PROSPECTUS – GROUP HOSPISHIELD PLUS

Introduction

Group HospiShield Plus 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 HospiShield Plus .

Salient features

- Sections can be independently opted or as a comprehensive coverage
- No medicals required for Section B and C. No medicals till age of 55 years for Section A
- Tax benefit under Section 80 D of Income Tax Act, 1961 against Section A and B
- 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
- Maximum entry age
    - For Specific vector borne disease or malaria Benefit and Hospital daily cash Benefit-illness – 85 years
    - For Accidental injury Benefits and Animal, Insect & Reptile attack Benefit – 85 Years
- Policy offers option of covering on individual Sum Insured basis. Only for Section A- Floater option is available for coverage of family. Dependent family members of insured can be covered as per the Sum insured opted in the policy on floater basis as clarified in the detailed policy wordings.
-

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 C can be given for a tenure of less than 1 year.

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 – HOSPITAL DAILY CASH

A.1.1 Base 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.

A.1.2 Base Benefit: Convalescence Benefit

We will pay the Sum Insured specified against this Benefit in the Policy Certificate in a manner specified in the Policy Certificate, in respect of the Insured Person if an Insured Person suffers an Illness or Accident that occurs during the Period of Cover and that solely and directly results in hospitalization of the insured person requiring the insured person to be hospitalised for a minimum number of days as specified in the policy certificate.

A.1.3 Base Benefit: DAYCARE TREATMENT 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 undergo a Day Care Treatment during the Period of Cover We will pay the per event amount specified in the Policy Certificate against this Benefit.

A.1.4 Base Benefit: CANCER CASH BENEFIT

If an Insured Person contracts 'Cancer of Specified Severity' 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 against this Extension for each continuous and completed day of Hospitalization of the Insured Person for treatment of the Cancer of Specified Severity.

A.2.1 Extension Benefit: 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 against this Extension for each continuous and completed day of confinement of the Insured Person in the Intensive Care Unit.

A.2.2 Extension Benefit: BRAIN & STROKE HOSPITALIZATION CASH BENEFIT

If an Insured Person contracts any of the Brain Ailment or Stroke listed below 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 against this Extension for each continuous and completed day of Hospitalization of the Insured Person for treatment of the Brain Ailment or Stroke.

A.2.2 Extension Benefit: ORGAN TRANSPLANT HOSPITALIZATION CASH BENEFIT

If an Insured Person undergoes Organ Transplant during the Period of Cover and which solely and directly requires the Insured Person to be Hospitalized for the procedure for transplantation, then

We will pay the daily amount specified in the Policy Certificate against this Extension for each continuous and completed day of Hospitalization of the Insured Person for transplantation of the organ.

A.2.3 Extension Benefit: HEART AILMENT HOSPITALIZATION CASH BENEFIT

If an Insured Person contracts any of the Heart Ailments listed below 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 against this Extension for each continuous and completed day of Hospitalization of the Insured Person for treatment of that Heart Ailment.

A.2.4 Extension Benefit: FRACTURE & BURNS CASH BENEFIT

If an Insured Person suffers a Fracture and/or Second Degree Burns and/or Third Degree Burns 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 against this Extension for each continuous and completed day of Hospitalization of the Insured Person for treatment of that Fracture, Second Degree Burns or Third Degree Burns.

A.2.5 Extension Benefit: AMBULANCE COVER BENEFIT

If an Insured Person contracts an Illness or suffers an Injury that occurs due to an Accident during the Period of Cover and that Illness or Injury solely and directly requires the Insured Person to be transported to a Hospital for Medically Necessary Treatment, We will pay the event amount specified against this Extension in the Policy Certificate in respect of any Ambulance Services used for transportation of the Insured Person from the site of the Accident/ Illness to the nearest Hospital or from the site of first treatment to a higher centre of care.

A.2.6 Extension Benefit: CHILD CARE 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 against this Extension for the purpose of providing care to the Insured Person's Dependent Child/Children.

A.2.7 Extension Benefit: HOSPITAL ATTENDANT CASH BENEFIT

If an Insured Person contracts an Illness or suffers an Injury due to Accident 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 against this Extension in respect of each continuous and completed day of Hospitalization of the Insured Person which requires a Hospital Attendant to be present.

A.2.8 Extension Benefit: COMPASSIONATE VISIT CASH BENEFIT

If an Insured Person contracts an Illness or suffers an Injury that occurs during the Period of Cover that Illness or Injury solely and directly requires the Insured Person to be Hospitalized for at least 3 continuous days at a location outside the Insured Person's city of residence, We will pay the

event amount specified against this Extension in the Policy Certificate towards the expenses incurred on the travel of the Insured Person's Immediate Family Member(s) to the place of Hospitalization.

SECTION B – SPECIFC INFECTIOUS DISEASES BENEFIT

SECTION B.1: SPECIFIC VECTOR BORNE DISEASE BENEFIT

For the purpose of benefit under Section B.1 under this policy, Specific Vector-Borne Disease means Malaria, Dengue, Chickungunya, Kala Azar, Japanese encephalitis, Zika Fever and Filariasis

Benefit B.1.: Base 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 diagnosed with a Specific Vector Borne Disease that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover.

SECTION B.2: RABIES AND TETANUS BENEFIT

We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is diagnosed with Rabies or Tetanus occurring on account of an Injury from an Accident that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover

SECTION B.3: SPECIFIC GASTRO INTESTINAL INFECTIONS BENEFIT

For the purpose of benefit under Section B.3 under this policy, Specific Gastro Intestinal Infections mean the following:

Acute Inflammatory Diarrhoea – Acute onset, caused by invasive or noninvasive pathogens and their enterotoxins characterized by the following:

- Watery Stools containing blood and pus cells,
- Clinical signs of dehydration
- High grade fever

Typhoid Fever - An infection from Salmonella Typhi characterized by the following:

- Fever for more than 5 days,
- Presence of Salmonella Typhi bacteria in the blood and
- Multi organ involvement

Benefit B.3.1: Base Benefit: Specific Gastro Intestinal Infections Hospitalization Benefit

We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is diagnosed with Specific Gastro Intestinal Infections that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover.

SECTION B.4: SPECIFIC VIRAL INFECTIONS BENEFIT

For the purpose of benefit under Section B.4 under this policy, Specific Viral Infections means Viral Hepatitis (Hepatitis A, B C and E), Measles, Mumps, Poliomyelitis, Avian Influenza and Swine Influenza

Benefit B.4.1: Base Benefit: Specific Viral Infections Hospitalization Benefit

We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is diagnosed with Specific Viral Infection that solely and directly requires the Insured Person to be hospitalized during the Period of Cover.

SECTION B.5: SPECIFIC NERVOUS SYSTEM INFECTIONS BENEFIT

For the purpose of benefit under Section B.5 under this policy, Specific Nervous System Infections means Meningitis, Encephalitis, Creutzfeldt–Jakob disease, Guillain–Barré syndrome

Benefit B.5.1: Basic Benefit: Specific Nervous System Infections Hospitalization Benefit

We will pay the Sum Insured specified against this Benefit in the Policy Certificate if an Insured Person is diagnosed with Specific Nervous System Infection that solely and directly requires the Insured Person to be Hospitalized during the Period of Cover.

Benefit B.6: OTHER SPECIFIC DISEASES HOSPITALIZATION BENEFIT

We will pay the sum insured specified against this benefit in the policy certificate if an insured person is hospitalized with Specific ailments defined in the policy wordings that solely and directly require the insured person to be hospitalized during the period of cover.

Section B.6.1: Base Benefit: Other Specific diseases Hospitalization Benefit

For the purpose of benefit under section B.6 under this policy, Other specific diseases mean Renal stone and Tuberculosis as specified in detailed policy wordings.

SECTION C – ACCIDENTAL INJURY BENEFITS

Our maximum, total and cumulative liability for claims arising in respect of the Insured Person during the Period of Cover under Benefits C.1.1, C.1.2, and C.1.3 shall be the Sum Insured as specified against this set of Benefits in the Policy Certificate.

C.1.1 Base 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.

C.1.2 Base Benefit: Permanent Total Disablement (PTD) 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.

C.1.3 Base Benefit: Permanent Partial Disablement (PPD) 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 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.

For the purpose of this Benefit, Permanent Partial Disablement means total and/or partial irrecoverable loss of use or the actual loss by physical separation of the body parts as specified in the table below:

SR No.	LOSSES COVERED	% OF SUM INSURED payable
1	Loss of one entire hand	70
2	Loss of one entire foot	70
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 toe 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
15	Loss of index finger - two phalanges	8
16	Loss of index finger - one phalanx	4
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

C.1.4 Base Benefit: Temporary Total Disablement (TTD) 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 upto the weekly amount specified against this Benefit in the Policy Certificate for the duration that the Temporary Total Disablement continues.

C.1.5 Base 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.

C.1.6 Base 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 within the Period of Cover and solely and directly requires the Insured Person to be Hospitalized.

C.1.7 Base 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.

C.1.8 Base Benefit: Loss Of Job 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 loses his job on account of an Injury due to an Accident resulting in Permanent Total Disablement or Permanent Partial Disablement during the Policy Period

C.1.9 Base Benefit: Recovery Benefit

We will pay the Sum Insured specified against this Benefit in the Policy Certificate in a manner specified in the Policy Certificate, in respect of the Insured Person if an Insured Person suffers an Accident that occurs during the Period of Cover and that solely and directly results in hospitalization of the insured person requiring the insured person to be hospitalised for a minimum number of days as specified in the Policy Certificate

C.2.1 Extension Benefit: REPATRIATION OF MORTAL REMAINS DUE TO ACCIDENTAL DEATH–

In consideration of the payment of additional premium, the Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to reimburse the costs of transporting the mortal remains of the deceased Insured Person from the place of death back to the city of residence, in the event of the death due to accident, of the Insured Person subject to the Sum Insured, as stated against Extension C.2.1 in Part I of the Schedule applicable to such Insured Person.

Further, it is a condition precedent to the payment under this extension that the claim under Benefit 1 is admitted and paid by the Company.

C.2.2 Extension Benefit: MEMORIAL EXPENSES DUE TO ACCIDENTAL DEATH –

In consideration of payment of additional premium to us, in case of unfortunate event of death of the Insured Person due to **Accident**, We shall pay a lump-sum amount for memorial services of Insured Person to the nominee of the Insured Person subject to a maximum limit of Sum Insured as specified in part I of the policy schedule. Declaration of nominee at the time of issuance of the policy shall be mandatory in case this optional cover has been opted for.

C.2.3 Extension Benefit: PROSTHETICS/ARTIFICIAL LIMBS/ HEARING AID COVERAGE –

This add on will cover the cost borne by the Insured in the purchase of artificial limbs/prosthesis (artificial devices) in case of Permanent Total Disablement on account of Accident. The coverage will be limited to the Sum insured as defined in part I of the policy schedule.

C.2.4 Extension Benefit: HOUSE OR VEHICLE MODIFICATION-

Fixed benefit covers the expenses incurred for modification of house and/or vehicle necessitated due to permanent total disability resulting from an accident. The coverage will be limited to the Sum insured as defined in part I of the policy schedule.

EXCLUSIONS AND LIMITATIONS

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. 30-day waiting period (Code – Excl 03) - Any Hospitalization falling within the Waiting Period as specified in the Policy Certificate subject to maximum 30 days waiting period.

    1. Expenses related to the treatment of any illness within the waiting period shall be excluded except claims arising due to an accident, provided the same are covered.

    2. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

    3. The within referred waiting period shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

2. Pre-existing Disease (Code – Excl 01) - (Unless specifically covered and mentioned in the policy certificate)

    1. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.

    2. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

    3. If the Insured Person is continuously covered without any break as defined under the portability norms of the relevant regulatory prescriptions, then waiting period for the same would be reduced to the extent of prior coverage

    4. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3. All dental treatment or dental surgery of any kind unless necessitated due to an Accident

4. Unproven Treatment (Code – Excl 18) - 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.

5. Any treatment received outside India unless specifically covered and specified in the Policy Certificate unless specifically covered and specified in the Policy Certificate.

6. Circumcision unless necessary for treatment of an underlying diseases.

7. Maternity (Code – Excl 18) - (Unless specifically covered and mentioned in the policy certificate)

    1. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

    2. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period;

8. Sterility and Infertility (Code – Excl 17)- Expenses related to sterility and infertility. This includes:

    1. Any type of contraception, sterilization

    2. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

    3. Gestational Surrogacy

    4. Reversal of sterilization.

9. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate.

10. Cosmetic or Plastic Surgery (Code – Excl 08) - 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.

11. Refractive Error (Code – Excl 15)- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

12. Investigation & Evaluation (Code – Excl 04)-

    1. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;

2. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

13. Treatment of venereal disease.

14. Obesity/Weight Control (Code – Excl 06) - 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);

        1. greater than or equal to 40 or

        2. 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:

            1. Obesity-related cardiomyopathy

            2. Coronary heart disease

            3. Severe Sleep Apnea

            4. Uncontrolled Type2 Diabetes

15. Intentional self Injury, suicide or attempt to suicide.

16. 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.

17. Any external congenital anomalies.

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. Change of Gender Treatment (Code – Excl 07) - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex..

20. Treatment by a Family Member and self-medication or any treatment that is not scientifically recognized.

21. Hazardous or Adventure Sport (Code – Excl 09) - 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.

22. Breach of Law (Code – Excl 10) - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

23. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code – Excl 12)

24. Treatments received in heath 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 – Excl 13)

25. 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- Excl 14)

26. 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.

27. 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.

28. Excluded providers (Code – Excl 11) -

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.

29. Rest Cure, rehabilitation and respite care (Code – Excl 05)-

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.

30. **Specific Waiting Period (Code – Excl 02) - (Unless specifically covered and mentioned in the policy certificate)**:

Expenses related to the treatment of the below 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.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

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.

The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

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.

List of such specific diseases/procedures

i. Deviated Nasal Septum, CSOM-Chronic Suppurative Otitis Media
ii. Stapedectomy, Mastoidectomy, any treatment for conditions related to tonsils, adenoids, sinuses, turbinates/ concha
iii. Fibroids (fibromyoma), Endometriosis, Uterine Prolapse, Polycysyic Ovarian Syndrome(PCOS)
iv. Dilatation and curettage (D&C), Myomectomy, Hysterectomy
v. Arthritis, Gout and Rheumatism
vi. Stones in gall bladder & Biliary System; Cholecystitis, Fissure/fistula in anus, hemorrhoids, pilonidal sinus, piles, Esophageal Varices & Gastric Varices, Gastritis, Duodenitis & Pancreatitis

vii. Gastric & Duodenal ulcers, Gastro Esophageal Reflux Disorder (GERD)/Acid Peptic Disease, Ulcerative colitis, Crohn's disease, Irritable Bowel Syndrome, Inflammatory Bowel disease
viii. All forms of cirrhosis, Rectal prolapse, Perineal Abscesses, Perianal Abscesses
ix. Cholecystectomy, Endoscopy
x. Stones in Urinary system, all prostate diseases, chronic renal failure or end stage renal failure or chronic kidney disease, dialysis
xi. Dysfunctional uterine bleeding, pelvic inflammatory diseases, stress incontinence, Hydrocele, varicocele/ rectocele/ spermatocele
xii. Cataract, Glaucoma, Diseases of the vitreous and retina
xiii. Unless malignant, All Internal/ External tumors, cysts, nodules, polyps, sinus, fistula, adenoma, lumps including teratoma, breast lumps, dermoid cyst, ovarian cyst, desmoid tumour, umblical granuloma, mucous cyst of lip/cheek
xiv. Diseases related to thyroid
xv. All skin ailments
xvi. Ulcers of any kind (whether internal or external) including decubitus ulcers
xvii. Varicose veins & Varicose ulcers
xviii. Intervertebral disc disorders , Arthroscopy, Spinal and Vertebral Disorders including diagnosis as low back ache, Surgeries for joint replacements (except if hospitalization is required due to an accidental injury)
xix. All Hernias (except if Hospitalization is required due to an Injury)

EXCLUSIONS APPLICABLE TO SECTION C (Except Benefit C.1.6, C.1.7 and C.1.9)

We shall not be liable to make any payment for any claim under Section C 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

9. Injury sustained whilst engaging in Adventure Sports (Unless specifically covered and mentioned in the policy certificate)

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, or illness 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. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, or Illness 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.

15. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self Injury, 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.

16. 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.

17. Any Hospitalization not arising out of an Injury sustained in an Accident during the Period of Cover.

18. Routine medical, dental, eye and ear examinations.

19. All cosmetic/aesthetic surgeries including but not limited to lasik surgery.

EXCLUSIONS APPLICABLE TO BENEFITS C.1.6, C.1.7 & C.1.9

We shall not be liable to make any payment for any claim under Benefits C.1.6, C.1.7 & C.1.9 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:

- All dental treatment or dental surgery of any kind unless necessitated due to an Accident
- Unproven Treatment (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.
- Maternity (Code – Excl 18) - (Unless specifically covered and mentioned in the policy certificate)
    - 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;
- 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.
- Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate.
- Cosmetic or Plastic Surgery (Code – Excl 08)- 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.
- Investigation & Evaluation (Code – Excl 04)-

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;

- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

- 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

- Any external congenital anomalies.

- Any Injury / Illness occurring whilst engaging in any Adventure Sports as an Amateur. 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

- Hazardous or Adventure Sport (Code – Excl 04)- 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.

- Breach of Law (Code – Excl 10)- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. .(Code – Excl 12)

- Rest Cure, rehabilitation and respite care (Code – Excl 05)-

  Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

  - 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.

  - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- 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.

- Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution.

- 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.

- Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.

- Any Illness, complication or ailment not arising out of or connected to Injury

- Treatments received in heath 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 – Excl 13)

- 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 a part of hospitalization claim or day care procedure (Code – Excl 14)

- Excluded Providers (Code – Excl 11)

  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 policy holders 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.

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 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 16 days to 1 month*	77.50%
31 - 90 days	62.50%
91 days - 6 months	42.50%
6 months- 9 Months	20%
9 Months to 12 Months	0%

* Not applicable for policies with freelook period; Premium refund for cancellations during the freelook period will be provided as per the Free look clause

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

Time of Cancellation	Policy Duration			
	2 Yrs	3 Yrs	4 Yrs	5 Yrs
From 16 days to 1 month*	80.00%	82.50%	82.50%	82.50%
Above 1 month to 3 months	72.50%	77.50%	77.50%	80.00%
Above 3 months to 6 months	62.50%	70.00%	72.50%	75.00%
Above 6 months to 9 months	52.50%	62.50%	67.50%	70.00%
Above 9 months to 12 months	42.50%	55.00%	62.50%	67.50%

Above 12 months to 15 months	30.00%	47.50%	57.50%	62.50%
Above 15 months to 18 months	20.00%	42.50%	52.50%	57.50%
Above 18 months to 21 months	10.00%	35.00%	47.50%	55.00%
Above 21 months to 24 months	0.00%	27.50%	42.50%	50.00%
Above 24 months to 27 months		20.00%	35.00%	45.00%
Above 27 months to 30 months		12.50%	30.00%	42.50%
Above 30 months to 33 months		5.00%	25.00%	37.50%
Above 33 months to 36 months		0.00%	20.00%	32.50%
Above 36 months to 42 months			10.00%	25.00%
Above 42 months to 48 months			0.00%	15.00%
Above 48 months to 54 months				7.50%
Above 54 months to 60 months				0.00%

*Not applicable for policies with freelook period; Premium refund for cancellations during the freelook period will be provided as per the Free look clause

3. Terms of Renewal

1. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
2. Policy may be renewed as per the relevant regulatory prescription 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 daysfrom the expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury or Accidentor Illness or Hospitalization that occurred during the Grace Period.

- 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 sincethe payment of the expiring Policy start date.

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

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.

4. Waiting period

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

Section A	As specified in policy certificate
Section B	As specified in policy certificate
Section C	No waiting period

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,

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 after the receipt of last necessary 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 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 A and B as per the provisions of Income Tax Act, 1961 Section 80D and amendments made thereto.

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

7. Loading and 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:

Tenure Discount	
Tenure	**Discount**
1	0.0%
2	8.0%
3	13.5%
4	17.5%
5	22.5%

*Note: Discount is available only on the respective year premium. For eg. if 1 year premium is 100 then premium for 2 year policy will be 100 (1st year premium)+100*0.92 (2nd year premium with 2nd year discount) = 192*

Periodic Premium Payment				
Policy Tenure (months)	**Loading Factor Premium Payment Instalments**			
	Annual	**Half Yearly**	**Quarterly**	**Monthly**
12	0.0%	2.0%	3.1%	3.8%
24	4.1%	6.2%	7.3%	8.0%
36	8.3%	10.5%	11.6%	12.4%
48	12.5%	14.8%	16.0%	16.8%
60	16.9%	19.3%	20.5%	21.4%

Group Size Discount	
Group Size	**Discounting Factor**
Up to 100	0.00%
101-250	0.05%
251-500	0.10%
501-1000	0.15%
1001-2000	0.30%
2001-5000	0.80%
5001-10000	1.75%
10001-15000	2.75%
15001-25000	4.50%
25001-50000	8.00%
50001-100000	15.00%
100001-200000	25.00%
>200000	25.00%

Group Experience credibility weightage (Similar Group or same group Experience)	
Group Size	**Hospital Daily Cash benefit**
Up to 100	10%
101 – 1000	35%
1001-5000	80%
5001-10000	100%
10001-50000	100%
50001-100,001	100%
100,001 - 150,000	100%
150,001 - 200,000	100%
200,001-250,000	100%
250001-300000	100%
>300,000	100%

Deductible and Franchise Discount

	Age Band										
Franchisee (Days	<=20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
3	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
4	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	17.5%	17.5%	17.5%
5	40.0%	40.0%	40.0%	40.0%	40.0%	35.0%	35.0%	35.0%	27.5%	27.5%	27.5%

	Age Band										
Deductible (Days	<=20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	>65
1	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	12.5%	12.5%	12.5%
2	35.0%	35.0%	35.0%	35.0%	35.0%	32.5%	32.5%	32.5%	30.0%	30.0%	30.0%
3	55.0%	55.0%	55.0%	55.0%	55.0%	50.0%	50.0%	50.0%	42.5%	42.5%	42.5%
4	70.0%	70.0%	70.0%	70.0%	70.0%	60.0%	60.0%	60.0%	55.0%	55.0%	55.0%
5	75.0%	75.0%	75.0%	75.0%	75.0%	65.0%	65.0%	65.0%	60.0%	60.0%	60.0%

Loading for waiting period waiver	
Criteria	Loading
Specific Exclusion waiting period waiver	25.0%

ding/discounting for any modifications in initial waiting period of 30		
Waiting Period	Discount	Loading
0 days	0.0%	5.0%
15 days	0.0%	2.5%
60 days	7.5%	0.0%
90 days	10.0%	0.0%

Family Discount	
Number of family members	Discount
1	0.0%
2	2.5%
3	5.0%
>3	7.5%

For example, if there are 2 family members who want to buy a policy and premium for a policy

Discount based on commission ratio	
Commission Ratio for the Group*	15.0%
Discount applicable	0.0%

*To be changed for each group based on payout, the number provided is only for representational pusposes

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

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