

Dear Umaima Huseini Surti,

## 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:

**1 Key Features Overview**

Primary aspects and benefits of your policy.

**2 Policy Certificate**

Essential information about your policy coverages, benefits and terms.

**3 Tax Benefits Statement**

Tax benefits available under Section 80D.

**4 Health Cards**

For easy reference during medical emergencies.

**5 Quick Access Links**

Links and QR codes for quick access to important information.

**6 Customer Information Sheet**

Contains policy coverages in detail



**Wishing you and your family good health!**

Warm Regards,  
Team ICICI Lombard

Signature Not Verified

Digitally signed by DS ICICI  
LOMBARD GENERAL  
INSURANCE CO LTD 1  
Date: 2025.05.28 19:04:44  
IST

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## Key Features Overview

### Key Feature

Key Basic Covers	Benefits
Inpatient Treatment, AYUSH Treatment & Domiciliary Treatment	Covered up to Sum Insured, Room Category: Single private 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

Claim Protector	Covers non-payable expenses like gloves and masks up to sum insured.
Health check up	Covers cashless health check-ups, up to 0.5% of the sum insured, max up to Rs. 5,000 if you are >18yrs.
Tele Consultation(s)	Unlimited; 24X7.
Room Modifier	You have an option to upgrade or downgrade your room category: as per your choice.
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

### Claim Services

IL Take Care App	IL Take Care App
RIA on WhatsApp	Send "Hi" to RIA on WhatsApp <a href="https://wa.me/917738282666">@7738282666</a>
Toll Free Number	18002666
Email id	<a href="mailto:customersupport@icilombard.com">customersupport@icilombard.com</a>
Our website	<a href="https://www.icilombard.com/customer-support">https://www.icilombard.com/customer-support</a>
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.

## Policyholder Details

Policy holder Name	Umaima Huseini Surti	Email ID	um*****@yahoo.com
Mobile Number	97*****92	Invoice Number	SYS-25-000000062339
Address	VOLGA D 605 CASA RIO PALAVA KALYAN SHIL RD DOMBIVALI EAST THANE, THANE, MAHARASHTRA - 421204		
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	100006410800		
Policy Start Date & Time	May 28, 2025, 00:00 hrs	Policy End Date & Time	May 27, 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 (₹)	Total Premium (₹)
20,397.48	3,671.56	24,069.00

## Nominee Details

Nominee Name	Relationship with Policyholder	Date of Birth	Appointee Name
Zainab	Mother	November 28 1957	

Note: Appointee is nominated in case nominee is a minor

## Insured Details

Insured Name	Umaima Huseini Surti	Sarah Huseini Surti	Saniya Huseini Surti
Date of Birth	October 21, 1981	May 30, 2012	February 11, 2014
Age	43	12	11
Gender	Female	Female	Female
ABHA ID			
Relationship with Policyholder	Self	Daughter	Daughter
Pre-Existing Diseases			
First Policy Inception Date IL	May 28, 2025	May 28, 2025	May 28, 2025
Sum Insured (₹)**	1,000,000.00		
Loyalty Bonus (₹)			
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	Umaima Huseini Surti	Sarah Huseini Surti	Saniya Huseini Surti
Room Modifier <sup>[1]</sup>	Yes	Yes	Yes
Health Check-up	Yes	No	No
Claim Protector	Yes	Yes	Yes
Tele Consultation(s)	Yes	Yes	Yes
2 - Hour Hospitalization	Yes	Yes	Yes

[1] Elevate-exclusive optional covers.

## Waiting Period

Insured Name	Umaima Huseini Surti	Sarah Huseini Surti	Saniya Huseini Surti
Initial	30 days	30 days	30 days
Pre-existing Disease	3 Years	3 Years	3 Years

\*\*One time payment of up to Sum Insured (max ₹50 Lakhs), will be made in case of critical illness, after a 90 day waiting period. For details, please refer to the [Policy Wording](#).

## 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
Baroda	2nd floor, 204,205,206, Golden icon, Bird circle, Opp.BSNL, Baroda - 390007, Gujarat.,VADODARA, GUJARAT,390007

## Agent Details

Agent Name	BELA SANJIVBHAI SHETH		
Agent Code	ILG77344	Mobile Number	9924891732
GSTIN Reg. No	37AAACI7904G1ZM	HSN/SAC code	9971 GENERAL INSURANCE SERVICES

The stamp duty of ₹ 1 paid vide receipt/challan number LOA/ENF-1CSD/37/2024-25/2885 dated Jul 15, 2024

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"> <li>Up to Annual Sum Insured</li> <li>Room rent charges- Up to Single Private AC Room</li> <li>ICU Charges- Up to Sum Insured</li> </ul>
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
Claim Protector	Up to the Annual Sum Insured; within overall Basic annual sum insured
Health check up	Up to 0.5% of Annual Sum Insured; maximum up to ₹ 5,000; as per pre-defined packages on cashless basis only. Once per Policy Year per Adult Insured Person.
Tele Consultation(s)	Unlimited; 24X7
Room Modifier	Option to choose from the following room category options: Yes
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.

To,  
**Umaima Huseini Surti**  
VOLGA D 605 CASA RIO PALAVA KALYAN SHIL RD DOMBIVALI EAST  
THANE  
THANE  
MAHARASHTRA - 421204

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

Dear Umaima Huseini Surti,

This is to certify that the Company has received the premium dated **May 28, 2025** for Health insurance coverage under the "**Comprehensive Health Insurance Policy**" with the following details.

**Policy Details**

Policyholder Name	Umaima Huseini Surti		
Product Name	Elevate		
Plan Name	Elevate_1A+2K_1_Year	Policy Number	100006410800
Policy Start Date & Time	May 28, 2025, 00:00 hrs	Policy End Date & Time	May 27, 2026, 23:59 hrs
Total Premium paid (₹)	24069	GSTIN Number (Customer)	

GSTIN Reg. Number (ICICI Lombard)	24AAACI7904G1ZT	Branch Location	Baroda
Servicing Branch Address	2nd floor, 204,205,206, Golden icon, Bird circle, Opp.BSNL, Baroda - 390007, Gujarat.,VADODARA,GUJARAT,390007		

**Premium Details**

Basic Premium (₹)	Total Tax Payable (₹)	Total Premium (₹)
20,397.48	3,671.56	24,069.00
Financial Year		Amount (₹)
2025-2026		24,069.00

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 Aurora*

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. UMAIMA HUSEINI SURTI

Health Care Card



Policy Number  
**100006410800**

Policyholder name  
**UMAIMA HUSEINI SURTI**

Product Name  
**ELEVATE**

Date of Birth  
**October 21, 1981**

Member ID  
**100000147661**

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## 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. SARAH HUSEINI SURTI

Health Care Card



Policy Number  
**100006410800**

Policyholder name  
**SARAH HUSEINI SURTI**

Product Name  
**ELEVATE**

Date of Birth  
**May 30, 2012**

Member ID  
**100000147662**

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## Disclaimer

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- Insurance is the subject matter of solicitation.

IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408

## 3. SANIYA HUSEINI SURTI

Health Care Card

**elevate**Policy Number  
**100006410800**Policyholder name  
**SANIYA HUSEINI SURTI**Product Name  
**ELEVATE**Date of Birth  
**February 11, 2014**Member ID  
**100000147663**[www.icicilombard.com](http://www.icicilombard.com)
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## Disclaimer

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- 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

 [customersupport@icilombard.com](mailto:customersupport@icilombard.com)

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

#### FAQs and Customer Support

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

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

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	<b>Name of Insurance Product/Policy</b> Elevate	
2.	<b>Policy Number</b> 100006410800	
3.	<b>Type of Insurance Product/Policy</b> Both Indemnity and Benefit	
4.	<b>Sum Insured</b> <b>Basis</b> -Floater Sum Insured- Rs. 1000000 – where all members under the policy have a single sum insured limit which maybe utilized by any or all members	
5.	<b>Policy Coverage (What the policy covers?)</b> <u>Expenses in respect of:</u> <ul style="list-style-type: none"> <li><b>i. Basic Covers:-</b> <ul style="list-style-type: none"> <li><b>1. In-patient Treatment</b>- Covers Hospitalization expenses for admission longer than 24 consecutive hours.</li> <li><b>2. Day Care Procedures/Treatment</b>- Covers Medical expenses for all Day Care procedures up to Annual Sum insured.</li> <li><b>3. Technological Advancements and Treatments</b> – Covers medical expenses for listed treatments/procedures up to the Annual Sum Insured.</li> <li><b>4. Pre Hospitalization Medical expenses</b> – Covers Medical expenses incurred due to illness up to 90 days' period immediately before an insured person's admission to a hospital up to Annual Sum Insured.</li> <li><b>5. Post Hospitalization Expenses</b> – Covers Medical expenses incurred due to illness up to 180 days immediately after an insured person's discharge from the hospital up to Annual Sum Insured.</li> <li><b>6. In Patient AYUSH Hospitalization</b> - Covers expenses incurred on inpatient AYUSH treatment up to Annual Sum Insured.</li> <li><b>7. Domestic Road Ambulance</b> - Covers the expenses incurred on domestic road ambulance up to Annual Sum Insured.</li> <li><b>8. Donor Expenses</b> - Covers Medical Expenses incurred for an organ donor's Hospitalization for an organ donated to the Insured Person up to Annual Sum Insured.</li> <li><b>9. Domiciliary Hospitalization</b> - Covers Medical expenses incurred in respect of the Domiciliary Hospitalization up to the Annual Sum Insured.</li> <li><b>10. Loyalty Bonus</b> - 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.</li> <li><b>11. Reset Benefit</b> – Available up to 100% of Base Sum insured, unlimited times for any illness/disease/injury. Not applicable on the first claim in the Policy Year.</li> <li><b>12. Bariatric Surgery Cover</b> - Covers medical expenses incurred on surgical procedure/treatment for obesity Up to Annual Sum Insured subject to a waiting period of 2 years &amp; 30 days in case Optional cover.3 Jumpstart has been opted.</li> <li><b>13. In-Patient Hospitalization for Surrogate Mother:</b> Covers Medical expenses incurred for inpatient hospitalization of the surrogate mother appointed by the intending couple/intending woman for complications arising out of pregnancy and post-partum delivery complications during the policy period, up to a maximum limit of Rs. 5 Lakhs. This cover will be available only if the policy tenure is 3 years</li> <li><b>14. In-Patient Hospitalization for Oocyte Donor:</b> Covers Medical expenses incurred for inpatient hospitalization of the Oocyte donor appointed by the intending couple/ intending woman for complications arising due to oocyte retrieval during the policy period, up to a maximum limit of Rs. 5 Lakhs.</li> </ul> </li> </ul>	c. benefits covered under the Policy

<p><b>15. Wellness Program</b> - It intends to promote, incentivize and reward the insured person for their healthy behavior through Wellness Points accumulation. The total wellness points earned by the Insured person(s) will be redeemed towards availing discount on renewal premium for the subsequent year.</p>	c.i.Basic cover. 15
<p>Ways of earning wellness points is mentioned below.</p>	
<ul style="list-style-type: none"> <li>I. <b>Wellness Program</b> <ul style="list-style-type: none"> <li>A. Health Assessment</li> <li>B. Wellness Activities</li> <li>C. Wellness Tasks</li> <li>D. Fitness Challenge</li> <li>E. Health Events</li> </ul> </li> <li>II. <b>Health Assistance Team (HAT):</b> Available</li> <li>III. <b>Ambulance Assistance:</b> Available</li> <li>IV. <b>Discounts on services/products:</b> Available</li> </ul>	
<p><b>ii. Optional Covers (Applicable if opted by the Insured):</b> -</p>	
<p><b>1. Infinite Care</b> - We will cover the Medical Expenses incurred in respect of Hospitalisation under in-patient treatment / daycare procedures/treatment or in-patient AYUSH Hospitalization of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Annual Sum Insured subject to the conditions specified in the Policy wordings.</p>	c. ii. Optional cover.1
<p><b>2. Power Booster (Super Loyalty Bonus)</b> - If the Insured Person has opted for this optional cover, We will provide a Loyalty Bonus of 100% of expiring or renewed Annual Sum Insured (whichever is lower) at the end of each Policy Year irrespective of a claim being initiated in the Policy Year.</p>	c.ii. Optional cover.2
<p><b>3. Jumpstart</b> - The following Pre-existing diseases declared by the Insured Person and accepted by Us shall be covered after a reduced waiting period of 30 days if this optional cover is opted by the Insured person:</p> <ol style="list-style-type: none"> <li>1. Asthma</li> <li>2. Diabetes</li> <li>3. Hypertension</li> <li>4. Hyperlipidemia</li> <li>5. Obesity</li> <li>6. Coronary Artery Disease (PTCA done prior to 1 year)</li> </ol>	c.ii. Optional cover.3
<p><b>4. Chronic Disease Management Program*</b>- Disease Management Services including 2 half-yearly pre-defined health check-ups based on the Insured Persons' chronic condition and for the management of the same along.</p>	c.ii. Optional cover.4
<p><b>5. Maternity Benefit:</b> Maternity expenses are covered up to 10% of the Annual Sum Insured subject to a maximum limit of INR 1 Lakhs for the delivery of a baby and/or expenses related to lawful termination of pregnancy only for life threatening situations. Pre-natal expenses (from conception to delivery of baby) and post-natal expenses (up to 30 days from date of delivery of baby) incurred on inpatient basis shall also be covered. This cover has a waiting period of 24 months.</p>	c.ii. Optional cover. 5
<p><b>6. New Born Baby Cover:</b> Covers medical expenses incurred on hospitalization of New Born Baby up to the limits of twice of Maternity Sum Insured.</p>	c.ii. Optional cover.6
<p><b>7. Vaccinations for new born baby in first year:</b> Covers expenses related to the vaccinations of new born baby during the 1st year up to 1% of Annual Sum Insured; maximum up to INR 10,000.</p>	c.ii. Optional cover.7

**8. BeFit** – Provides following benefits on cashless basis up to limits as specified on the Policy schedule via our mobile application

Sr. No	Table of Benefit	A	B	C	D	E	F	G
1	Outpatient Consultation	1	2	4	6	8	10	12
2	Routine Diagnostics Cover and Minor Procedures Cover	500	1,000	1,000	2,000	3,000	5,000	7,500
3	Pharmacy Cover	500	1,000	1,000	2,000	3,000	5,000	7,500
4	Physiotherapy Session	0	0	6	8	10	12	12
5	e-Counselling	6	6	6	8	12	Unlimited	Unlimited
6	Diet and Nutrition e-Consultation	6	6	6	8	12	Unlimited	Unlimited

**9. Worldwide Cover\***: Covers expenses incurred on In-patient Hospitalization and day care procedure/treatment including planned hospitalization expenses incurred outside India and anywhere across the world including USA and Canada up to the Annual Sum Insured subject to a maximum of Rs. 3 Crore. There will be a waiting period of 2 years for any claim under this cover; No waiting period applicable in case of any accidental emergencies.

**10. Claim Protector**- Expenses incurred on items that are not payable as per the List I- Items for which coverage is not available in the Policy of Annexure II which are not payable to the particular claim will become payable up to the Annual sum insured; within overall basic annual sum insured

**11. Inflation Protector**: Protects the sum insured against the rising inflation by linking the Annual Sum insured to the consumer price index (CPI).

**12. Domestic Air Ambulance Cover** – Up to Annual Sum Insured for availing Air Ambulance Services for transport to Hospital.

**13. Convalescence Benefit** - A lump sum allowance of Rs. 20,000 will be provided once in each Policy year, for Hospitalization for a duration of minimum 10 consecutive days.

**14. Nursing at Home**: We will pay You for the expenses incurred by You, up to Rs. 2,000 per day up to a maximum of 10 days post Hospitalization for the medical services of a Qualified Nurse at Your residence

**15. 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 hospitalisation exceeding 5 days.

**16. Health Check-up** – Adult insured person(s) aged 18 years and above can avail a health check-up under pre- defined packages up to 0.5% of Annual Sum Insured subject to a maximum of Rs. 5,000 on cashless basis.

**17. Critical Illness**: Provides payment of lump sum amount up to Annual Sum Insured subject to a maximum limit of Rs. 50 lakhs if the Insured Person is diagnosed to be suffering from one or more of the listed Critical Illnesses. Only for adult members aged maximum up to 50 years during first time issuance.

**18. Personal Accident** – Provides payment of lump sum amount up to Annual Sum insured subject to a maximum limit of Rs. 50 Lakhs on occurrence of the below mentioned insured events. Only for adult members aged maximum up to 65 years during first time issuance.

- a. Accidental Death – 100% of Annual Sum Insured
- b. Permanent Total Disablement (PTD)- maximum up to 100% of Annual Sum Insured
- c. Permanent Partial Disablement (PPD)- maximum up to 75% of Annual Sum Insured

**19. Voluntary Co-Payment** - The voluntarily opted co-payment as specified in the policy schedule makes Insured liable to bear 10%/20%/30%/40%/50% Co-payment of admissible claim amount of each and every claim amount.

c.ii. Optional cover.8

c.ii. Optional cover.9

c.ii. Optional cover.10

c.ii. Optional cover.11

c.ii. Optional cover.12

c.ii. Optional cover.13

c.ii. Optional cover.14

c.ii. Optional cover.15

c.ii. Optional cover.16

c.ii. Optional cover.17

c.ii. Optional cover.18

c.ii. Optional cover.19

<b>20. Voluntary Deductible</b> - The Insured Person has the choice to opt for Voluntary Deductible and avail subsequent discount on premium. In case Voluntary Deductible is opted as mentioned in the Policy Schedule, the Insured Person will be liable to bear the specified Deductible amount.	c.ii.	Optional cover.20
<b>21. Dependent Accommodation Benefit</b> - If the Insured Person contract an Illness or suffer an Injury due to Accident during the Policy Period and which solely and directly requires the Insured Person to be Hospitalized, We will pay the up to Rs. 1,000 per day for a maximum of 10 days for the accommodation of the dependent in the hospital.	c.ii.	Optional cover.21
<b>22. Durable Medical Equipment Cover</b> - We will cover the expenses incurred by the Insured Person towards renting or purchase of any of the listed durable medical equipment during the Policy Year up to the Annual Sum Insured (within overall basic annual sum insured) only if the same has been prescribed by the treating Medical Practitioner post Hospitalisation for the same condition for which the Hospitalisation claim was admissible.	c.ii.	Optional cover.22
<b>23. Tele Consultation(s)</b> - If opted, the Insured Person can avail 24X7 unlimited tele consultations through Our mobile application.	c.ii.	Optional cover.23
<b>24. Waiting Period Reduction Option (Other than those listed under JumpStart.)</b> – If the Insured Person has opted this Optional Cover, the waiting period applicable under <b>Exclusion- Pre-Existing Diseases (Code- Excl01)</b> for any declared and accepted pre-existing diseases shall be reduced from 36 months to 24 months or 12 months as opted.	c.ii.	Optional cover.24
<b>25. Maternity Waiting Period Reduction Option</b> – If the Insured Person has opted this Optional Cover, the waiting period applicable under the Add Ons/Optional Cover 5. <b>Maternity Benefit</b> shall be reduced from 24 months to 12 months.	c.ii.	Optional cover.25
<b>26. Specific Illness Waiting Period Reduction Option</b> – If the Insured Person has opted this Optional Cover, the waiting period applicable under Exclusion- <b>Specified disease/procedure waiting period (Code- Excl02)</b> shall be reduced from 24 months to 12 months.	c.ii.	Optional cover.26
<b>27. Worldwide Cover Waiting Period Reduction Option</b> – If the Insured Person has opted this Optional Cover, the waiting period applicable under the Add Ons/Optional Cover 9. Worldwide cover shall be reduced from 24 months to 12 months.	c.ii.	Optional cover.27
<b>28. Room Modifier</b> – If the Insured Person has opted this Optional Cover, the Insured Person shall have an option to modify the room rent capping to any of the below- <ul style="list-style-type: none"> <li>A. To Modify the room rent eligibility to any room category without any restriction or</li> <li>B. To modify the room rent eligibility to twin sharing room or</li> <li>C. To Modify the room rent eligibility to a room rent capping of 1% of Annual Sum Insured for normal room and 2% of Annual Sum Insure for ICU per day.</li> </ul>	c.ii.	Optional cover.28
<b>29. Network Advantage</b> – 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-network hospital (if this cover has been opted by the insured).	c.ii.	Optional cover.29
<b>30. NRI Advantage - Cover for NRI</b> - 25% discount on premium for Non-Resident Indians/Overseas Citizens of India(NRI/OCI). Declaration of NRI status shall be required by the Insured Person upon every renewal.	c.ii.	Optional cover.30
<b>31. Senior Care Value Added Services*</b> : The benefits under this cover shall be provided by specialists in geriatric care as per the plan opted and shall be available to an elderly person aged 55 years and above.	c.ii.	Optional cover.31
* Available on cashless basis only		
<b>32. 2 - Hour Hospitalization:</b> Will cover 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.	c.ii.	Optional cover.32
<b>6. Exclusions (What does the policy not cover)</b>		

<b>i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI): -</b>	
<b>1. Pre-Existing Diseases - Code- Excl01</b>	d. i. d.i.1
a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer as selected by the Insurer.	
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.	
c. If the Insured Person is continuously covered without any break as defined under the portability / migration norms of the relevant regulatory prescriptions, then waiting period for the same would be reduced to the extent of prior coverage.	
d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.	
<b>2. Specified disease/procedure waiting period/Specific Waiting Period- Code- Excl02</b>	d.i.2
a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.	
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.	
c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.	
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.	
e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.	
f. List of specific diseases/procedures	
1. Any types of gastric or duodenal ulcers	
2. Benign prostatic hypertrophy	
3. All types of sinuses	
4. Hemorrhoids	
5. Dysfunctional uterine bleeding	
6. Endometriosis	
7. Stones in the urinary and biliary systems	
8. Surgery on ears/tonsils/adenoids/ paranasal sinuses	
9. Cataracts,	
10. Hernia of all types and Hydrocele	
11. Fistulae in anus	
12. Fissure in anus	
13. Fibromyoma	
14. Hysterectomy	
15. Surgery for any skin ailment	
16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy	
17. Dialysis required for Chronic Renal Failure.	
18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date.	
19. Dilatation and curettage	
20. Varicose Veins and Varicose Ulcers	
21. Non Infective Arthritis and other form arthritis	
22. Gout and Rheumatism	
23. Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident	
<b>3. a. Expenses related to the treatment of the below mentioned illness within 90 days from the</b>	d.i.3

Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and

- i. Hypertension
- ii. Diabetes
- iii. Cardiac Conditions
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher sum insured subsequently.

**4. 30-day waiting period- Code- Excl03**

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

d.i.4

**5. Investigation & Evaluation- Code- Excl04**

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

d.i.5

**6 Rest Cure, rehabilitation and respite care- Code- Excl05**

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

d.i.6

**7. Obesity/ Weight Control: Code- Excl06**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
  - a. greater than or equal to 40 or
  - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

d.i.7

**8. Change-of-Gender treatments: Code- Excl07**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

d.i.8

**9. Cosmetic or plastic Surgery: Code- Excl08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

d.i.9

**10. Hazardous or Adventure sports: Code- Excl09**

d.i.10

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**11. Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

**12. Excluded providers: Code- Excl11**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(The list of excluded providers/delisted hospitals is available on our website [www.icicilombard.com](http://www.icicilombard.com) and is timely updated.)

d.i.11

d.i.12

d.i.13

d.i.14

d.i.15

d.i.16

d.i.17

d.i.18

**13. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12**

**14. Treatments received in health hydros, 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**

**15. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14**

**16. Refractive Error: Code- Excl15**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

**17. Unproven Treatments: Code- Excl 16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**18. Sterility and Infertility: Code- Excl 17**

Expenses related to sterility and infertility. This includes:

- Any type of contraception, sterilization
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- Gestational Surrogacy
- Reversal of sterilization

The above exclusion part b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI shall not apply to claims which are otherwise admissible under d. i.14 "In-patient Hospitalisation for Oocyte Donor" which pertains to Medical Expenses incurred in respect of Hospitalization of the Oocyte donor for complications arising due to oocyte retrieval process"

The above exclusion part c. Gestational surrogacy shall not apply to claims which are otherwise admissible under d. i.13 "In-patient Hospitalisation for Surrogate Mother" which pertains to Medical Expenses incurred in respect of Hospitalization of the Surrogate mother for complications arising out of pregnancy and post-partum delivery complications"

**19. Maternity: Code Excl18**

- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

d.i.19

This exclusion will not be applicable in case optional cover 5 Maternity Benefit has been opted

**ii. Specific Exclusions (Exclusions other than those specified above): -**

- 20.** War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 21.** Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.
- 22.** Any expenses incurred on Out Patient treatment. This exclusion will not be applicable in case optional cover 8. BeFit has been opted
- 23.** Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
- 24.** 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.
- 25.** 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.
- 26.** Personal comfort, cosmetics, convenience and hygiene related items and services
- 27.** Acupressure, acupuncture, magnetic and other therapies
- 28.** Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.
- 29.** Expenses for venereal disease or any sexually transmitted disease except HIV.
- 30. Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies**
- 31. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)**
- 32. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.**

**d. ii. Specific Exclusions**

**d.ii.20**

**d.ii.21**

**d.ii.22**

**d.ii.23**

**d.ii.24**

**d.ii.25**

**d.ii.26**

**d.ii.27**

**d.ii.28**

**d.ii.29**

**d.ii.30**

**d.ii.31**

**d.ii.32**

**Additional Exclusions applicable for Worldwide Cover:**

- i. Any treatment which could have been done on an outpatient basis without any Hospitalization
- ii. Investigational treatments, Experimental treatment.
- iii. Convalescence, cure, sanatorium treatment, private duty nursing, treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, home for the aged, mentally disturbed remodeling clinic or any treatment taken in an establishment which is not a recognized Hospital.
- iv. Any physical, psychiatric or psychological examinations or testing
- v. Admission for nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner, is medically required & administered as part of in-patient Hospitalization treatment
- vi. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind.
- vii. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment. Sleep-apnea and other sleep disorders.
- viii. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities
- ix. Cost of issuance of medical certificates and examinations required for employment or travel or any other such purpose
- x. Treatment for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy,

KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants.

xii. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.

xiii. General debility or exhaustion.

7.	<p><b><u>Waiting period</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Time period during which specified diseases/treatments are not covered</u></b></li> <li>• <b><u>It is counted from the beginning of the policy coverage</u></b></li> <li>• Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury).</li> <li>• 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)</li> <li>• Pre-Existing Diseases: Declared &amp; accepted Pre-existing diseases will be covered after 36 months of continuous coverage.</li> <li>• In case of hypertension, diabetes and cardiac conditions, the waiting period will be 90 days unless disclosed as pre-existing diseases.</li> <li>• Jumpstart – 30 days</li> <li>• Maternity waiting period: 24 months</li> <li>• World Wide Cover Waiting Period – 24 months</li> <li>• BeFit – 30 days</li> <li>• Critical illness: waiting period of 90 days and survival period of 0 days will be applicable</li> <li>• Bariatric Surgery Waiting Period – 24 months</li> <li>• In-patient Hospitalization for Surrogate Mother – 30 days</li> <li>• In-patient Hospitalization for Oocyte Donor – 30 days</li> </ul>	e. i. 4 e. i. 2 e. i. 1 e. i. 3 c.ii. Optional Cover 3 c.ii. Optional Cover 5 c.ii. Optional Cover 8 c.ii. Optional cover.9 c.ii. Optional Cover 17 c.i.Basic cover. 12 c.i.Basic cover. 13 c.i.Basic cover. 14
8.	<p><b><u>Financial limits of coverage</u></b></p> <p><b>i. Sub-limit</b> (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ol style="list-style-type: none"> <li>1. In-Patient Treatment – Room rent charges up to Single Private Room</li> <li>2. In-Patient Treatment for Surrogate Mother- Up to Rs. 5,00,000</li> <li>3. In-Patient Treatment for Oocyte Donor- Up to Rs. 5,00,000</li> </ol> <p><b><u>Optional Covers (As opted by the customer): -</u></b></p> <ol style="list-style-type: none"> <li>1. Maternity Cover- Up to 3 deliveries in a lifetime and up to Rs. 10% of Annual Sum Insured, maximum up to Rs. 1,00,000.</li> <li>2. New Born Baby Cover- Up to twice the Sum Insured of maternity benefit cover.</li> <li>3. Vaccinations for New Born Baby in the First Year- Up to 1% of Sum Insured, maximum up to Rs. 10,000.</li> <li>4. Worldwide Cover – Up to Annual Sum Insured, maximum up to Rs. 3 Crore</li> <li>5. Convalescence benefit- A lump sum allowance of Rs. 20,000 will be provided.</li> </ol>	

	<p><b>6. Nursing at Home</b> - up to Rs. 2,000 per day up to a maximum of 10 days post Hospitalization</p> <p><b>7. Compassionate Visit</b> - 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 hospitalisation exceeding 5 days.</p> <p><b>8. Health Check Up</b> – Up to 0.5% of annual sum insured subject to a maximum of Rs. 5,000 for pre-defined packages and on cashless basis.</p> <p><b>9. Critical Illness</b>- A fixed lump sum amount equal to the annual sum insured subject to a maximum limit of ₹50 Lakhs.</p> <p><b>10. Personal Accident Cover</b>- Lump sum payment up to Rs. 50 Lakhs for the insured events, capped at the annual sum insured.</p> <ul style="list-style-type: none"> <li>• Accidental Death – 100% of annual sum insured</li> <li>• Permanent Total Disablement (PTD)- up to 100% of annual sum insured</li> <li>• Permanent Partial Disablement (PPD)- up to 75% of annual sum insured</li> </ul> <p><b>11. Dependent Accommodation Benefit</b>- Up to Rs. 1,000 per day subject to maximum of 10</p> <p><b>12. Durable Medical Equipment Cover</b>- Up to Annual Sum Insured; within overall basic annual sum insured, maximum up to Rs. 5 Lakhs</p> <p><b>13. Room Modifier</b> - The Insured Person shall have an option:</p> <ol style="list-style-type: none"> <li>To Modify the room rent eligibility to any room category without any restriction</li> <li>To modify the room rent eligibility to twin sharing room.</li> <li>To Modify the room rent eligibility to a room rent capping of 1% of Annual Sum Insured for normal room and 2% of Annual Sum Insured for ICU per day.</li> </ol> <p><b>14. Network Advantage</b> – Discount of 10% on the policy premium on taking treatment at a network hospital and 20% co-payment applicable if treatment is taken at a non-network hospital.</p> <p><b>15. NRI Advantage - Cover for NRI</b>- Discount of 25% on the policy premium (including 1st year premium) if one or more of the Insured Persons are Non-Resident Indians/Overseas Citizens of India.</p>	c.ii.14 c.ii.15  c.ii.16  c.ii.17  c.ii.18  c.ii.21 c.ii.22
	<p><b>ii. Co-payment</b>  <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>	c.ii. Optional Cover. 19
	<p><b>iii. Deductible</b>  <u>(It is a specified amount:</u></p> <ul style="list-style-type: none"> <li>• <u>Up to which an insurance company will not pay any claim, and</u></li> <li>• <u>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u></li> </ul> <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>	c.ii. Optional Cover. 20
	<p><b>iv. Any other limit (as applicable)</b></p> <p>Not Applicable</p>	
9.	<p><b>Claims/Claims Procedure</b></p> <p><b>Cashless (Pre-Authorization) Procedure:</b></p> <p><b>Step 1</b> – Get your treatment at our network hospital and during admission submit copy of health</p>	f. (Other terms and conditions)

<p>card and photo ID proof at Hospital Insurance desk</p> <p><b>Step 2 –</b> The hospital sends 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><b>Step 3 –</b> Request would be processed from insurance as per policy terms and conditions</p> <p><b>Step 4 –</b> You may avail treatment and claim payment is settled directly to the Provider/Hospital</p> <p><b>Step 5 –</b> You can check and track your claim status live on IL TakeCare app or WhatsApp</p> <p>If You notify pre-authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents &amp; 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.</p> <p>Find our extensive list of hospitals providing cashless services on our website <a href="https://www.icicilombard.com/health-insurance/health-claim/partner-hospital">https://www.icicilombard.com/health-insurance/health-claim/partner-hospital</a> or the <a href="#">IL TakeCare App</a>.</p> <p>List of excluded providers/delisted hospitals is available on our website <a href="https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf">https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf</a></p> <p>Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services.</p> <p>Non-medical and non-payable expenses are your responsibility.</p> <p>You shall be required to furnish the following documents for or in support of a Claim:</p> <ol style="list-style-type: none"> <li>1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website <a href="http://www.icicilombard.com">www.icicilombard.com</a></li> <li>2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner</li> <li>3. Original bills from chemists supported by proper prescription.</li> <li>4. Original investigation test reports and payment receipts.</li> <li>5. Indoor case papers</li> <li>6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.</li> <li>7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it</li> </ol> <p><b>Reimbursement Procedure:</b></p> <p><b>Step 1 –</b> Get treatment at a non-network hospital by paying all the treatment costs. Collect all the documents of treatment and expenses incurred</p> <p><b>Step 2 –</b> Send the claim documents along with the claim form to insurance. You can emboss the original documents and submit an e-claim on the ILTakecare app. If an eclaim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy.</p> <p><b>Step 3 –</b> The claim would be processed as per policy terms and conditions</p>	f.I.1.(Other terms and conditions)
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	<p><b>Step 4 –</b> The approved amount in the claim would be reimbursed to you</p> <p><b>Step 5 –</b> You can check and track your claim status live on IL TakeCare app or WhatsApp</p> <p>Insurer needs to be notified of any planned Hospitalization at least 48 hours before admission and 24 hours after admission in the case of emergency hospitalization.</p> <p>We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of discharge from the Hospital, failing which we will have the right to treat the claim as inadmissible. The claim will be processed within 15 days of receipt of claim along with claim form.</p> <p>The relevant documents to be sent to ICICI Lombard Health Care, 4th floor, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016</p> <p><b>Download the Claim Form here -</b>  <a href="https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-than-1-lac.pdf">https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-than-1-lac.pdf</a></p>	f.I.3. Claims Service Guarantee(Other terms and conditions)
10.	<p><b>Policy Servicing</b></p> <ul style="list-style-type: none"> <li>You may contact us on our Toll Free no: 1800 2666, or email us at <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a> or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services.</li> <li>For details of Company officials kindly visit our website <a href="https://www.icicilombard.com/customer-support">https://www.icicilombard.com/customer-support</a></li> </ul>	
11.	<p><b>Grievances/Complaints</b></p> <ul style="list-style-type: none"> <li>In case of any grievance, the insured person may contact the Company through: -</li> </ul> <p>Website: <a href="http://www.icicilombard.com">www.icicilombard.com</a>  Toll free number: 1800 2666  Email: <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a>  Address: ICICI Lombard General Insurance Co. Ltd. Ground floor-Interface 11, Sixth floor- Interface 16, Office no 601 &amp; 602, New linking Road, Malad (West), Mumbai – 400064</p> <ul style="list-style-type: none"> <li>There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution</li> <li>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit.  <a href="https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf">https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf</a></li> <li>If Insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link:  <a href="https://www.icicilombard.com/grievancedressal.com">https://www.icicilombard.com/grievancedressal.com</a></li> <li>If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255.</li> <li>Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: <a href="http://www.irdaindia.org">www.irdaindia.org</a>, or on the Company's website at <a href="http://www.icicilombard.com">www.icicilombard.com</a>.</li> </ul>	f.16. General terms and conditions
12.	<p><b>Things to remember</b></p>	f.6. General terms and conditions

**Free Look cancellation:** Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges (Please refer to the Policy Wordings and the Prospectus for more details)

If you wish to cancel the policy, contact us through our website [www.icicilombard.com](http://www.icicilombard.com) (Customer Support section), call us toll-free at 1800 2666, or email [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com).

**Policy renewal:** Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. Insurer is required to send the insured renewal notice atleast 30 days prior to the due date.

f.8. General terms and conditions

**Migration and Portability:** When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

f. 10. & 11. General terms and conditions

In case You are desirous of migrating or outward porting Your Policy, kindly contact us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com).

**Change in Sum Insured:** The sum insured can be modified (increase/decrease) only at renewal or anytime, subject to company underwriting. Waiting period restarts for increased sum insured.

f.27. General terms and conditions

**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.)

f.18. General terms and conditions

**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.

f.13. General terms and conditions

#### 13. **Your Obligations**

- 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, mis-description, non-disclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or 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.

f. General terms and conditions

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.