Women's Cancer Shield

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	Refer to policy wordings
1.	**Name of Insurance Product/Policy** Women's Cancer Shield	
2.	**Policy Number** xxxxx	
3.	**Type of Insurance Product/Policy** Benefit	
4.	**Sum Insured Basis** Individual Sum Insured ₹ XXXX - A minimum sum insured of ₹ 5000 to a maximum sum insured of ₹ 50,00,000	
5.	**Policy Coverage (What the policy covers?)** **Base covers** **Breast Cancer Cover -** We will pay the sum insured upon the first diagnosis of breast cancer, provided that the diagnosis has been made after the completion of the mandatory waiting period. **Cervical Cancer cover -** We will provide the sum insured for this benefit as a lump sum, given that the signs or symptoms of the mentioned Cancer start after the applicable waiting period is completed. **Other women specific cancer cover -** These cancers are listed below a. Ovarian cancer cover b. Fallopian cancer cover c. Vaginal cancer cover d. Cancer of vulva e. Uterine/ endometrial cancer f. Thyroid cancer	Section II Benefits under the cover: Basic benefits Section II Benefits under the cover: Extensions

	We will disburse the lump sum amount for this benefit, given that the signs or symptoms of the mentioned Cancer initiate after the applicable waiting period is completed. **Optional Covers** **Tele Consultation -** Facilitation of consultations and advice for routine health matters by a qualified medical practitioner or healthcare professional, within the specified limit mentioned in the Certificate of Insurance. **Preventive screening and assessment -** Arrangement of one annual preventive screening and assessment, as specified in the Certificate of Insurance, on a cashless basis through an empaneled Health service provider.	
6.	**Exclusions** (What the policy does not cover) **Standard exclusions**: We won't cover any expenses under this Policy for: i. **Excl11 -** Excluded Providers: Treatment by providers specifically excluded by the Insurer. Exceptions for life-threatening situations or after an accident, where expenses up to stabilization are payable. https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf. ii. **Excl16 -** Unproven Treatments: Expenses for unproven treatments lacking significant medical documentation supporting their effectiveness. iii. Any exclusion specified in the Policy Schedule under Special Conditions. iv. Domiciliary Hospitalization treatment expenses. v. Treatment outside the country. vi. Illness or injury caused or contributed to by nuclear weapons/materials, ionizing radiation, or contamination by radioactivity from nuclear fuel, waste, or combustion. **Specific exclusions:** The following are specifically excluded for base benefit covers:	Section II Benefits under the cover: & Section III Exclusions

<table>
<tr><td></td><td>i. Symptoms indicative of such cancer first manifested or occurred prior to the risk inception date.
ii. Symptoms indicative of such cancer first manifested or occurred within the mandatory waiting period as specified in the policy schedule.

iii. Arising on account of or in connection with any Pre-Existing Disease(s).

iv. Arising out of any external congenital anomaly of the Insured Person.

v. Claims made without a medical certificate or records from the treating medical practitioner evidencing the diagnosis of such Cancer.</td><td></td></tr>
<tr><td>7.</td><td><u>Waiting period</u>

<table><tr><th>Benefit</th><th>Waiting Period</th></tr><tr><td>Breast Cancer Benefit</td><td>30/60/90 days</td></tr><tr><td>Cervical Cancer benefit</td><td>30/60/90 days</td></tr><tr><td>Other Women Cancer Benefit</td><td>30/60/90 days</td></tr><tr><td>Tele Consultation</td><td>Nil/30/60/90 days</td></tr><tr><td>Preventive screening & assessment</td><td>Nil/30/60/90 days</td></tr><tr><td></td><td></td></tr></table></td><td>Part IV Exclusions under the policy</td></tr>
<tr><td>8.</td><td><u>Financial limits of coverage</u>

<u>Sub-limit</u> - It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit

Not applicable

<u>Deductible</u> - t 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)

Not applicable

<u>Co-Payment</u> - It is a specified amount/percentage of admissible claim amount to be paid by policyholder/insured

Not applicable</td><td>Part V Claim Administrationn</td></tr>
</table>

9.	**Claims /claim Procedure** **Cashless (Pre-Authorization) Procedure:** **Step 1** - Get your treatment at our network hospital and during admission submit copy of heath card and photo ID proof at Hospital Insurance desk **Step 2** - The hospital sends approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) **Step 3** - Request would be processed from insurance as per policy terms and conditions **Step 4** - You may avail treatment and claim payment is settled directly to the Provider/Hospital **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 respond within 1 hour of the actual receipt of such pre authorization request with. 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.	Section VI Claim procedure

Non-medical and non-payable expenses are your responsibility.

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

Reimbursement Procedure:

Step 1 - Get treatment at a non-network hospital by paying all the treatment costs. Collect all the documents of treatment and expenses incurred

Step 2 - Send the claim documents along with the claim form to insurance.

You can 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 would be processed as per policy terms and conditions

Step 4 - The approved amount in the claim would be reimbursed to you

Step 5 - You can check and track your claim status live on IL TakeCare App or WhatsApp

Note :

To claim or check your claim status, use the IL TakeCare App or contact us on WhatsApp at +91 7738282666.

For cashless hospitalization in a non-network hospital, contact health assistance at least 48 hours before admission. 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 the IL TakeCare App.

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.

If sending hard copies of claim documents, mail them to: ICICI Lombard GIC LTD, 1st, 4th, 5th & 6th Floor Varun Towers-II, Opp Hyderabad Public School, Begumpet Hyderabad-500016 Telangana.

In the event of a payable claim, We shall make such payment through Cashless facility or provide Reimbursement of benefits, up to an amount as specified for said cover.

	Turn Around Time(TAT) for claim settlements- For reimbursements claims - We shall make the payment of admissible claim OR communicate non admissibility of claim within 14 days after You submit complete set of documents & information. For cashless claims - We will respond within 2 hours (subject to receiving complete set of documents) of the actual receipt of such pre authorization request. Claim Service Guarantee available under the Policy. (Please refer to the policy wordings for Our full service guarantee.) **Download Claim Form-** https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	
10.	**Policy Servicing** You may contact us through our website https://www.icicilombard.com/customer-support or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services.	Section VI Standard policy Terms and Conditions Point 18
11.	12. Company through: - Website: www.icicilombard.com Toll free number: 1800 2666 Email: customersupport@icicilombard.com ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025 13. There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution 14. 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. 15. 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 16. If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and	Section VI Standard policy Terms and Conditions Point 18

	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. 17. 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.	
18.	**Things to remember** **Free Look Period**Every policyholder of new individual 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. (Please refer to the Policy Wordings and the Prospectus for more details) If you wish to cancel the Policy, You may contact us through Our website www.icicilombard.com (Customer Support section) or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com. **Renewal Conditions:** We shall ordinarily renew the Policy except on grounds of , misrepresentation or established fraud or non-disclosure by the Insured, provided the policy is not withdrawn and also subject to moratorium conditions. **a) Maximum renewal age:** Lifelong without age restriction. **b) Grace Period:** Renewal premium due before expiry or within 30 days after. Illness during this period is treated as a Pre-Existing Disease. **c) Renewal Premium:** Subject to change based on age, policy conditions, sum insured, or tax laws. **Renewal Benefit:** Waiting periods are waived (with no policy breaks). **Cancellations:** • You can cancel with 15 days' notice. Refund per the grid, provided no claims are payable. • No refund after 15 days (free look period) for policies under ₹500. **Disclosure to Information Norm:** Policy void if there's misrepresentation, mis-description, or non-disclosure of material facts; all premium forfeited.	Section VI Point 13 Part VI Point 16 Section V Point 4 Part VI Point 1 Section II Section I of the wordings: Section VI Point 14

	Portability – a. The insured has the choice to port his / her policies from one Insurer to another. 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. e. The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987 • In case you are keen on migrating or outward porting kindly contact us at customersupport@icicilombard.com	
19.	**Your Obligations** a) Disclose all material information, including Pre-Existing Diseases, before buying the policy. b) Fulfilling policy terms, premium payment, and claims procedure is a condition precedent to our liability for any payment under this policy. c) Inform us promptly of any changes in address, occupation, health, or other details affecting the Insured Person (or Nominee/legal heir). d) Cooperate by providing necessary documents as per the claims procedure to support your claim.	Section VI Standard policy 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: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail