For Buy/ Renew/ Service/ Claim related queries Log on to www.icicilombard.com or call 1800 2666

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ADDENDUM TO BASE PRODUCT PROPOSAL FORM

(All the details will be as per the Proposal form of the base product, following option of BeFit rider will be added wherever sold with base product)

BeFit Rider# Opted

☐ Yes ☐ No

BeFit Rider (If opted ,Yes)

Tenure opted for as per the base product ☐ One year ☐ Two years ☐ Three years

Plan type as per the base product ☐ Individual ☐ Floater

Plan Opted as per base product ☐ Individual ☐ 2A ☐ 2A +1C ☐ 1A +1C ☐ 2A + 2C ☐ 1A+ 2C ☐ 2A+ 3C

BeFit Plan Details ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F

Would you like to voluntarily opt for the Health Management Program?* ☐ Yes ☐ No

BeFit Rider Premium ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

* Incase, the health condition of the Insured Person(s) is adverse and falls in the grid eligible for Health management program as mentioned in the Policy wordings, they will have to mandatorily opt for the same.

All benefits/claims under the BeFit rider will be settled on cashless basis through our mobile application only.

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ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No. 16, 601-602, 6th Floor, New Link Road, Malad (West), Mumbai - 400 064.
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Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com
Now One Number for all your Insurance needs **1800 2666** (Toll Free also accessible from your mobile) SMS Facility **"HEALTHCLAIM" to 575758**
ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation.
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20210105003-FORMS