Activate Booster

Customer Information Sheet/ Know Your Policy

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

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy:** Activate Booster Plan B	
2.	**Policy Number:** XXXXX	
3.	**Type of Insurance Product/Policy:** Both Indemnity and Benefit	
4.	**Sum Insured Basis:** - Individual Sum Insured- Rs. XXX -where each member has a separate Sum Insured under the policy - Floater Sum Insured – Rs. XXX - where all members under the policy have a single Sum Insured limit which may be utilized by any or all members	
5.	**Policy Coverage (What the policy covers?)** **Expenses in respect of:** **i. Basic Covers: -** 1**. In-patient Treatment-** Covers Hospitalization expenses for admission longer than 24 consecutive hours. 2. **Day Care Procedures/Treatment** – Covers Medical expenses for all Day Care procedures up to Annual Sum insured. 3. **Technological Advancements and Treatments–** Covers medical expenses for listed treatments/procedures up to the Annual Sum Insured.	d. benefits covered under the Policy d. i. Basic cover.1 d. i. Basic cover.2 d. i. Basic cover.3

	4. **Pre Hospitalization Medical expenses** - Covers Medical expenses incurred due to illness up to 60 Days immediately before an insured person's admission to a hospital up to Annual Sum Insured.	d. i. Basic cover.4
	5. Post Hospitalization Expenses – Covers Medical expenses incurred due to illness up to 90 Days immediately after an insured person's discharge from the hospital up to Annual Sum Insured.	d. i. Basic cover. 5
	6. **In Patient AYUSH Hospitalization-** Covers expenses incurred on inpatient AYUSH treatment up to Annual Sum Insured.	d. i. Basic cover. 6
	7. **Domestic Road Ambulance Cover** – Covers the expenses incurred on domestic road ambulance up to Annual Sum Insured.	d. i. Basic cover. 7
	8. **Donor Expenses** - Covers Medical Expenses incurred for an organ donor's Hospitalization for an organ donated to the Insured Person up to Annual Sum Insured.	d. i. Basic cover. 8
	9. **Domiciliary Hospitalization** - Covers Medical expenses incurred in respect of the Domiciliary Hospitalization up to the Annual Sum Insured.	d. i. Basic cover. 9
	10. **Bariatric Surgery Cover** - Covers medical expenses incurred on surgical procedure/ treatment for obesity Up to Annual Sum Insured subject to a waiting period of 2 years Or 30 days in case Optional cover1 Jumpstart has been opted.	d. i. Basic cover. 10
	11. **Home Care Treatment:** Covers medical expenses for hospitalization at home, up to 5% of Annual Sum Insured.Max upto 5L.	d. i. Basic cover. 13
	12. **Waiver of Deductible:** Offers an option to waive the Deductible and to opt for any one indemnity health insurance policy without any deductible, subject to age <50 yrs at the time of first policy and renewed continuously with us. This option can be exercised only during the Age group of the eldest insured member being 55 years to 65 years.	d. i. Basic cover. 14
	13. **Wellness Program -** It intends to promote, incentivize and reward the insured person for their healthy behavior through Wellness Points accumulation. The total wellness points earned by the Insured person(s) will be redeemed towards availing discount on renewal premium for the subsequent year. Ways of earning wellness points is mentioned below.	d. i. Basic cover. 15

I. **Wellness Program**
A. Health Assessment
B. Wellness Activities
C. Wellness Tasks
D. Fitness Challenge
E. Health Events

II. **Health Assistance Team[HAT]:** Available

III. **Ambulance Assistance:** Available

IV. **Discounts on services/products:** Available

ii. <u>Optional Covers (Applicable if opted by the Insured): -</u>

d. ii. Optional cover.

1. Jumpstart- The following Pre-existing diseases declared by the Insured Person and accepted by Us shall be covered after a reduced waiting period of 30 days if this optional cover is opted by the Insured person:

1. Asthma
2. Diabetes
3. Hypertension
4. Hyperlipidemia
5. Obesity
6. Coronary Artery Disease (PTCA done prior to 1 year)

d. ii. Optional cover 1

2. Chronic Disease Management Program- Disease Management Services including 2 half-yearly pre-defined health check-ups based on the Insured Persons' chronic condition for listed diseases and assistance for management of the same.

d. ii. Optional cover 2

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

d. ii. Optional cover 3

Sr. No	Table of Benefit	A	B	C	D	E	F	G
1	Physical Consultation	1	2	4	6	8	10	12

2	Routine Diagnostics Cover and Minor Procedures Cover	500	1,000	1,000	2,000	3,000	5,000	7,500
3	Pharmacy Cover	500	1,000	1,000	2,000	3,000	5,000	7,500
4	Physiotherapy Session	0	0	6	8	10	12	12
5	e-Counselling	6	6	6	8	12	Unlimited	Unlimited
6	Diet and Nutrition e-Consultation	6	6	6	8	12	Unlimited	Unlimited

4 Claim Protector- Expenses incurred on items that are not payable as per the List I- Items for which coverage is not available in the Policy of Annexure II which are not payable to the particular claim will become payable up to the Annual sum insured, within overall basic annual sum insured. — d. ii. Optional cover 4

5. Inflation Protector: Protects the sum insured against the rising inflation by linking the Annual Sum insured to the consumer price index (CPI). — d. ii. Optional cover 5

6. Domestic Air Ambulance Cover – Up to Annual Sum Insured for availing Air Ambulance Services for transport to Hospital. — d. ii. Optional cover 6

7. Nursing at Home: We will pay You for the expenses incurred by You, up to Rs. 2,000 per day up to a maximum of 10 days post Hospitalization for the medical services of a Qualified Nurse at Your residence — d. ii. Optional cover 7

8. Compassionate Visit – Covers cost of economy class air ticket/railway ticket up to Rs. 20,000 per Policy Year for Insured's "immediate family member" in the event of Insured person's hospitalisation exceeding 5 days — d. ii. Optional cover 8

9. Health Check-up – Adult insured person(s) aged 18 years and above can avail a pre- defined health check-up up to 0.5% of Annual Sum Insured subject to a maximum of Rs. 5,000 — d. ii. Optional cover 9

10. Dependent Accommodation Benefit - If the Insured Person contract an Illness or suffer an Injury due to Accident during the Policy Period and which solely and directly requires the Insured Person to — d. ii. Optional cover.10

	be Hospitalized, We will pay up to Rs. 1,000 per day for a maximum of 10 days for the accommodation of the dependent in the hospital.	
	11. Durable Medical Equipment Cover - We will cover the expenses incurred by the Insured Person towards renting or purchase of any of the listed durable medical equipment during the Policy Year up to the Annual Sum Insured (within overall basic annual sum insured) subject to a maximum of Rs. 5 Lakhs, only if the same has been prescribed by the treating Medical Practitioner post Hospitalisation for the same condition for which the Hospitalisation claim was admissible.	d. ii. Optional cover 11
	12. Tele Consultation(s)- If opted, the Insured Person can avail 24X7 unlimited tele consultations through Our mobile application.	d. ii. Optional cover.12
	13. Waiting Period Reduction Option (Other than those listed under JumpStart.) – If the Insured Person has opted this Optional Cover, the waiting period applicable under **Exclusion- Pre-Existing Diseases (Code- Excl01)** for any declared and accepted pre-existing diseases shall be reduced from 36 months to 24 months or 12 months as opted.	d. ii. Optional cover.13
	14. Specific Illness Waiting Period Reduction Option – If the Insured Person has opted this Optional Cover, the waiting period applicable under Exclusion- **Specified disease/procedure waiting period (Code- Excl02)** shall be reduced from 24 months to 12 months.	d. ii. Optional cover.14
	15 Room Modifier –If the Insured Person has opted this Optional Cover, the Insured Person shall have an option to modify the room rent capping to any of the below- A. To Modify the room rent eligibility to any room category without any restriction. or B. To modify the room rent eligibility to twin sharing room or C. To Modify the room rent eligibility to a room rent capping of 1% of Annual Sum Insured for normal room and 2% of Annual Sum Insured for ICU per day.	d. ii. Optional cover.15
	16. Network Advantage – Avail a discount of 10% on the policy premium on taking treatment at a network hospital. However, 20% co-payment will be applicable if treatment is taken at a non-network hospital (if this cover has been opted by the insured).	d. ii. Optional cover.16
	17. NRI Advantage- Accidental Emergencies Cover for NRI - We will provide cover to Non Resident Indians/Overseas Citizens of India	d. ii. Optional cover.17

	under this policy only for Accidental Emergencies and no claim will be admissible under any other cover of this policy. Further, will provide a 25% discount if this cover has been opted. Declaration of NRI status and proof of overseas residence shall be required by the Insured upon every renewal. This discount can be availed for a maximum period of five continuous Policy Years. If the Insured person ceases to reside outside India, then no further discount shall be applicable upon renewal. All waiting periods as per the policy terms and conditions will be applicable for the Insured Persons **18. Guaranteed Deductible Reduction-** The deductible applicable will be reduced by 10% of the deductible as applicable to the expiring or renewed Policy Schedule at the end of each Policy Year if the expiring Policy has been continuously renewed with Us. The reduction in deductible shall be continued until the deductible is reduced to 50% of the deductible opted during first policy issuance. This optional cover is available only for policies with minimum deductible of 5 lakhs. (Note: This is an indicative list. Please refer the policy wording for complete understanding of the coverages)	d. ii. Optional cover.18
6.	**<u>Exclusions (What does the policy not cover)</u>** **<u>i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI)</u>: -** **1. Pre-Existing Diseases - Code- Excl01** a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer as selected by the Insurer b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c. If the Insured Person is continuously covered without any break as defined under the portability / migration norms of the extant as per applicable regulatory prescription, then waiting period for the same would be reduced to the extent of prior coverage.	e. i. e.i.1

	d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. **2. Specified disease/procedure waiting period/Specific Waiting period - Code- Excl02** a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply. d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability, then waiting period for the same would be reduced to the extent of prior coverage. f. List of specific diseases/procedures 1. Any types of gastric or duodenal ulcers 2. Benign prostatic hypertrophy 3. All types of sinuses 4. Hemorrhoids 5. Dysfunctional uterine bleeding 6. Endometriosis 7. Stones in the urinary and biliary systems 8. Surgery on ears/tonsils/adenoids/ paranasal sinuses 9. Cataracts, 10. Hernia of all types and Hydrocele 11. Fistulae in anus 12. Fissure in anus	e.i.2

	13. Fibromyoma 14. Hysterectomy 15. Surgery for any skin ailment 16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy 17. Dialysis required for Chronic Renal Failure. 18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date. 19. Dilatation and curettage 20. Varicose Veins and Varicose Ulcers 21. Non Infective Arthritis and other form arthritis 22) Gout and Rheumatism 23) Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident	
	3. a. Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting i. Hypertension ii. Diabetes iii. Cardiac Conditions b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher sum insured subsequently.	e.i.3
	4. 30-day waiting period- Code- Excl03 a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.	e.i.4

	b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	
	5. Investigation & Evaluation- Code- Excl04 a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	e.i.5
	6. Rest Cure, rehabilitation and respite care- Code- Excl05 a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	e.i.6
	7. Obesity/ Weight Control: Code- Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1. Surgery to be conducted is upon the advice of the Doctor 2. The surgery/Procedure conducted should be supported by clinical protocols 3. The member has to be 18 years of age or older and 4. Body Mass Index (BMI); a. greater than or equal to 40 or	e.i.7

	b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes	
	8. Change-of-Gender treatments: Code- Excl07 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.	e.i.8
	9. Cosmetic or plastic Surgery: Code- Excl08 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.	e.i.9
	10. Hazardous or Adventure sports: Code- Excl09 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.	e.i.10
	11. Breach of law: Code- Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	e.i.11
	12. Excluded providers: Code- Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations	e.i.12

	or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. (The list of excluded providers/delisted hospitals is available on our website www.icicilombard.com and is timely updated.)	
	13. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl12**	e.i.13
	14. 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- Excl13**	e.i.14
	15. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**	e.i.15
	16. Refractive Error: Code- Excl15 Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.	e.i.16
	17. Unproven Treatments: Code- Excl 16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	e.i.17
	18. Sterility and Infertility: Code- Excl 17 Expenses related to sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy	e.i.18

	d. Reversal of sterilization	
	19. Maternity: Code Excl18 i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.	e.i.19
	ii. Specific Exclusions (Exclusions other than those specified above): -	e. ii. Specific Exclusions
	20. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.	e.ii.20
	21. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.	e.ii.21
	22. Any expenses incurred on Out Patient treatment. This exclusion will not be applicable in case optional cover 3.. BeFit has been opted	e.ii.22
	23. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.	e.ii.23
	24. Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.	e.ii.24
	25. Treatment taken outside the geographical limits of India.	e.ii.25
	26. Personal comfort, cosmetics, convenience and hygiene related items and services	e.ii.26
	27. Acupressure, acupuncture, magnetic and other therapies	e.ii.27
	28. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.	e.ii.28

	29. Expenses for venereal disease or any sexually transmitted disease except HIV. 30. Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies 31. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) 32. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions. 33. Deductible: We shall not be liable for the Deductible amount as specifically defined in Policy Schedule We are not liable for any payment unless the medical expenses exceed the deductible. Deductible shall not be applicable for optional covers, if any.	e.ii.29 e.ii.30 e.ii.31 e.ii.32 e.ii.33
7.	**Waiting period** **Time period during which specified diseases/treatments are not covered** **It is counted from the beginning of the policy coverage** 1. **Initial waiting period:** 30 days for all illnesses (except Hospitalization due to injury). 2. **Specific waiting period (Not applicable for claims arising due to an accident):** First 24 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing) 3. **Pre-Existing Diseases:** Declared & accepted Pre-existing diseases will be covered after 36 months of continuous coverage. 4. In case of hypertension, diabetes and cardiac conditions, the waiting period will be 90 days unless disclosed as pre-existing diseases. 5. **Jumpstart –** 30 days 6. **BeFit** – 30 days 7. **Bariatric Surgery Waiting Period** – 24 months	e. i. 4. e. i. 2 e. i. 1 e. i. 3 d. ii. Optional Cover 1 d. ii. Optional Cover 3 d. i. Basic cover. 10

8.	**Financial Limits of coverage** **i. <u>Sub-limit:</u>** It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: **1. In-Patient Treatment –** Room rent charges up to Single Private Room **2. Home Care Treatment –** Upto 5,00,000 **<u>Optional Covers (As opted by the customer):</u>** **6. Nursing at Home -** up to Rs. 2,000 per day up to a maximum of 10 days post Hospitalization **7. Compassionate Visit -** Covers cost of economy class air ticket/railway ticket up to Rs. 20,000 per Policy Year for Insured's "immediate family member" in the event of Insured person's hospitalisation exceeding 5 days. **8. Health Check Up –** Up to 0.5% of annual sum insured subject to a maximum of Rs. 5,000 for pre-defined packages and on cashless basis **9. Dependent Accommodation Benefit-** Up to Rs. 1,000 per day subject to maximum of 10 days **10. Durable Medical Equipment Cover-** Up to Annual Sum Insured; within overall basic annual sum insured, maximum up to Rs. 5 Lakhs **11. Room Modifier-** The Insured Person shall have an option: A. To Modify the room rent eligibility to any room category without any restriction or B. To modify the room rent eligibility to twin sharing room or C. To Modify the room rent eligibility to a room rent capping of 1% of Annual Sum Insured for normal room and 2% of Annual Sum Insured for ICU per day.	d.i.1 d.i.13 d.ii.7 d.ii.8 d.ii.9 d.ii.10 d.ii. 11 d.ii. 15

	ii. <u>Co-payment :</u> It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured. **1. Network Advantage –**Discount of 10% on the policy premium on taking treatment at a network hospital. 20% co-payment applicable if treatment is taken at a non-network hospital. **iii. <u>Deductible:</u>** It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) 1. <u>Deductible amount as opted by You shall be applicable</u> **<u>iv. Any other limit</u>** Not Applicable	d.ii. 16
9.	**<u>Claims/ Claims Procedure:</u>** **Cashless (Pre-Authorization) Procedure;** **Step 1 –** Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. **Step 2 –** The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) **Step 3 –** Request will be processed as per policy terms and conditions **Step 4 –** While you avail treatment the claim payment is settled directly to the Provider/Hospital	g. (Other terms and conditions) g.I.1. (Other terms and conditions)

	Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp. If You notify pre authorization request for cashless facility through any of our empanelled network hospitals along with complete set of documents & information, We will decide on request within 1 hours of the actual receipt of such pre authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf. Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services. Non-medical and non-payable expenses are your responsibility. **Reimbursement Procedure;** **Step 1 –** Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents. **Step 2 –** Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the IL Takecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. **Step 3 –** The claim will be processed as per policy terms and conditions **Step 4 –** The approved amount in the claim would be reimbursed to you	

	You shall be required to furnish the following documents for or in support of a Claim: 1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com 2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner 3. Original bills from chemists supported by proper prescription. 4. Original investigation test reports and payment receipts. 5. Indoor case papers 6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it **Insurer** needs to be notified of any planned Hospitalization at least 48 hours before admission and 24 hours after admission in the case of emergency hospitalization . We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable. The claim will be processed within 15 days of receipt of claim along with claim form. The relevant documents to be sent to ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016 **Download the Claim Form here** - **Download Claim Form-** https://echannel-wf.icicilombard.com/docs/default-	

	source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf Use "Anywhere Cashless" through *IL TakeCare App's > Services We Offer > Health Assistance.* Available from 8am to 8pm, Mon to Sat (except public holidays). You can also reach them via email at healthassistance@icicilombard.com or through this web link: https://ilhc.icicilombard.com/Home/healthassistance. For customer support during claims, call our toll-free number 18002666 or email us at customersupport@icicilombard.com. Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. List of excluded providers/delisted hospitals is available on our website: https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf	
10.	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email us at customersupport@icicilombard.com or use our IL Take Care App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. • For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.	
11.	**Grievances/Complaints:** • In case of any grievance the insured person may contact the Company through: - Website: www.icicilombard.com Toll free number: 1800 2666 Email: customersupport@icicilombard.com	f.15. General terms and conditions

	ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025 • 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 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 (IRDA) 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 IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com.	
12.	**Things to remember** **Free Look cancellation:** Every insured of new health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and	f. 5. General terms and conditions

	the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges. **Policy renewal:** i. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.	f.7. General terms and conditions
	Migration: In case of migration of indemnity based health insurance policy (except Personal Accident and Travel Policies) with the same Insurer, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.	f. 10. General terms and conditions
	Portability: a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines . d. This benefit is not applicable for enhanced sum insured	f. 9. General terms and conditions f.27. General terms and conditions f. 27. General terms and conditions
	Change in Sum Insured: The sum insured can be changed (increase/decrease) only at renewal or anytime, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	f.17. General terms and conditions

	Zone Based Pricing – Premium depends on the insured person's residential city and pin code. Notify us of any changes immediately to avoid impacting claim admissibility. (Refer to policy wordings and prospectus for zone definition.) **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	f.12. General terms and conditions
13.	**Your Obligations:** • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • Disclosure of other material information during the policy period : In the event of misrepresentation, mis-description, non-disclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.	f.1. General terms and conditions .

Declaration by the Policy Holder:

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

Place:

Date: _____ Signature of the Policy Holder

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