

Dear Mayank Pradip Mundhra,

Welcome to the ICICI Lombard Family!

Thank you for trusting us as your preferred health insurance provider. Your health and wellbeing, as well as that of your loved ones, are our top priority.

Congratulations on choosing **Elevate**, a revolutionary Health Plan customized to your specific needs, offering endless benefits but most importantly the biggest benefit of all - **Your Peace of Mind**.

The enclosed Policy Kit contains:

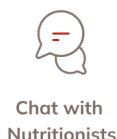
- | | |
|---|--|
| <div>1</div> Key Features Overview
Primary aspects and benefits of your policy. | <div>2</div> Policy Certificate
Essential information about your policy coverages, benefits and terms. |
| <div>3</div> Tax Benefits Statement
Tax benefits available under Section 80D. | <div>4</div> Health Cards
For easy reference during medical emergencies. |
| <div>5</div> Quick Access Links
Links and QR codes for quick access to important information. | <div>6</div> Customer Information Sheet
Contains policy coverages in detail |

Wishing you and your family good health!

Warm Regards,
Team ICICI Lombard



A whole world of wellness awaits you on the **IL TakeCare App**





Key Features Overview

Key Feature

Key Basic Covers	Benefits		
Inpatient Treatment, AYUSH Treatment & Domiciliary Treatment	Covered up to Sum Insured, Room Category: Up to Single Private AC Room		
Pre/Post Hospitalization Medical Expenses	Covers pre-hospitalization expenses up to 90 days and post-hospitalization up to 180 days.		
Reset Benefit	Restoration of Sum Insured Up to 100% of the Sum Insured, unlimited times for any illness/disease/injury		
Technological Advancements and Treatments	Covers advanced treatments and modern medical expenses for listed treatments/procedures up to the Annual Sum Insured.		
Wellness Program	We reward your healthy lifestyle with Wellness Points! Use them for a discount on next year's renewal premium. Plus, enjoy discounts on services/products, access to our health assistance team and ambulance services.		
Key Optional Add-on Covers Opted By You			
Infinite Care	Covered up to Unlimited Sum Insured for any one claim under the entire life of your policy.		
Claim Protector	Covers non-payable expenses like gloves and masks up to sum insured.		
Tele Consultation(s)	Unlimited; 24X7.		
Room Modifier	You have an option to upgrade or downgrade your room category: as per your choice.		
Bonuses & Booster (Will be available at the time renewal)			
Power Booster	Accumulates Super Loyalty Bonus of 100% of Sum Insured per year maximum up to an Unlimited Sum Insured; There will be no reduction even in case of claims.		
Inflation Protector	The Sum Insured will increase at renewal based on the previous year's inflation rate		
Pre-existing Disease Declared	No		
Standard Waiting Period *			
Pre-existing Disease (PED)	3 Years	Specific Diseases	2 Years
Initial Waiting period	30 Days	Maternity Waiting period	2 Years
Critical illness (Initial)	90 Days	Permanent Exclusions	As mentioned in policy wording

For 'Waiting Period' specific to your Policy and coverage, please refer to your Policy wordings.

Claim Services

IL Take Care App	IL Take Care App
RIA on WhatsApp	Send "Hi" to RIA on WhatsApp @7738282666
Toll Free Number	18002666
Email id	customersupport@icicilombard.com
Our website	https://www.icicilombard.com/customer-support
Mailing Address	4th floor, Varun Towers- II, Opp. Hyderabad Public School, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016.

Note: This sheet includes only the Key features, Optional Add-ons and Bonuses & Booster offered in the product. Kindly refer insured person optional detail section in policy schedule. Kindly refer to your policy wordings for details and T&C.





Policy Certificate



Policyholder Details

Proposer Name	Mayank Pradip Mundhra	Email ID	ms*****@gmail.com
Mobile Number	78*****70	Invoice Number	301225000123890
Address	Panchratna Apartment Block No-108/B, Devisha RoadNear telephone Exchange, NA, PALGHAR, MAHARASHTRA - 401404		
GSTIN Number		Are you or any of the applicants a PEP or Family member/ Close relatives/Associates of PEPs* ?	No

*Whether any of the proposed applicants are Politically Exposed Person (PEPs) or are Family member/Close relatives/Associated with PEPs.

Policy Details

Product Name	ELEVATE		
Policy Number	100036435300		
Policy Start Date & Time	December 31, 2025, 00:00 hrs	Policy End Date & Time	December 30, 2026, 23:59 hrs
Policy Tenure	1 Year	Policy Type	FLOATER
Zone	Zone A	Premium Payment Frequency	Annual
Premium Payment Mode	NON EMI	LAN Number	

Premium Details

Basic Premium (₹)	Total Tax Payable (₹)	Stamp Duty (₹)	Total Premium (₹)
18,909.60	0.00	1.00	18,911.00

Nominee Details

Nominee Name	Relationship with Policyholder	Date of Birth	Appointee Name
Surabhi Maheshwari	Spouse	June 30 1991	

Note: Appointee is nominated in case nominee is a minor

Insured Details

Insured Name	Mayank Pradip Mundhra	Surabhi Maheshwari	Anvik Maheshwari
Date of Birth	August 03, 1990	June 30, 1991	January 10, 2025
Age	35	34	0
Gender	Male	Female	Male
ABHA ID			
Relationship with Policyholder	Self	Spouse	Son
Pre-Existing Diseases			
First Policy Inception Date IL	December 31, 2025	December 31, 2025	December 31, 2025
Previous Policy Number	null		
Sum Insured (₹)**	10,00,000		
Loyalty Bonus (₹)	0		
Voluntary Co-Payment (%)	Not Applicable		
Voluntary Deductible (₹)	Not Applicable		
Specific Conditions	Not Applicable	Not Applicable	Not Applicable

*Your Sum Insured value will be revised at renewal upon accumulation of Loyalty Bonus and Power Booster and Inflation Protector add-on covers opted by you. This Sum Insured will be common to all insured members.

Optional Details

Insured Name	Mayank Pradip Mundhra	Surabhi Maheshwari	Anvik Maheshwari
Infinite Care ^[1]	Yes	Yes	Yes
Power Booster ^[1]	Yes	Yes	Yes
Inflation Protector ^[1]	Yes	Yes	Yes
Room Modifier ^[1]	Yes	Yes	Yes
Nursing at Home	Yes	Yes	Yes
Dependent Accommodation Benefit	Yes	Yes	Yes
Claim Protector	Yes	Yes	Yes
Tele Consultation(s)	Yes	Yes	Yes
2 - Hour Hospitalization	Yes	Yes	Yes

^[1] Elevate-exclusive optional covers.



Policy Certificate



Waiting Period

Insured Name	Mayank Pradip Mundhra	Surabhi Maheshwari	Anvik Maheshwari
Initial	30 days	30 days	30 days

Branch Details

Policy Issuance Office Location	Address
Prabhadevi	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA
Policy Servicing Office Location	Address
Vashi Vishwaroop IT Park	2nd ,12th floor and 13th floor Vishwaroop IT Park , Sector 30, Behind Raghuleela Mall, Opp. Vashi Station Vashi, Navi Mumbai- 400705. ,,THANE,MAHARASHTRA,400705

Agent Details

Agent Name	
Agent Code	
Mobile Number	
GSTIN Reg. No	37AAACI7904G1ZM
HSN/SAC code	9971 GENERAL INSURANCE SERVICES
The stamp duty of ₹ 1 paid vide receipt/challan number LOA/ENF-1/CSD/49/2025 dated Apr 24, 2025	
We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.	

Table of Benefits

Base Covers	Benefits
In Patient Treatment	<ul style="list-style-type: none">Up to Annual Sum InsuredRoom rent charges- Up to Single Private AC RoomICU Charges- Up to Sum Insured
Daycare procedures/treatment	All procedures covered up to Annual Sum Insured
Technological Advancements and Treatments	Up to Annual Sum Insured
Pre Hospitalisation Medical Expenses	90 days
Post Hospitalisation Medical Expenses	180 days
In Patient AYUSH Hospitalisation	Up to Annual Sum Insured
Domestic road ambulance	Up to the Annual sum insured
Donor expenses	Up to Annual Sum Insured
Domiciliary hospitalisation	Up to Annual Sum Insured
Loyalty Bonus	A Loyalty Bonus of 20% of the Sum Insured for each completed and continuous Policy Year subject to a maximum of 100%. There will be no reduction in the event of a claim.
Reset Benefit	Up to 100% of the Annual Sum Insured can be restored unlimited times for any illness, disease or injury, except for the first claim in the Policy Year.
Bariatric Surgery Cover	Up to Annual Sum Insured subject to waiting period of 2 years from the date of inception of first Policy with Us
In-patient Hospitalisation for Surrogate mother	Up to Annual Sum insured; subject to a maximum of ₹ 5 Lacs
In-patient Hospitalisation for oocyte donor	Up to Annual Sum insured; subject to a maximum of ₹ 5 Lacs
Wellness Program	A Wellness program where you enjoy discounts on services/products, access to our health assistance team and ambulance services.

Optional Add-on Covers opted by you

Covers	Benefits
Infinite Care	Up to Unlimited Sum Insured for any one claim under the entire life of the Policy
Power Booster	Accumulates Super Loyalty Bonus of 100% of Annual Sum Insured per year maximum up to an Unlimited Sum Insured; There will be no reduction even in case of claims.
Claim Protector	Up to the Annual Sum Insured; within overall Basic annual sum insured
Inflation Protector	Protects the Sum Insured against rising inflation by linking the Annual Sum Insured to the Consumer Price index (CPI).
Nursing at Home	Up to ₹ 2,000/day subject to a maximum of 10 days
Dependent Accommodation Benefit	1,000 per day, maximum up to 10 days
Tele Consultation(s)	Unlimited; 24X7
Room Modifier	Option to choose from the following room category options:
	Room Upgrade
2 - Hour Hospitalization	Covers the medical expenses for the hospitalization of the insured person for a minimum of 2 hours during the Policy period. For AYUSH treatments in an AYUSH hospital, the minimum hospitalization period is 24 hours. The coverage is provided up to the Annual Sum Insured as specified in the Policy Schedule.



Tax Benefits Statement

To,
Mayank Pradip Mundhra
Panchratna Apartment Block No-108/B, Devisha Road Near telephone
Exchange
NA
PALGHAR
MAHARASHTRA - 401404

Subject: Premium certificate for the purpose of deduction under section 80D of Income Tax Act, 1961

Dear Mayank Pradip Mundhra,

This is to certify that the Company has received the premium dated **Dec 31, 2025** for Health insurance coverage under the **"Comprehensive Health Insurance Policy"** with the following details.

Policy Details

Proposer Name	Mayank Pradip Mundhra		
Product Name	Elevate		
Plan Name	Elevate_2A+1K_1_Year	Policy Number	100036435300
Policy Start Date & Time	Dec 31, 2025, 00:00 hrs	Policy End Date & Time	Dec 30, 2026, 23:59 hrs
Total Premium paid (₹)	18,911.00	GSTIN Number (Customer)	

GSTIN Reg. Number (ICICI Lombard)	27AAACI7904G1ZN	Branch Location	Vashi Vishwaroop IT Park
Servicing Branch Address	2nd ,12th floor and 13th floor Vishwaroop IT Park , Sector 30, Behind Raghuleela Mall, Opp. Vashi Station Vashi, Navi Mumbai- 400705. „THANE,MAHARASHTRA,400705		

Premium Details

Basic Premium (₹)	Total Tax Payable (₹)	Stamp Duty (₹)	Total Premium (₹)
18,909.60	0.00	1.00	18,911.00

Financial Year	Amount (₹)
2025-2026	18,911.00

The product is eligible for deduction u/s 80D of Income Tax, 1961 and any amendments made there to.

Warm Regards,
For Team ICICI Lombard

Gaurav Arora

Authorised Signatory

NOTE: This certificate must be surrendered to the Insurance Company in case the Policy is canceled. Please ensure all information declared is accurate. In case you find any discrepancy in your proposal or policy document, call 1800 2666 or visit our website for support.

1. Mayank Pradip Mundhra

Health Care Card

elevate **ICICI Lombard**
Nibhaye VaadePolicy Number
100036435300Policyholder name
Mayank Pradip MundhraProduct Name
ELEVATEDate of Birth
August 03, 1990Member ID
100001085775www.icicilombard.comDownload
[IL TakeCare App](#)Email us
customersupport@icicilombard.comToll free Number
[18002666](tel:18002666)Chat with RIA on WhatsApp
[7738282666](https://wa.me/7738282666)

Disclaimer

- This card is not transferable.
- Use of this card is governed by the policy's Terms & Conditions.
- Valid upto Policy Period End date or cancellation date, whichever is earlier.
- Insurance is the subject matter of solicitation.

IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408

2. Surabhi Maheshwari

Health Care Card

elevate **ICICI Lombard**
Nibhaye VaadePolicy Number
100036435300Policyholder name
Surabhi MaheshwariProduct Name
ELEVATEDate of Birth
June 30, 1991Member ID
100001085776www.icicilombard.comDownload
[IL TakeCare App](#)Email us
customersupport@icicilombard.comToll free Number
[18002666](tel:18002666)Chat with RIA on WhatsApp
[7738282666](https://wa.me/7738282666)

Disclaimer

- This card is not transferable.
- Use of this card is governed by the policy's Terms & Conditions.
- Valid upto Policy Period End date or cancellation date, whichever is earlier.
- Insurance is the subject matter of solicitation.

IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408

3. Anvik Maheshwari

Health Care Card

elevate **ICICI Lombard**
Nibhaye VaadePolicy Number
100036435300Policyholder name
Anvik MaheshwariProduct Name
ELEVATEDate of Birth
January 10, 2025Member ID
100001085777www.icicilombard.comDownload
[IL TakeCare App](#)Email us
customersupport@icicilombard.comToll free Number
[18002666](tel:18002666)Chat with RIA on WhatsApp
[7738282666](https://wa.me/7738282666)

Disclaimer

- This card is not transferable.
- Use of this card is governed by the policy's Terms & Conditions.
- Valid upto Policy Period End date or cancellation date, whichever is earlier.
- Insurance is the subject matter of solicitation.

IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408



Quick Access Link

✉ customersupport@icicilombard.com

💬 Chat with RIA on our Website

📞 Chat with RIA on WhatsApp
(+91 7738282666)

📍 ICICI Lombard Health Care, 4th Floor, Varun Towers- II , Opp. Hyderabad Public School, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016

Click the link to view Policy Wordings Document

It details the complete terms and conditions of your health Insurance Policy.

[View Policy Wording](#)

To learn all about claims view the videos below:

- Health Claim Process: <https://www.icicilombard.com/health-insurance-claim-process>
- Health Claim Status: <https://www.icicilombard.com/motor-insurance-claim-status>

FAQs and Customer Support

- Get Answers To Most Frequently Asked Questions (FAQs): <https://www.icicilombard.com/FAQ>
- Need More Help? Visit our Customer Support page to know more: <https://www.icicilombard.com/customer-support>

IL TakeCare App

- You can now manage and take charge of your policy's easily with our IL TakeCare App.
- You can register a claim track claim status, renew your policy and much more at your finger tips.
- [Download the IL TakeCare App](#)

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy

[illegible]

the limits of twice of Maternity Sum Insured. This cover is available only if Maternity cover is opted by you and we have accepted a claim under the optional cover.	
7. Vaccinations for new born baby in first year: Up to 1% of Sum Insured or maximum up to ₹10,000, whichever is lower. This cover is available only if Maternity cover and New Born Baby cover is opted by you and we have accepted a claim under both the said optional covers	c. ii. 7
8. BeFit –Provides services on cashless basis up to limits as specified on the Policy schedule.	c. ii. 8
9. Worldwide Cover: Available Only on Cashless Basis: Up to Sum Insured maximum up to Rs.3 Crore, subject to a waiting period of 2 years.	c. ii. 9
10. Claim Protector - Up to the Sum Insured;	c. ii. 10
11. Inflation Protector: Protects the sum insured against the rising inflation by linking the Sum Insured to the consumer price index (CPI).	c. ii. 11
12. Domestic Air Ambulance Cover – Up to Sum Insured	c. ii. 12
13. Convalescence benefit: Fixed allowance of Rs.20,000, payable once per Policy Year	c. ii. 13
14. Nursing at Home: Up to ₹2,000/day upto max of 10 days, post hospitalization.	c. ii. 14
15. Compassionate Visit –Up to ₹20,000 per Policy Year.	c. ii. 15
16. Health Check-up (For persons aged 18 and above) – Up to ₹5% of Sum Insured or ₹ 5,000, whichever is lower.	c. ii. 16
17. Critical Illness (For persons aged between 18 to 50): Provides payment, to you or your Nominee/legal heir, of lump sum amount up to Sum Insured subject to a maximum limit of Rs. 50 lakhs.	c. ii. 17
18. Personal Accident – Provides payment of lump sum amount up to Sum Insured subject to a maximum limit of Rs. 50 Lakhs.	c. ii. 18
19. Voluntary Co-Payment - Options available- /10%/20%/30%/40%/50% as opted.	c. ii. 19
20. Voluntary Deductible - Options available from Rs. 10,000 up to Rs.50,000 as opted.	c. ii. 20
21. Dependent Accommodation Benefit –fixed daily amount, 1,000 per day, maximum up to 10 days.	c. ii. 21
22. Durable Medical Equipment Cover - Up to Sum Insured, maximum up to ₹ 5 Lakhs;	c. ii. 22
23. Tele Consultation(s) - Unlimited; 24X7, to be availed via Our mobile application only.	c. ii. 23
24. Waiting Period Reduction Option (Other than those listed under JumpStart.) – Reduction in waiting period for pre-existing diseases from 36 months to 24/12 months as opted	c. ii. 24
25. Maternity Waiting Period Reduction Option – Reduction in waiting period for Maternity Benefit cover from 24 months to 12 months as opted.	c. ii. 25
26. Specific Illness Waiting Period Reduction Option – Reduction in Specific Illness waiting period from 24 months to 12 months.	c. ii. 26
27. Worldwide Cover Waiting Period Reduction Option – Reduction in waiting period for Worldwide Cover from 24 months to 12 months as opted.	c. ii. 27
28. Room Modifier –If the Insured Person has opted this Optional Cover, the Insured Person shall have an option - A. To Modify the room rent eligibility to any room category without any restriction. or B. To modify the room rent eligibility to twin sharing room or C. To Modify the room rent eligibility to a room rent capping of 1% of Sum Insured for normal room and 2% of Sum Insured for ICU per day.	c. ii. 28
29. Network Advantage – Avail a discount of 10% on the policy premium on taking treatment at a network hospital. However, 20% co-payment will be applicable if treatment is taken at a Non-PPN hospital (if this cover has been opted by the insured). Access the PPN list by following the given steps – Visit www.icicilombard.com > Go to 'Health Claims' > Click on 'Hospital Login' > Navigate to 'Claims Corner' > Select 'Network Hospital List.	c. ii. 29
30. NRI Advantage- Cover for NRI - Discount of 25% on base cover premium	c. ii. 30
31. Senior Care Value Added Services (Only Cashless Basis): Choose any one plan from options A to D.	c. ii. 31
32. 2 – Hour Hospitalization:	c. ii. 32

	<p>Hospitalization of the Insured Person for 2 hours or more (minimum 24 hours for AYUSH treatment in a AYUSH Hospital), up to Annual SI.</p> <p>33) Vital Essence : Covers specific listed illnesses with capped limits as per the sub-limit table. Limits apply from policy start. A fixed co-payment applies to each claim under this policy. Reset Benefit will be triggered only once, during the policy year.</p> <p>(Note: This is an indicative list. Please refer the policy wording for complete understanding of the coverages)</p>	c. ii. 33
6.	<p>Exclusions (What does the policy not cover)</p> <p>i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI): -</p> <ol style="list-style-type: none"> Investigation & Evaluation- Code- Excl04 Rest Cure, rehabilitation and respite care- Code- Excl05 Obesity/ Weight Control: Code- Excl06 Change-of-Gender treatments: Code- Excl07 Cosmetic or plastic Surgery: Code- Excl08 Hazardous or Adventure sports: Code- Excl09 Breach of law: Code- Excl10 Excluded providers: Code- Excl11 Treatment for Alcoholism, etc Code- Excl12 Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 Dietary supplements and substances Code- Excl14 Refractive Error: Code- Excl15 Unproven Treatments: Code- Excl 16 Sterility and Infertility: Code- Excl 17 Maternity: Code Excl18 <p>This exclusion will not be applicable in case optional cover 5 Maternity Benefit has been opted</p> <p>ii. Specific Exclusions (Exclusions other than those specified above): -</p> <ol style="list-style-type: none"> War or any act of war, invasion, act of foreign enemy, war like operations. Nuclear, chemical or biological attack or weapons Out Patient treatment, except optional cover 8. Benefit opted Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident. Treatment taken outside the geographical limits of India. This exclusion shall not be applicable for policies where Optional cover 9. Worldwide cover has been opted. Personal comfort, cosmetics, convenience and hygiene related items and services Acupressure, acupuncture, magnetic and other therapies Circumcision, unless it is medically necessary treatment of an Illness or Injury. Expenses for venereal disease or any sexually transmitted disease except HIV. Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions. <p>Additional Exclusions applicable for Worldwide Cover (for specific coverage related exclusions, please refer policy wordings)</p>	<p>d. i.</p> <p>d.i.5</p> <p>d.i.6</p> <p>d.i.7</p> <p>d.i.8</p> <p>d.i.9</p> <p>d.i.10</p> <p>d.i.11</p> <p>d.i.12</p> <p>d.i.13</p> <p>d.i.14</p> <p>d.i.15</p> <p>d.i.16</p> <p>d.i.17</p> <p>d.i.18</p> <p>d.i.19</p> <p>d. ii. Specific Exclusions</p> <p>d.ii.20</p> <p>d.ii.21</p> <p>d.ii.22</p> <p>d.ii.23</p> <p>d.ii.24</p> <p>d.ii.25</p> <p>d.ii.26</p> <p>e.ii.27</p> <p>d.ii.28</p> <p>d.ii.29</p> <p>d.ii.30</p> <p>d.ii.31</p> <p>d.ii.32</p>
7.	<u>Waiting period</u>	

	<ul style="list-style-type: none"> <u>Time period during which specified diseases/treatments are not covered</u> <u>It is counted from the beginning of the policy coverage</u> 	
	1. Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury).	d. i. 4
	2. Specific waiting period (Not applicable for claims arising due to an accident): First 24 months, for specific illness and treatment. (Please refer to the policy clauses for the full listing)	d. i. 2
	3. Pre-Existing Diseases: Declared & accepted Pre-existing diseases will be covered after 36 months of continuous coverage.	d. i. 1
	4. In case of hypertension, diabetes and cardiac conditions, the waiting period will be 90 days unless disclosed as pre-existing diseases.	d. i. 3
	5. Jumpstart – 30 days	c.i.3
	6. Maternity waiting period: 24 months	c.ii. 5
	7. World Wide Cover Waiting Period – 24 months	c.ii. 8
	8. BeFit – 30 days	c.ii. 9
	9. Critical illness: waiting period of 90 days and survival period of 0 days will be applicable	c.ii. 17
	10. Bariatric Surgery Waiting Period – 24 months	c.i. 12
	11. In-patient Hospitalization for Surrogate Mother – 30 days	c.i. 13
	12. In-patient Hospitalization for Oocyte Donor – 30 days	d.i.14
8.	<u>Financial limits of coverage</u> <u>i. Sub-limit</u> (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) The policy will pay only up to the limits specified hereunder for the following diseases/procedures: 1. In-Patient Treatment – Room rent charges up to Single Private AC Room 2. In-Patient Hospitalization for Surrogate Mother- Up to Rs.5,00,000 3. In-Patient Hospitalization for Oocyte Donor- Up to Rs.5,00,000 <u>Optional Covers (As opted by the you): -</u> 1. Maternity Cover- Up to 3 deliveries in a lifetime and up to Rs. 10% of Sum Insured, maximum up to Rs. 1,00,000. 2. New Born Baby Cover- Up to twice the Sum Insured of maternity benefit cover. 3. Vaccinations for New Born Baby in the First Year- Up to 1% of Sum Insured or Rs.10,000, whichever is lower. 4. Worldwide Cover – Up to Sum Insured, maximum up to Rs.3 Crore 5. Convalescence benefit- A lump sum allowance of Rs. 20,000 will be provided. 6. Nursing at Home - up to Rs. 2,000 per day up to a maximum of 10 days post Hospitalization 7. Compassionate Visit - Covers cost of economy class air ticket/railway ticket up to Rs. 20,000 per Policy Year for Insured's "immediate family member" in the event of Insured person's hospitalization exceeding 5 days. 8. Health Check Up – Up to 0.5% of Sum Insured subject to a maximum of Rs.5,000 for pre-defined packages and on cashless basis 9. Critical Illness- A fixed lump sum amount equal to the Sum Insured subject to a maximum limit of ₹50 Lakhs. 10. Personal Accident Cover – Lump sum payment up to Sum Insured, subject to maximum of Rs. 50 Lakhs for the insured events. <ul style="list-style-type: none"> Accidental Death – 100% of Sum Insured Permanent Total Disablement (PTD)- up to 100% of Sum Insured Permanent Partial Disablement (PPD)- up to 75% of Sum Insured 11. Dependent Accommodation Benefit- Up to Rs. 1,000 per day subject to maximum of 10 days	c.i.1 c.i.13 c.i.14 c.ii.5 c.ii.6 c.ii.7 c.ii.9 c.ii.13 c.ii.14 c.ii.15 c.ii.16 c.ii.17 c.ii.18 c.ii.21

	<p>12. Durable Medical Equipment Cover- Up to Sum Insured; within overall basic Sum Insured, maximum up to Rs. 5 Lakhs</p> <p>13. Room Modifier- The Insured Person shall have an option:</p> <p>A. To Modify the room rent eligibility to any room category without any restriction or</p> <p>B. To modify the room rent eligibility to twin sharing room or</p> <p>C. To Modify the room rent eligibility to a room rent capping of 1% of Sum Insured for normal room and 2% of Sum Insured for ICU per day.</p> <p>14. Network Advantage –Discount of 10% on the policy premium on taking treatment at a network hospital. 20% co-payment applicable if treatment is taken at a Non-PPN hospital.</p> <p>15. NRI Advantage- Cover for NRI - Discount of 25% on the policy premium</p> <p>ii. Co-payment <u>(It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u></p> <p>Voluntary Co-payment if opted shall be applicable for each and every claim.</p> <p>Voluntary Co-Payment opted-10%/20%/30%/40%/50%. Refer to the Policy Schedule for the voluntary co-payment applicable on the Policy.</p> <p>iii. Deductible <u>(It is a specified amount:</u></p> <ul style="list-style-type: none"> • <u>Up to which an insurance company will not pay any claim, and</u> • <u>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u> <p>Voluntary Deductible opted- Options available range from Rs. 10,000 to Rs. 50,000. Refer to the Policy Schedule for the voluntary deductible applicable on the Policy.</p> <p>Voluntary Deductible if opted shall be applicable on an aggregate basis for all hospitalisation expenses during the policy year which fall under basic cover.</p> <p>33) Vital Essence: Covers specific listed illnesses with capped limits as per the sub-limit table. Limits apply from policy start. A fixed co-payment applies to each claim under this policy.</p> <p><u>iv. Any other limit (as applicable)</u></p> <p>Not Applicable</p>	<p>c.ii.22</p> <p>c.ii.28</p> <p>c.ii.29</p> <p>c.ii.30</p> <p>c.ii. Optional Cover. 19</p> <p>c.ii. Optional Cover. 20</p> <p>c.ii. Optional Cover. 33</p>
9.	<p><u>Claims/Claims Procedures</u></p> <p><u>Claims Procedure-</u></p> <p>Cashless (Pre-Authorization) Procedure;</p> <p>Step 1 – Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission</p> <p>Step 2 – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.)</p> <p>Step 3 – Request will be processed as per policy terms and conditions</p> <p>Step 4 – While you avail treatment the claim payment is settled directly to the Provider/Hospital</p> <p>Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp</p>	<p>f. (Other terms and conditions)</p> <p>f.l.1.(Other terms and conditions)</p>

If You notify pre-authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital.

Find our extensive list of hospitals providing cashless services on our website <https://www.icicilombard.com/health-insurance/health-claim/partner-hospital> or on the IL TakeCare App.

List of excluded providers/delisted hospitals is available on our website <https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf>.

Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services.

Non-medical and non-payable expenses are your responsibility. You shall be required to furnish the following documents for or in support of a Claim:

1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com
2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner
3. Original bills from chemists supported by proper prescription.
4. Original investigation test reports and payment receipts.
5. Indoor case papers
6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it

Reimbursement Procedure (including Pre and Post-Hospitalization);

Step 1 – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents.

Step 2 – Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the ILTakecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy.

Step 3 – The claim will be processed as per policy terms and conditions

Step 4 – The approved amount in the claim would be reimbursed to you

We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable.. The claim will be processed within 15 days of receipt of claim along with claim form and documents.

The relevant documents to be sent to
 ICICI Lombard Health Care,
 1st, 4th (Half), 5th and 6th floors,
 Varun Towers- II, Opp. Hyderabad Public school, Begumpet,
 Hyderabad, District Hyderabad, Telangana Pin code -500016

Download the Claim Form here -
<https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf>

10. Policy Servicing

[illegible]

	<p>Migration: In case of migration of this Policy with Us, You can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous Policy to the migrated Policy. We may underwrite the proposal in case of migration, if You have not been continuously covered for 36 months.</p> <p>Portability:</p> <p>a) You have the choice to port your Policies from one Insurer to another. You shall apply to such insurer to port the entire policy along with all the members of Your family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal.</p> <p>b) You are entitled to transfer the credits gained to the extent of the Sum Insured and the benefits available in the previous Policy, subject to Our underwriting policy.</p> <p>c) We will provide Your information to the new insurer in not more than 72 hours from receiving your request through the Insurance Information Bureau of India..</p> <p>Change of Sum Insured: The sum insured can be modified (increase/decrease) only at renewal or anytimes, subject to company underwriting. Waiting period restarts for increased sum insured.</p> <p>Zone Based Pricing – Premium depends on the insured person's residential city and pin code. Notify us of any changes immediately to avoid impacting claim admissibility. (Refer to policy wordings and prospectus for zone definition.)</p> <p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	<p>e. 10. General terms and conditions</p> <p>e.9. General terms and conditions</p> <p>e.27. General terms and conditions</p> <p>e.17. General terms and conditions</p> <p>e.12. General terms and conditions</p>
13.	<p><u>Your Obligations</u></p> <ul style="list-style-type: none"> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. In the event of misrepresentation, non-disclosure of material facts, established fraud by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is established to be fraudulent or it is established that any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company. 	<p>e. General terms and conditions</p>

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date: _____

Signature of the Policy Holder _____

NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.