OCT-23



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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/181318/01/2024/004483/1588
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Licy Jose -
Name & relationship of the dependents	
Membership / Identification No	1841
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
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For Star Health and Allied Insurance Co., Ltd.,

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1589
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Reny Susan Samuel -
Name & relationship of the dependents	
Membership / Identification No	1842
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1590
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Joy -
Name & relationship of the dependents	
Membership / Identification No	1843
Occupation	OTHERS
Date of Birth/Age	/ 82 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
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For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1591
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamamma Chacko -
Name & relationship of the dependents	
Membership / Identification No	1844
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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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/181318/01/2024/004483/1592
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamma Varghese -
Name & relationship of the dependents	
Membership / Identification No	1845
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1593
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Thomas -
Name & relationship of the dependents	
Membership / Identification No	1846
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1594
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Saramma Varghese -
Name & relationship of the dependents	
Membership / Identification No	1847
Occupation	OTHERS
Date of Birth/Age	/ 54 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1595
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Lillykutty Daniel -
Name & relationship of the dependents	
Membership / Identification No	1848
Occupation	OTHERS
Date of Birth/Age	/ 89 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1596
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma Yohannan -
Name & relationship of the dependents	
Membership / Identification No	1849
Occupation	OTHERS
Date of Birth/Age	/ 81 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1597
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Rincy Paul -
Name & relationship of the dependents	
Membership / Identification No	1850
Occupation	OTHERS
Date of Birth/Age	/ 38 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1598
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Elsamma Thomas Panicker -
Name & relationship of the dependents	
Membership / Identification No	1851
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1599
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Ponnamma Philipose -
Name & relationship of the dependents	
Membership / Identification No	1852
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1600
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleykutty Philip -
Name & relationship of the dependents	
Membership / Identification No	1853
Occupation	OTHERS
Date of Birth/Age	/ 65 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1601
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Saramma Mathews -
Name & relationship of the dependents	
Membership / Identification No	1854
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1602
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Saji John -
Name & relationship of the dependents	
Membership / Identification No	1855
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1603
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Varky -
Name & relationship of the dependents	
Membership / Identification No	1856
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1604
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Susannamma Mathai -
Name & relationship of the dependents	
Membership / Identification No	1857
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1605
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aliyamma Eapen -
Name & relationship of the dependents	
Membership / Identification No	1858
Occupation	OTHERS
Date of Birth/Age	/ 92 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1606
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma George -
Name & relationship of the dependents	
Membership / Identification No	1859
Occupation	OTHERS
Date of Birth/Age	/ 56 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1607
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Daisy John -
Name & relationship of the dependents	
Membership / Identification No	1860
Occupation	OTHERS
Date of Birth/Age	/ 61 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1608
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Achamma Oommen -
Name & relationship of the dependents	
Membership / Identification No	1861
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1609
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma Jacob -
Name & relationship of the dependents	
Membership / Identification No	1862
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1610
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Chinnamma George -
Name & relationship of the dependents	
Membership / Identification No	1863
Occupation	OTHERS
Date of Birth/Age	/ 88 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1611
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Molly Abraham -
Name & relationship of the dependents	
Membership / Identification No	1864
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1612
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sosamma George -
Name & relationship of the dependents	
Membership / Identification No	1865
Occupation	OTHERS
Date of Birth/Age	/ 83 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1613
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.V.C.Mariamamma -
Name & relationship of the dependents	
Membership / Identification No	1866
Occupation	OTHERS
Date of Birth/Age	/ 87 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1614
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Laizamma Joseph -
Name & relationship of the dependents	
Membership / Identification No	1867
Occupation	OTHERS
Date of Birth/Age	/ 85 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1615
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamamma Zachariah -
Name & relationship of the dependents	
Membership / Identification No	1868
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1616
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamamma Philip -
Name & relationship of the dependents	
Membership / Identification No	1869
Occupation	OTHERS
Date of Birth/Age	/ 98 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1617
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamamma John -
Name & relationship of the dependents	
Membership / Identification No	1870
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1618
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Meena Abraham -
Name & relationship of the dependents	
Membership / Identification No	1871
Occupation	OTHERS
Date of Birth/Age	/ 51 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1619
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamamma Varghese -
Name & relationship of the dependents	
Membership / Identification No	1872
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1620
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Thomas -
Name & relationship of the dependents	
Membership / Identification No	1873
Occupation	OTHERS
Date of Birth/Age	/ 89 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1621
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mary Ninan -
Name & relationship of the dependents	
Membership / Identification No	1874
Occupation	OTHERS
Date of Birth/Age	/ 85 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1622
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Elizabeth Thomas -
Name & relationship of the dependents	
Membership / Identification No	1875
Occupation	OTHERS
Date of Birth/Age	/ 66 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1623
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Molly Koshy -
Name & relationship of the dependents	
Membership / Identification No	1876
Occupation	OTHERS
Date of Birth/Age	/ 70 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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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/181318/01/2024/004483/1624
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma John -
Name & relationship of the dependents	
Membership / Identification No	1877
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1625
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Susamma Varghese -
Name & relationship of the dependents	
Membership / Identification No	1878
Occupation	OTHERS
Date of Birth/Age	/ 62 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1626
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mruthula Eapen -
Name & relationship of the dependents	
Membership / Identification No	1879
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Issue Office Address: Second floor,Olive Arcade,
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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1627
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Rebeca John -
Name & relationship of the dependents	
Membership / Identification No	1880
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1628
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Lissykutty Ipe -
Name & relationship of the dependents	
Membership / Identification No	1881
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1629
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sujatha George -
Name & relationship of the dependents	
Membership / Identification No	1882
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
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Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1630
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mary Jacob -
Name & relationship of the dependents	
Membership / Identification No	1883
Occupation	OTHERS
Date of Birth/Age	/ 87 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1631
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Anna Varghese -
Name & relationship of the dependents	
Membership / Identification No	1884
Occupation	OTHERS
Date of Birth/Age	/ 87 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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/181318/01/2024/004483/1632
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Ramany Philip -
Name & relationship of the dependents	
Membership / Identification No	1885
Occupation	OTHERS
Date of Birth/Age	/ 64 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1633
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma Paulose -
Name & relationship of the dependents	
Membership / Identification No	1886
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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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/181318/01/2024/004483/1634
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Chinnakkutty Simon -
Name & relationship of the dependents	
Membership / Identification No	1887
Occupation	OTHERS
Date of Birth/Age	/ 87 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1635
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma Samuel -
Name & relationship of the dependents	
Membership / Identification No	1888
Occupation	OTHERS
Date of Birth/Age	/ 79 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1636
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Leelamma Jacob -
Name & relationship of the dependents	
Membership / Identification No	1889
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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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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/181318/01/2024/004483/1637
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Susan Varghese -
Name & relationship of the dependents	
Membership / Identification No	1890
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1638
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mariamma Abraham -
Name & relationship of the dependents	
Membership / Identification No	1891
Occupation	OTHERS
Date of Birth/Age	/ 84 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1639
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Siny Roy -
Name & relationship of the dependents	
Membership / Identification No	1892
Occupation	OTHERS
Date of Birth/Age	/ 38 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1640
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sosamma Oommen -
Name & relationship of the dependents	
Membership / Identification No	1893
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1641
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Marykutty Joseph -
Name & relationship of the dependents	
Membership / Identification No	1894
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1642
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Amminkutty George -
Name & relationship of the dependents	
Membership / Identification No	1895
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1643
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Achiamma John -
Name & relationship of the dependents	
Membership / Identification No	1896
Occupation	OTHERS
Date of Birth/Age	/ 88 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1644
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sosamma Paulose -
Name & relationship of the dependents	
Membership / Identification No	1897
Occupation	OTHERS
Date of Birth/Age	/ 90 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1645
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Rachel Punnoose -
Name & relationship of the dependents	
Membership / Identification No	1898
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1646
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Ponnamma Mathews -
Name & relationship of the dependents	
Membership / Identification No	1899
Occupation	OTHERS
Date of Birth/Age	/ 69 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1647
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mary Kuriakose -
Name & relationship of the dependents	
Membership / Identification No	1900
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1648
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sosamma Kuriakose -
Name & relationship of the dependents	
Membership / Identification No	1901
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1649
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sosamma Philip -
Name & relationship of the dependents	
Membership / Identification No	1902
Occupation	OTHERS
Date of Birth/Age	/ 77 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1650
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sosamma Kuriakose -
Name & relationship of the dependents	
Membership / Identification No	1903
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1651
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Saji Daniel -
Name & relationship of the dependents	
Membership / Identification No	1904
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1652
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Susamma Mathew -
Name & relationship of the dependents	
Membership / Identification No	1905
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1653
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Elizabeth Geevarghese -
Name & relationship of the dependents	
Membership / Identification No	1906
Occupation	OTHERS
Date of Birth/Age	/ 60 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1654
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Jiji Johnson -
Name & relationship of the dependents	
Membership / Identification No	1907
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1655
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Leelamma Jacob -
Name & relationship of the dependents	
Membership / Identification No	1908
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1656
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Accamma Abraham -
Name & relationship of the dependents	
Membership / Identification No	1909
Occupation	OTHERS
Date of Birth/Age	/ 63 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1657
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Aleyamma Jacob -
Name & relationship of the dependents	
Membership / Identification No	1910
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1658
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Leelamma Jacob -
Name & relationship of the dependents	
Membership / Identification No	1911
Occupation	OTHERS
Date of Birth/Age	/ 74 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1659
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Kunjamma Paulose -
Name & relationship of the dependents	
Membership / Identification No	1912
Occupation	OTHERS
Date of Birth/Age	/ 84 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1660
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Graceamma Jacob -
Name & relationship of the dependents	
Membership / Identification No	1913
Occupation	OTHERS
Date of Birth/Age	/ 76 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1661
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Mathew -
Name & relationship of the dependents	
Membership / Identification No	1914
Occupation	OTHERS
Date of Birth/Age	/ 88 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1662
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mary Issac -
Name & relationship of the dependents	
Membership / Identification No	1915
Occupation	OTHERS
Date of Birth/Age	/ 94 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1663
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Sosamma Tharian -
Name & relationship of the dependents	
Membership / Identification No	1916
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1664
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Chinnamma P.P -
Name & relationship of the dependents	
Membership / Identification No	1917
Occupation	OTHERS
Date of Birth/Age	/ 78 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1665
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Annamma Elias -
Name & relationship of the dependents	
Membership / Identification No	1918
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1666
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Mary John -
Name & relationship of the dependents	
Membership / Identification No	1919
Occupation	OTHERS
Date of Birth/Age	/ 84 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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

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

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

Authorised Signatory.

Date: 19-OCT-23

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

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1667
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Daizy Thomas -
Name & relationship of the dependents	
Membership / Identification No	1920
Occupation	OTHERS
Date of Birth/Age	/ 59 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
Near St.joseph's
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1668
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Lilly P.C -
Name & relationship of the dependents	
Membership / Identification No	1921
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
Near St.joseph's
Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1669
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Chinnamma Abraham -
Name & relationship of the dependents	
Membership / Identification No	1922
Occupation	OTHERS
Date of Birth/Age	/ 75 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1670
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Ms.Remanikutty Zachariah -
Name & relationship of the dependents	
Membership / Identification No	1923
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. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1671
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Chacko C.C -
Name & relationship of the dependents	1 . Ms.Bobina Thomas - 40 - SPOUSE 2 . Mr.Nevin C Chacko - 9 - SON 3 . Ms.Neha C Chacko - 12 - DAUGHTER
Membership / Identification No	1926
Occupation	OTHERS
Date of Birth/Age	/ 49 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
Near St.joseph's
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1672
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mr.Rev Fr Sleeba John -
Name & relationship of the dependents	
Membership / Identification No	1927
Occupation	OTHERS
Date of Birth/Age	/ 57 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1673
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mrs.Elsamma samuel -
Name & relationship of the dependents	1 . Aban c Thomas - 24 - SON
Membership / Identification No	755
Occupation	OTHERS
Date of Birth/Age	/ 58 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
Near St.joseph's
Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1674
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mrs.Siji Y John -
Name & relationship of the dependents	1 . Abiya Mathew - 6 - DAUGHTER 2 . Albin Mathew - 6 - SON 3 . Aabel Mathew - 10 - SON
Membership / Identification No	1019
Occupation	OTHERS
Date of Birth/Age	/ 34 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1675
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mrs.Leelamma Verghese -
Name & relationship of the dependents	
Membership / Identification No	1244
Occupation	OTHERS
Date of Birth/Age	/ 68 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
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, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,



Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1676
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mrs.Susamma Philip -
Name & relationship of the dependents	
Membership / Identification No	1263
Occupation	OTHERS
Date of Birth/Age	/ 71 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

In the event of any claim under the policy, intimation should be given to the company immediately, through toll free no: 1800 425 2255, 044-2826 3300(chargeable), or mail: support@starhealth.in or fax-1800 425 5522.

Issue Office Address: Second floor,Olive Arcade,
Near St.joseph's
Hospital,Mananthavady
, Wayanad-670645

For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road,
Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1677
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mrs.Annamma Philip -
Name & relationship of the dependents	
Membership / Identification No	1924
Occupation	OTHERS
Date of Birth/Age	/ 72 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	300000 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject otherwise to terms, conditions and exclusions stated overleaf/for details of coverage, conditions, exclusions & other terms please refer the policy copy with the insured.	

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Issue Office Address: Second floor,Olive Arcade,
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For Star Health and Allied Insurance Co., Ltd.,

Authorised Signatory.

Date: 19-OCT-23

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Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in
IRDA Registration No : 129 ; Corporate Identity Number : L66010TN2005PLC056649

Certificate of Insurance

Group Health Insurance

Policy No	P/181318/01/2024/004483
Certificate No	P/181318/01/2024/004483/1678
Name and Address of the Proposer	MALANKARA ORTHODOX SYRIAN CHURCH CATHOLICATE OFFICE DEVALOKAM P.O Muttambalam Via-686004
Name & Address of the Insured Person	Mrs.Ammi Joseph -
Name & relationship of the dependents	
Membership / Identification No	1925
Occupation	OTHERS
Date of Birth/Age	/ 80 yrs
Period of Insurance	From : 03-SEP-23 To : 02-SEP-24
Sum Insured (Rs.)	0 /-
Premium Details :	Premium Rs. /-
	GST Rs. /-
	Total Rs. /-
Coverage Details:	
30 days waiting Period,First Year Exclusion,First Two Year Exclusion,Pre-existing Diseases Exclusion,Delivery Expenses,Waiting Period for Delivery,Child day 1 cover.	
Conditions:	
Subject 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