UIN: ICIPAGP22088V042122 CIN - L67200MH2000PLC129408

PROSPECTUS - GROUP SAFEGUARD INSURANCE

Introduction

"Group Safeguard Insurance" is a comprehensively designed product which covers major exigencies of life. Sickness & accidents are unfortunate realities that could impact one's life not only emotionally but financially as well. An unfortunate death or disability due to accident, or even a hospitalization event might affect an individual's ability to meet his financial liabilities such as servicing a loan or meeting day to day expenses. To cater to such customer needs, ICICI Lombard has proposed a comprehensive insurance product Group Safeguard Insurance.

Salient features

- Sections can be independently opted or as a comprehensive coverage
- No medicals required for Section A,B,C,D. No medicals till age of 55 years for Section E
- Tax benefit under Section 80 D of Income Tax Act, 1961 against Section C(Benefit C.1.1 and C.2.1), Section D, Section E
- Option of periodic claim payment against specific Benefits
- Flexi premium payment options: lump sum or in monthly/quarterly/semi-annual/annual installments

Eligibility

- Proposer should be 18 years or above
- Min. Entry Age: 3 months (applicable for Section A,B,C,E)
  18 yrs (applicable for Section D)
- Maximum entry age
  - For Maternal Complication Benefit(Section D) – 40 Years
  - For Specific vector borne disease or malaria Benefit and Hospital daily cash Benefit-illness - 65 Years
  - For Accidental injury Benefits and Animal, Insect & Reptile attack Benefit – 85 Years
- Policy offers option of covering on individual Sum Insured basis. No floater option available under this Policy

Policy Period

The Policy will be issued for upto 1 year for non credit linked policies and upto 5 years for credit linked policies. However, only Section A & B can be given for a tenure of less than 1 year.

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ICICI Lombard General Insurance Company Limited
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Benefits

At any point of time, our liability for any claims admitted in respect of any/all Insured Person/s during the period of insurance shall not exceed the Sum Insured as stated in the Policy Certificate against the respective Benefit(s) or a set of Benefits

Section A - ACCIDENTAL INJURY BENEFITS

A.1 Death and Disability Related Benefits

A.1. 1 Basic Benefit: Accidental Death Benefit: – We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident.

On the acceptance of a claim under this Benefit and any other applicable Benefit pertaining to the same event, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

A. 1. 2 Basic Benefit: Permanent Total Disablement Benefit– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident

A. 1. 3 Basic Benefit: Permanent Partial Disablement Benefit– We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) as per the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person (which is of the nature specified in the table below) within 365 days from the date of the Accident.

Sr No.	Losses covered	% of SI payable
1	Loss of one entire hand	70
2	Loss of one entire foot	70

Sr No.	Losses covered	% of SI payable
15	Loss of index finger - two phalanges	8
16	Loss of index finger - one phalanx	4

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3	Loss of use of one eye	50
4	Loss of all toes	20
5	Loss of great toe - both phalanges	5
6	Loss of great toe - one phalanx	2
7	Other than great if more than one toe lost each	5
8	Loss of use of both ears	75
9	Loss of use of one ear	30
10	Loss of four fingers and thumb of one hand	40
11	Loss of four fingers	35
12	Loss of thumb - both phalanges	25
13	Loss of thumb - one phalanx	10
14	Loss of index finger - three phalanges	10

17	Loss of middle finger - three phalanges	6
18	Loss of middle finger - two phalanges	4
19	Loss of middle finger - one phalanx	2
20	Loss of ring finger - three phalanges	5
21	Loss of ring finger - two phalanges	4
22	Loss of ring finger - one phalanx	2
23	Loss of little finger - three phalanges	4
24	Loss of little finger - two phalanges	3
25	Loss of little finger - one phalanx	2
26	Loss of metacarpus - first or second (additional)	3
27	Loss of metacarpus - third, fourth or fifth (additional)	2

A.1.4 Basic Benefit: Temporary Total Disablement Benefit - If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the incapacitation of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the weekly

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amount specified against this Benefit in the Policy Certificate for the duration that the Temporary Total Disablement continues.

A.1. 5 Basic Benefit: Common Carrier Accident Benefit– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident to the Common Carrier on which the Insured Person is travelling during the Period of Cover and that Injury solely and directly results in the Insured Person's death or Permanent Total Disablement. We will only accept one claim under this Benefit in the lifetime of the Insured Person.

A.1.6 Basic Benefit: Adventure Sports Benefit– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person suffers an Injury due to an Accident while engaging in Adventure Sports during the Period of Cover and that Injury solely and directly results in the Insured Person's death or Permanent Total Disablement within 365 days from the date of the Accident.

A.1.7 Basic Benefit: Children's Education Grant Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death or Permanent Total Disablement, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate in respect of the surviving Dependent Children of the Insured Person, irrespective of whether the child is an Insured Person under this Policy

A.1.8 Basic Benefit: EMI Benefit– If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Temporary Total Disablement (as defined in Benefit A.1.4) or the Permanent Partial Disablement (which is only of the nature specified in the table below) of the Insured Person, then We will pay the EMI Amount for the number of EMIs specified in the Policy Certificate, from the first EMI Amount falling due after the onset of the Injury in accordance with the loan re-payment schedule issued by the financier on disbursement of the Loan.

Permanent Partial Disablement: Losses covered
One entire hand
One entire foot
Loss of Use of one eye
Loss of Use of both ears
Loss of four fingers and thumb of one hand

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A.1.9 Basic Benefit: Loan Protection Benefit– If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the death or the Permanent Total Disablement of the Insured Person, then We will pay an amount equal to the principal outstanding amount as on the date of Accident in respect of the Insured Person's outstanding Loan specified in the Policy Certificate.

A.1.10 Add On Benefit: Mobility Benefit– We will pay a lump sum amount which is equal to the claim amount that would be payable under Benefit A.1.2 or A.1.3 (if a claim is accepted under that Benefit) to the Insured Person towards modification of home, office and / or vehicle or towards purchase of an Artificial Limb or any prosthesis or any other expenses because of Permanent Total Disablement or Permanent Partial Disablement (which is only of the nature specified in the table below) covering the disabilities mentioned in the table below suffered by the Insured Person:

Permanent Partial Disablement: Losses covered
One entire hand
One entire foot
Loss of Use of one eye
Loss of Use of both ears
Loss of four fingers and thumb of one hand

A.1.11 Basic Benefit: Orphan Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death, We will pay the Sum Insured in the manner specified in the Policy Certificate in respect of the surviving Dependent Children of the Insured Person, irrespective of whether the child is an Insured Person under this Policy.

A.1.12 Add On Benefit: Repatriation of Mortal Remains Benefit If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death, We will pay the Sum Insured specified against this Benefit in the

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Policy Certificate for transporting the mortal remains (including ash) of the Insured Person from the place of death to the residence of the Insured Person.

A.1.13 Add On Benefit: Counseling Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death or Permanent Total Disablement, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of the expenses incurred for the Insured Person or the Nominee/legal heir (as the case may be) on professional counselling provided that We have accepted a claim under Benefit A.1.1 or A.1.2.

A.1.14 Basic Benefit: Parental Care Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Insured Person's death or Permanent Total Disablement, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate in respect of the surviving parents of the Insured Person, irrespective of whether the parent(s) is an Insured Person under this Policy.

A.1.15 Add On Benefit: Repatriation in case of Permanent Disability Benefit– If the Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and solely and directly results in the Permanent Total Disablement of the Insured Person, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of transporting the Insured Person from the place of Accident to the residence of the Insured Person.

A.2 Hospitalization Expenses Related Benefits

A.2.1 Basic Benefit: Accidental Hospitalization Expenses Reimbursement Benefit: – We will reimburse the Medical Expenses incurred in respect of the Insured Person for treatment of Injury sustained by the Insured Person in an Accident which occurs during the Period of Cover and solely and directly requires the Insured Person to be hospitalized, provided the admission occurs within 7 days from date of occurrence of the Accident.

A.2.2 Add On Benefit: Accidental Pre & Post Hospitalization Expenses Benefit : We will reimburse the Pre-hospitalization Medical Expenses incurred for up-to 7 days immediately preceding the Hospitalization of the Insured Person and the Post-hospitalization Medical Expenses incurred for up-to 60 days immediately following the Insured Person's discharge from Hospital, provided a claim has been accepted under Benefit A.2.1.

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A.2.3 Basic Benefit: Accidental Hospitalization Daily Cash Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized, then We will pay the daily amount specified in the Policy Certificate for each continuous and completed day of Hospitalization, provided the admission occurs within 7 days from date of occurrence of the Accident. A minimum per event Deductible or per event Franchise (as stated against this Benefit in Policy Certificate) would be applicable to this Benefit.

A.2.4 Add On Benefit: Air Ambulance Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of Air Ambulance services for transportation of the Insured Person from site of the Accident to the nearest Hospital or from the site of first treatment to a higher center of care where the Insured Person is being treated to the nearest Hospital. The services must be availed within 7 days from the date of the Accident and the Insured Person is alive while boarding Air Ambulance

A.2.5 Add On Benefit: Comatose Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person being in a Coma within 30 days from the date of the Accident.

A.2.6 Add On Benefit: Broken Bones Benefit: We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) in the manner which is specified in the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in a fracture of the nature specified in the table below.

Sr No.	Region	Fracture	% of the Sum Insured payable
1	Skull	Compound fractures of skull with damage to the brain tissue	100%
		All other fractures	75%
2	Lower jaw	Multiple fractures (at least one compound fracture)	75%

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		Compound fracture	50%
		All other fractures	25%
3	Shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes and heel)	Multiple fractures (at least one compound fracture)	75%
		Compound fracture	50%
		All other fractures	25%
4	Upper arm (including elbow and wrist)	Multiple fractures (at least one compound fracture)	75%
		Colles type fracture (compound)	50%
		All other fractures	25%
5	Spinal cord	All compression fractures	30%
		All spinous, transverse process or pedicle fractures	25%
		All other vertebral fractures	20%
6	Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe and toes, finger or fingers	Multiple fractures (at least one compound)	50%
		Compound fracture	25%
		All other fractures	20%
7	Thigh or heel:	Multiple fractures (at least one compound)	50%
		Compound fracture	25%
		All other fractures	20%
8	Hip or pelvis (excluding	Multiple fractures (at least one compound)	50%
		Compound fracture	25%

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	thigh or coccyx):	All other fractures	20%
9	Lower leg, clavicle, ankle,	Multiple fractures (at least one compound)	50%
		Compound fracture	25%
		All other fractures	20%

A.2. 7 Add On Benefit: Compassionate Visit Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of the expenses incurred on tickets on a Common Carrier for an Immediate Family Member of the Insured Person to travel to the place of death or Hospitalization of the Insured Person.
This Benefit shall be payable subject to acceptance of a claim under Section A.1.1, Section A.1.2 or Section A.2.6 (where the percentage of the Sum Insured payable is at least 50%) in respect of the Insured Person.

A.2.8 Add On Benefit: Burns Benefit: We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) which is specified in the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in a Second Degree Burns or Third Degree Burns (of the nature specified in the table below).

	Losses Covered	**% of the Sum Insured payable**
1)Head, Face and Neck	a) Third degree burns	100%
	b) Second degree burns of 10% or more of the total head surface area	75%
	c) Second degree burns of 3% or more, but less than 10% of the total head surface area	25%
2) Rest of Body	a) Third degree burns of 25% or more of the total body surface area	100%
	b) Second degree burns of 25% or more of the total body surface area	75%

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	c) Second degree burns of 10% or more, but less than 25% of the total body surface area	50%
	d) Second degree burns of 5% or more, but less than 10% of the total body surface area	25%

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A.2.9: Add On Benefit: Ambulance Charges Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized, We will pay the Sum Insured specified against this Benefit in the Policy Certificate in respect of road Ambulance services for transportation of the Insured Person from the site of the Accident to the nearest Hospital or from the site of first treatment to a higher center of care.

Exclusions and limitations applicable to Section A.2

We shall not be liable to make any payment for any claim under Section A.2 of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Hospitalization consequent to any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing.
2. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self Injury, insanity, dissipation, nervous breakdown (which expression shall cover also general debility, "run down" conditions and "general overhaul"), venereal disease, intemperance, use of intoxicating drugs, or any Illness, Injury, death or disablement directly or indirectly due to any one or more of them.
3. Dental treatment, eye treatment and plastic surgery unless medically necessitated as a consequence of an Injury sustained in an Accident during the Period of Cover.
4. Any Hospitalization not arising out of an Injury sustained in an Accident during the Period of Cover.
5. Medical Expenses not incurred as a direct result of the Injury sustained in an Accident during the Period of Cover.
6. Routine medical, dental, eye and ear examinations.
7. All cosmetic/aesthetic surgeries including but not limited to lasik surgery.
8. Any medical examination or diagnostics or Hospitalization for the sole purpose of investigation or employment or travel.

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A.3 Other Benefits

A.3.1 Add On Benefit: Assault Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if the Insured Person suffers an Injury due to an Accident which is a violent crime or Assault that occurs during the Period of Cover and that Injury solely and directly requires the Insured Person to be Hospitalized.

A.3.2 Add On Benefit: Mysterious Disappearance Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if the Insured Person has disappeared for more than 365 days from the date of the Accident of the Common Carrier on which the Insured Person was travelling during the Period of Cover.

Exclusions and limitations applicable to Section A

We shall not be liable to make any payment for any claim under Section A of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
2. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution.
3. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world.
4. Breach of law or while being involved in any unlawful activity.
5. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.
6. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.
7. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel
8. Any Accidental Injury / Illness directly or indirectly caused by venereal disease or insanity or mental, nervous or emotional disorder

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9. Injury sustained whilst engaging in Adventure Sports (This exclusion shall not apply if Benefit A.1.6 is in force for the Insured Person)
10. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
11. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.
12. Any Illness, complication or ailment not arising out of or connected to Injury.
13. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of the Insured Person resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof.
14. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of Insured Person due to animal or insect or reptile attack.
15. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

Section B – ANIMAL, INSECT & REPTILE ATTACK BENEFIT

B. 1 Basic Benefit: Death due to Animal, Insect & Reptile Attack Benefit:– We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct violent skin contact that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident.
On the acceptance of a claim under this Benefit and any other applicable Benefit pertaining to the same event, all cover under this Policy in respect of the Insured Person shall immediately and automatically cease.

B. 2 Basic Benefit: Permanent Total Disablement (PTD) due to Animal, Insect & Reptile Attack Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the

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manner specified in the Policy Certificate if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct violent skin contact that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's Permanent Total Disablement within 120 days from the date of the Accident.

B. 3 Add On Benefit: Hospitalization Expenses due to Animal, Insect & Reptile Attack Reimbursement Benefit: - We will reimburse the Medical Expenses incurred if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct skin contact that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's Hospitalization within 7 days from the date of the Accident. A minimum per event Deductible or per event Franchise (as stated against this Benefit in Policy Certificate) would be applicable to this Benefit.

Exclusions and limitations applicable to Section B

We shall not be liable to make any payment for any claim under Section B of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

a. Any Injury sustained while working professionally with any animals reptiles or insects.
b. Any Injury or Illness of any kind caused or infected by or transmitted by or in any way attributed to virus, parasite, bacteria or any microorganism including where the virus, parasite, bacteria or any other microorganism is introduced and/ or caused by bites of insects, reptiles, animals and/or other vector.
c. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
d. Breach of law or being involved in any unlawful activity
e. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.
f. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.
g. Any Injury that has occurred prior to the commencement of Period of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. Any Illness, complication or ailment arising out of or connected to such Injury.

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h. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
i. Any Injury or Illness occurring whilst engaging in any Adventure Sports.

Exclusions and limitations applicable to Section B.3

We shall not be liable to make any payment for any claim under Section B.3 of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any Hospitalization consequent to any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing.
2. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self Injury, insanity, dissipation, nervous breakdown (which expression shall cover also general debility, "run down" conditions and "general overhaul"), venereal disease, intemperance, use of intoxicating drugs, or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them.
3. Dental treatment, eye treatment and plastic surgery unless necessitated as a consequence of an Injury.
4. Any Hospitalization not arising out of an Injury.
5. Any Medical Expenses not incurred in a Hospital.

Section C – SPECIFIC VECTOR BORNE DISEASE OR MALARIA BENEFIT

C. 1 Specific Vector Borne Disease Benefit –

C.1.1 Basic Benefit: Specific Vector Borne disease related Hospitalization Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is

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diagnosed with a Vector Borne Disease(Dengue, Chickungunya, Kala- Azar, Filariasis, Japanese encephalitis) that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover. We shall not be liable to make any payment under this Benefit, if Hospitalization due to Malaria is prior to the commencement of the Period of Cover or within first 30 days from the commencement of the Period of Cover
A minimum period of 48 hours of continuous stay in the Hospital is required.

C.1. 2 Basic Benefit: Specific Vector Borne Disease related Death Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person is diagnosed with a Vector Borne Disease during the Period of Cover that solely and directly results in the Insured Person's death within 15 days from the first laboratory diagnosis of the Insured Person contracting the Specific Vector Borne Disease.
On the acceptance of a claim under this Benefit and any other applicable Benefit pertaining to the same event, all cover under this Policy in respect of the Insured Person shall immediately and automatically cease.

C. 2 Malaria Benefit

C. 2.1 Basic Benefit: Malaria related Hospitalization Benefit: We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is diagnosed with Malaria that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover. We shall not be liable to make any payment under this Benefit, if Hospitalization due to Malaria is prior to the commencement of the Period of Cover or within first 30 days from the commencement of the Period of Cover
A minimum period of **48 hours of continuous stay in the Hospital is required.**

C. 2. 2 Basic Benefit: Malaria related Death Benefit We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured Person is diagnosed with Malaria during the Period of Cover that solely and directly results in the Insured Person's death within 15 days from the first laboratory diagnosis of the Insured Person contracting Malaria.
On the acceptance of a claim under this Benefit and any other applicable Benefit pertaining to the same event, all cover under this Policy in respect of the Insured Person shall immediately and automatically cease.

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Section D - Basic Benefit: Maternal Complication Benefit: We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) which is specified in the table below in the manner specified below if an Insured Person suffers one or more of the medical complications (of the nature listed below) during maternity during the Period of Cover:

Sr. No.	Maternal Complication	% of Sum Insured payable
1	Eclampsia	100%
2	Abruptio Placenta	100%
3	Placenta Increta	100%
4	Placenta Percreta	100%
5	Amniotic Fluid Embolism	100%
6	Acute Fatty Liver of Pregnancy	100%
7	Disseminated Intravascular Coagulation	100%
8	Still Birth	50%
9	Pre Eclampsia	25%
11	Hyperemesis Gravidarum requiring Hospitalization for at least 48 successive hours	5%
12	Ectopic Pregnancy	25%
13	Any other maternal complication subject to applicable exclusions specified under this Section requiring Hospitalization for at least 48 successive hours	25%

For the purpose of this Section the maternal complications listed above shall be defined as follows:

1. **Eclampsia** means a life threatening pregnancy complication that causes a pregnant woman, usually previously diagnosed with preeclampsia (high blood pressure and protein in the urine), to develop seizures or coma.
2. **Abruptio Placenta** means premature separation of the placenta from the wall of the uterus
3. **Placenta Increta** means a condition in which part or all of the placenta remains firmly attached and invades the muscles of the uterus

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4. **Placenta Percreta** means a condition in which part or all of the placenta remains firmly attached and grow through the uterine wall
5. **Amniotic Fluid Embolism** means an obstetric complication in which amniotic fluid, enters the blood stream of the mother to trigger a cardio respiratory arrest and/or massive bleeding
6. **Acute Fatty Liver of Pregnancy** means potentially fatal complication of the liver that occurs in the third trimester or early postpartum period caused by a disordered metabolism of fatty acids by mitochondria in the mother
7. **Disseminated Intravascular Coagulation** means the pathological process characterized by the widespread activation of the clotting cascade that results in the formation of blood clots in the small blood vessels throughout the body.
8. **Still Birth** means baby born with no signs of life at or after 28 weeks' gestation
9. **Pre Eclampsia** means a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys associated with protienuria and which usually begins after 20 weeks of pregnancy in women whose blood pressure had been normal prior to the initiation of the pregnancy
10. **Hyperemesis gravidarum** is a pregnancy complication that is characterized by severe nausea, vomiting, weight loss, and possibly dehydration.
11. **Ectopic Pregnancy** means a condition where a fertilized egg implants itself outside of the uterus.

Exclusions and limitations applicable to Section D:

We shall not be liable to make any payment for any claim under Section D of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any pregnancy arising out of In Vitro Fertilization, surrogacy or any other type of assisted reproduction.
2. Medical termination of Pregnancy.
3. Breach of law or while being involved in any unlawful activity.
4. Whilst engaging in Adventure Sports.
5. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
6. Any complication arising from intentional self- Injury, suicide or attempted suicide.
7. Any complication arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.

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8. Treatment by a family member or anyone else other than a Medical Practitioner.
9. Self-medication or any treatment that is not scientifically recognized or which is taken not in accordance with or against the advice of a Medical Practitioner.
10. Any complication arising out of treatment received at any place other than a Hospital.
11. Any maternal complication arising on account of or in connection with any Pre-existing Disease
12. Any claim arising on account of or in connection with any Neonatal Illness/condition
13. Any complication that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
14. Any complication arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

Section E – HOSPITAL DAILY CASH - ILLNESS

E. 1 Basic Benefit: Hospital Daily Cash Benefit: - If an Insured Person contracts an Illness or suffers an Injury due to an Accident that occurs during the Period of Cover and which solely and directly requires the Insured Person to be Hospitalized, then We will pay the daily amount specified in the Policy Certificate for each continuous and completed day of Hospitalization for a maximum no. of days as defined in the Policy Certificate. A minimum per event Deductible or per event Franchise (as stated against this Benefit in Policy Certificate) would be applicable to this Benefit.
We shall not be liable to make any payment under this Benefit, if Hospitalization commenced prior to the commencement of the Period of Cover or within the waiting period specified in the Policy Certificate.

E. 2 Add On Benefit: Intensive Care Unit (ICU) Cash Benefit: - If an Insured Person contracts an Illness or suffers an Injury due to an Accident that occurs during the Period of Cover and which solely and directly requires the Insured Person to be Hospitalized in an Intensive Care Unit, then We will pay the daily amount specified in the Policy Certificate for each continuous and completed day of confinement in the Intensive Care Unit.

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Our liability to make any payment under this Benefit shall be in excess of the Deductible stated in the Policy Certificate. However, the Deductible shall not apply to the extent of days in respect of which the Insured Person has already been admitted in the Hospital in a non- ICU room.

E. 3 Basic Benefit: Emergency Medical Services Benefit

1. **Emergency Ambulance Service Benefit -** If the Insured Person suffers and Illness or sustains an Injury during the Period of Cover which requires the Insured Person to be transported to Hospital in an emergency for Medically Necessary Treatment to be rendered, We will pay for the Ambulance Charges incurred on a Cashless Facility basis only.

2. **Tele consultation Benefit -** We will make available consultation with Medical Practitioners in case of need through Our service provider helpline for assessing the case situation or routine health issues over the phone. Over the counter (OTC) medicines may be prescribed/ suggested on case to case basis. The prescription / suggestion if given by the Medical Practitioner will be based on the information provided by the Insured Person and interpreted by the Medical Practitioner and We have no responsibility and owe no liability for any discrepancy in the information given.

3. **Health Assistance Benefit –** We will provide health assistance through a dedicated helpline for assisting the Insured Person in identifying suitable Specialist/ Hospital, fixing appointments and getting information on ailments & possible lines of treatment.

Exclusions and limitations applicable to section E

We shall not be liable to make any payment for any claim under Section E of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any physical, medical or mental condition or treatment or service which is specifically excluded in the Policy Certificate under Special Conditions.
2. Any Hospitalization falling within the Waiting Period as specified in the Policy Certificate.
3. Any Pre-existing Disease shall be excluded or restricted for a period of 2 years from the date of commencement of the first Coverage Period unless specifically covered and specified in the Policy Certificate.
4. All dental treatment or dental surgery of any kind unless necessitated due to an Accident Any alternative treatments except treatment taken under Ayurveda, Unani, Sidha and Homoeopathy in a Government Hospital or any institute recognized by the Government

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and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers.

5. Any treatment received outside India unless specifically covered and specified in the Policy Certificate.
6. Circumcision unless necessary for treatment of an underlying diseases.
7. Treatment arising from or traceable to pregnancy and its related complication, childbirth including caesarean section.
8. Birth control procedures and hormone replacement therapy.
9. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate.
10. All cosmetic/aesthetic surgeries including but not limited to lasik surgery.
11. Any medical examination or diagnostics or Hospitalization for the sole purpose of investigation or employment or travel.
12. Treatment of obesity, general debility, convalescence, run-down condition or rest cure, sterility, venereal disease.
13. Intentional self Injury, suicide or attempt to suicide.
14. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel
15. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. Any Illness, complication or ailment arising out of or connected to such Injury.
16. Any external congenital anomalies.
17. Any Injury / Illness occurring whilst engaging in any Adventure Sports.
18. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world
19. Any treatment relating to change of sex.
20. Any sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
21. Treatment by a Family Member and self-medication or any treatment that is not scientifically recognized.
22. An act resulting in breach of law or any criminal act.
23. Alcohol or drug abuse or substance abuse.
24. Treatment of mental Illness, stress, psychiatric or psychological disorders.

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25. Cosmetic surgery and plastic surgery unless necessitated due to an Accident.
26. Experimental and unproven treatment, diagnostic tests and treatment not consistent with or incidental to the diagnosis and treatment or any Illness and Injury for which Hospitalization is required.
27. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
28. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
29. Specific Waiting Period: Any Hospitalization falling within the waiting period as specified in the Policy Certificate due to the specific conditions stated in the policy wordings. This Waiting Period shall cease to apply from the first Renewal of the Insured Person's cover under the Policy with Us.

Endorsements available under the Policy (Optional):

1. Endorsement I: Periodical Claim Payment Clause

Under this Endorsement, We will pay the claim amount for the Payout Period by way of periodical installments as per the Periodicity opted by the Insured Person (or his Nominee/ legal heir, as the case may be) for a given period as specified in the Policy Certificate. "Payout Period" and "Periodicity" means the period and payout frequency respective, as specified in the Policy Certificate for which the periodical benefit shall be paid.

2. Endorsement II: Premium Installment Clause

Under this Endorsement, We will accept payment of the premium applicable taxes, charges, cess etc. in installments as specified in the Policy Certificate provided that the Policyholder continues to perform and observe all their obligations hereunder. Notwithstanding the above Clause, upon non-payment of any premium installments for up to 7 days from the due date of

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such installment thereof, this Policy shall cease to operate from the time and date of the default in payment of such premium installment and We shall not be liable under this Policy for any loss occurring thereafter, nor shall any refund of premium become due under the Policy.

3. Endorsement III: Auto Renewal Clause

Under this Endorsement, We will automatically renew the Policy for the Policy Period as opted by the policyholder. However, after completing its entire auto Renewal period on expiry of the Policy on the Policy End Date, Any change in the risk will be intimated to the Company by the Policyholder/ Insured Person.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

General terms and conditions

1.Free Look Period

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.

2. Cancellation & Termination

a) Disclosure to information norm **-** The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

b) The Insured Person may also give 7 days notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of notice cancel the Policy and refund the premium for the period this Policy has been in force as per the refund grid applicable. No refunds of premium

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shall be made in respect of the Insured Person where any claim has been admitted by Us or has been lodged with Us or any Benefit has been availed by the Insured Person under the Policy. The Insured Person is not permitted to cancel only a portion of the Benefits available. If opting for cancelation, all Benefits under the Policy will be cancelled.
c) In case upon non-payment of any premium installments on the due date thereof, this Policy shall cease to operate from the time and date of the default in payment of such premium installment and We shall not be liable under this Policy for any loss occurring thereafter, nor shall any refund of premium become due under the Policy.

Refund Grid applicable to Policies having Policy Period lesser than or equal to one year:

Day of cancellation	Rate of Premium refunded
Within 30 days	70%
31 – 90 days	60%
91 days – 6 months	45%
Exceeding 6 months	Nil

Refund Grid Applicable to policies having Policy Period greater than 1year

% of Premium refund				
Day of cancellation	**Policy Period**			
	2 years	**3 years**	**4 years**	**5 years**
Within 180 days	60%	65%	70%	75%
181 – 365 days	40%	52%	57%	61%
366 – 730 days	NIL	26%	38%	46%
731 – 1095 days		NIL	20%	30%
1096 – 1460 days			NIL	15%
More than 1460 days	NIL			

3. Terms of Renewal

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The Policy may be renewed as per the relevant regulatory prescriptions and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury or Accident or Illness or Hospitalization that occurred during the Grace Period.

- For Sections C, D and E renewals will not be denied except on grounds of misrepresentation, , established fraud, non-disclosure of material facts. However, the maximum renewal age for Section D shall be 40 years. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- You shall on tendering any premium for the Renewal of this Policy give notice in writing to Us of any disease, physical defect or infirmity with which any of the Insured Person(s) have become affected since the payment of the expiring Policy start date.
- If this product is withdrawn, then the Policy may be renewed under the nearest substitute product available.

4. Waiting period

Following waiting period shall be applicable under the Policy, unless specified otherwise, in the Policy Certificate -

Section A	No Waiting Period;
Section B	No Waiting Period;
Section C	30 Days
Section D	30 Days
Section E	30 Days

4. **Moratorium**: 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 Company 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.

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5. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, provided the policy has been maintained without a break.

5. Basis of assessment of claim

a. The procedure for lodging the claim shall be as under:

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, We should be immediately notified of such event and in any event within 7 days of the event giving rise to a claim. We shall be given notice along with the following details of any event that may give rise to a claim on toll free number 1800 2666 and also in writing at Our address specified in the Policy Certificate or on our website www.icicilombard.com

All claims shall be made within the timelines and in accordance with the procedures set out in the relevant Sections of the Policy.

- We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such claim.
- If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and
- We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's Injury/Illness and treatment and to investigate the facts surrounding the claim.

The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall be required to furnish all the documents as mentioned under respective Section/Benefit in support of a claim.

Complying with the procedures and requirements in relation to claims, shall be a Condition Precedent to Our liability under this Policy**.** If any claim is not made within the specified timelines,

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then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.

b. Settlement/Rejection of Claim

The settlement of claims would be done by Us within 15 days of receipt of claim along with claim form and documents, any rejections if done, would be provided with proper reasons by Us. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines In case the customer has chosen for claim payout on a pre-determined periodic installment basis, he/she shall not be able to change such claim payment terms within the Policy Period and/or at the time of a claim.

In case of premium payments in installments, in the event of a claim becoming payable under the Policy all the subsequent premium installments shall immediately become due and payable and all future premiums amount shall be deducted from the claim amount.

For availing of Emergency Ambulance Service Benefit the following process is to be followed:
For request of an ambulance the Ambulance Service will be offered by Our Service Providers on Cashless basis on best effort basis, provided that the request has been made by the Insured Person or his Family Members on the dedicated helpline 18001028136 (Toll free) and 01244498770 (Charges applicable helpline number). This number if changed will be updated on Our website. The service is available 24x7 365 days.

For Tele-consultation can call on dedicated helpline +91 124 4498757. The service is available 24x7 365 days.

For health assistance for fixing an appointment with Medical Practitioners/nutritionist wherever applicable or getting a second opinion or Identifying specialist/ Hospitals you can write on Call Helpline no. 040 – 6627 4205 (9:30 am to 6 pm Mon to Fri, excluding public holidays) or write to healthassistance@icicilombard.com to avail this facility.

6. **Tax Benefit** - Tax Benefits would be applicable only to covers under Section C(Benefit C.1.1 and C.2.1), Section D, Section E, if availed, as per the provisions of Income Tax Act, 1961 Section 80D and amendments made thereto.

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Note: Policy terms & conditions and Premium rates are subject to change with Tax benefits are subject to changes in tax laws. Please consult your financial/tax advisor for more details.

7. Premium rates and loading/discounting factors

The premium rates applicable in the product can be accessed from ICICI Lombard website at https://www.icicilombard.com/downloads.

Factors considered for loading or discounting of premium are given below for reference:

Loading/discount options applicable to Benefits under Section A

Risk Group Table		
Risk Group	**Description**	**Loading Factor**
I	Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers Persons engaged in clerical functions & administrative functions and persons primarily engaged in occupations of similar hazard	0%
2	Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, Mechanics, Drivers, Manual laborers(except those falling under Group III) & such other persons engaged in occupation of similar hazard	30%
3	Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard *	60%

Discounts depending on Type of Coverage			
Criteria	**Loading Factor**	**Discounting Factor for Death (A.1.1) and PTD(A.1.2)**	**Discounting Factor for PPD(A.1.3) and TTD(A.1.4)**
On Duty Coverage	0%	25%	25%
Only Road Traffic Accident Coverage	0%	60%	5%

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Discounting against Accidental Hospitalization Daily cash Benefit A.2.3 as per Deductible/Franchise opted					
Deductible (Days)	**Franchisee (Days)**				
	1	**2**	**3**	**4**	**5**
0	0.0%	2.5%	30.0%	55.0%	70.0%
1	15.0%	20.0%	35.0%	60.0%	72.5%
2		35.0%	45.0%	65.0%	75.0%
3			55.0%	70.0%	77.5%
4				75.0%	80.0%
5					82.5%

Age Mix wise loading/discounting						
Age mix Loading	**<=25 YRS**	**26-40 YRS**	**41-50 YRS**	**51-55 YRS**	**56-65 YRS**	**>65 YRS**
Benefit A.1.1 & A.1.2	1.30	0.66	0.79	1.45	1.45	1.60
Benefit A.1.3 & A.1.4	3.08	0.76	0.71	0.85	1.12	3.00
Benefit A.2.3	0.84	0.82	0.93	1.09	1.26	2.44

Loading/discount options applicable to Benefits under Section B

Risk Group Table		
Risk Group	**Description**	**Loading Factor**
I	Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers Persons engaged in clerical functions & administrative functions and persons primarily engaged in occupations of similar hazard	0%
2	Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, Mechanics, Drivers, Manual laborers(except those falling under Group III) & such other persons engaged in occupation of similar hazard	30%

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3	Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard *	60%

Criteria	Loading Factor	Discounting Factor for Benefit B.1 and Benefit B.2
On Duty Coverage	0%	25%

Age Mix wise loading/discounting						
Age mix Loading	**<=25 YRS**	**26-40 YRS**	**41-50 YRS**	**51-55 YRS**	**56-65 YRS**	**>65 YRS**
Benefit B.1 & B.2	1.30	0.66	0.79	1.45	1.45	1.60

Loading/discount options applicable to Benefits under Section C

Loading based on Geographical Scope of Cover		
	Loading factor upto	**Discount factor upto**
Defined / Restricted Geographical Cover	600%	50%

Loading/discount options applicable to Benefits under Section E

Age Mix wise loading/discounting						
Age mix Loading	<=25 YRS	26-40 YRS	41-50 YRS	51-55 YRS	56-65 YRS	>65 YRS
Benefit E.1	0.44	0.52	0.88	1.28	1.91	2.82
Benefit E.2	0.41	0.45	0.82	1.36	2.13	2.57

Loading based on Payout Period- Applicable to Benefit E.1 & E.2

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Criteria	Loading Factor	Discounting Factor
3 - 7 days	0%	25%
8 - 15 days	0%	10%
16 - 25 days	0%	5%
45 - 60 days	10%	0%
61 - 90 days	15%	0%

Discounting Factors on account of Deductible/Franchise : Applicable to Benefit E.1 & Benefit E.2					
Hospital Daily Cash Benefit(Benefit E.1)	**Franchise (Days)**				
Deductible (Days)	1	2	3	4	5
0	0.0%	25.0%	40.0%	55.0%	70.0%
1	15.0%	30.0%	45.0%	60.0%	72.5%
2		35.0%	55.0%	65.0%	75.0%
3			60.0%	70.0%	77.5%
4				75.0%	80.0%
5					82.5%

Loading/Discounting for Waiting Period (Applicable to only the 1st year premium)		
Criteria	Loading Factor	Discounting Factor
Initial waiting period waiver	5.0%	0%
Initial Waiting Period - 15 days	2.5%	0%
Initial Waiting Period - 60 days	0%	7.5%
Initial Waiting Period - 90 days	0%	10%
Specific Exclusion waiting period waiver and PED waiver	25%	0%

General Loading and discounting options available under the product (Applicable to Policy and not any particular Section)

Loading factor on account of Periodic Premium Payment option				
Policy Tenure (months)	**Premium Payment Installments**			
	Annual	Half Yearly	Quarterly	Monthly

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12	0.0%	3.5%	5.3%	6.5%
24	7.0%	10.7%	12.6%	14.0%
36	14.3%	18.2%	20.3%	21.7%
48	21.8%	26.1%	28.3%	29.8%
60	29.7%	34.2%	36.6%	38.2%

Discounting based on Group size	
Group size	Discounting Factor
Up to 100	0.00%
101 – 500	0.05%
501 – 1000	0.20%
1001 – 2500	0.50%
2501 – 5000	1.00%
5001 – 10000	2.00%
10,001 - 25,000	4.50%
25,001 - 50,000	10.00%
50,001 - 75,000	15.00%
75,001 - 100,000	20.00%
100,001 - 125,000	30.00%
125,001 - 150,000	35.00%
> 150,000	35.00%

Tenure wise Loading Factor					
Tenure	**1 Year**	**2 Year**	**3 Year**	**4 Year**	**5 Year**
Loading	1.00	2.00	3.00	4.00	5.00

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All the above mentioned rates are indicative and may vary as per particular group experience based on multiple Underwriting parameters like Group Size, experience, age variability, type of segment, risk location etc.

8. **Prohibition on Rebates** –(Under Section 41 of Insurance Act, 1938)

(1)No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to [take out or renew or continue] an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.]

8. Contact Us: You can reach Us through any of the following methods:

Call us on our toll free number 1800 2666
Write to us on at customersupport@icicilombard.com
Visit our website www.icicilombard.com

Grievance

In case of any grievance the insured person may contact the Company through

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Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com
ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 ,
Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064

There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution

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 https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf.

If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link:

https://www.icicilombard.com/grievanceredressal.com

If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255

Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman

Disclaimer: This is only a summary of the product features. The actual Benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.

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