Elevate

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** Elevate	
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** (Essential Plan)**: -** 1**. In-patient Treatment-** Room rent charges- Up to Single Private AC Room; ICU Charges- Up to Sum Insured. 2. **Day Care Procedures/Treatment-** Up to Sum Insured 3. **Technological Advancements and Treatments**- Up to Sum Insured 4. **Pre Hospitalization Medical expenses** – 90 Days **5. Post Hospitalization Expenses –** 180 Days 6. **In Patient AYUSH Hospitalization-** Up to Sum Insured 7. **Domestic Road Ambulance Cover**- Up to Sum Insured 8. **Donor Expenses**- Up to Sum Insured 9. **Domiciliary Hospitalization**- Up to Sum Insured	C benefits covered under the Policy c. i.1 c. i.2 c. i.3 c. i.4 c. i.5 c. i.6 c. i.7 c. i.8 c. i.9 c. i.10

	10. **Loyalty bonus**- A Loyalty Bonus of 20% of the Sum Insured for each completed or continuous Policy Year subject to a maximum of 100%. There will be no reduction in the event of a claim.	c. i.11
	11. **Reset Benefit**- Up to 100% of the Sum Insured unlimited times for any illness/disease/injury	
	12. **Bariatric Surgery Cover-** Up to Sum Insured subject to waiting period of 2 years.	c. i.12
	13**. In-Patient Hospitalization for Surrogate Mother-**Subject to a maximum of ₹ 5 Lacs.	c. i.13
	14**. In-Patient Hospitalization for Oocyte Donor**- Subject to a maximum of ₹ 5 Lacs.	c. i.14
	15. **Wellness Program-** Includes health assistance, ambulance assistance and discounts on services and products. Wellness points earned will be redeemed as a discount on the premium during renewal fro the subsequent policy year.	c. i.15
	ii. In-Built covers in your Essential Plan	
	• **2 – Hour Hospitalization:** Hospitalization of the Insured Person for 2 hours or more (minimum 24 hours for AYUSH treatment in a AYUSH Hospital), up to Annual SI.	c.ii.32
	• **Infinite Care -** Unlimited coverage for any one claim, during the lifetime of the policy, on hospitalization (including daycare and AYUSH), with no Sum Insured limit, as per policy terms.	c.ii.1
	• **Tele Consultation(s)-** Unlimited; 24X7, to be availed via Our mobile application only.	c.ii.23
	• **Inflation Protector:** Protects the sum insured against the rising inflation by linking the Sum Insured to the consumer price index (CPI).	c.ii.11
	• **Health Check-up (For persons aged 18 and above)**– Up to ₹.5% of Sum Insured or ₹ 5,000, whichever is lower.	c.ii.16
	• **Power Booster (Super Loyalty Bonus) -** Accumulates Super Loyalty Bonus of 100% of expiring or renewed Sum Insured per year maximum up to an Unlimited Sum Insured; There will be no reduction even in case of claims.	c.ii.2
	• **Room Modifier –**If the Insured Person has opted this Optional Cover, the Insured Person room rent eligibility will modify to any room category without any restriction.	c.ii28
	• **Domestic Air Ambulance Cover –** Up to Sum Insured	c.ii.12
	• **Specific Illness Waiting Period Reduction Option –** Reduction in Specific Illness waiting period from 24 months to 12 months.	c.ii.26
	• **Claim Protector -** Up to the Sum Insured;	c.ii.10
	iii. Optional Covers (Applicable if opted by the Insured): -	Optional Covers
	1. Jumpstart - Reduction in waiting period to 30 days for declared and accepted Pre-existing diseases. (only listed diseases covered)	c. ii.3
	2. Chronic Disease Management Program (Only Cashless Basis) - Disease Management Services including 2 half-yearly pre-defined health check-ups. For Insured members aged 18 years and above.	c. ii.4
	3. Maternity Benefit: Up to 10% of Sum Insured or maximum up to ₹ 1 Lakh. available only under a Family Floater Policy.	c. ii. 5
	4. New Born Baby Cover: Covers medical expenses incurred on hospitalization of New Born Baby up to the limits of twice of Maternity Sum Insured or maximum of ₹200,000, whichever is lower.	c. ii. 6
	5. Vaccinations for new born baby in first year: Up to 1% of Sum Insured or maximum up to ₹.10,000, whichever is lower.	c. ii. 7
	6. BeFit –Provides services on cashless basis up to limits as specified on the Policy schedule. .	c. ii.8
	7. Worldwide Cover: Available Only on Cashless Basis: Up to Sum Insured maximum up to Rs.3 Crore, subject to a waiting period of 2 years.	c. ii.9
	8. Convalescence benefit: Fixed allowance of Rs.20,000, payable once per Policy Year	c. ii.13
	9. Nursing at Home: Up to ₹.2,000/day upto max of 10 days, post hospitalization.	c. ii.14
	10. Compassionate Visit –Up to ₹.20,000 per Policy Year.	c. ii.15

	11. Critical Illness (For persons aged between 18 to 50): Provides payment, to you or your Nominee/legal heir, of lump sum amount up to Sum Insured subject to a maximum limit of Rs. 50 lakhs.	c. ii.17
	12. Personal Accident – Provides payment of lump sum amount up to Sum Insured subject to a maximum limit of Rs. 50 Lakhs.	c. ii.18
	13. Voluntary Co-Payment - Options available- /10%/20%/30%/40%/50% as opted.	c. ii.19
	14. Voluntary Deductible- Options available from Rs. 10,000 up to Rs.50.000 as opted.	c. ii.20
	15. Dependent Accommodation Benefit –fixed daily amount**,** 1,000 per day, maximum up to 10 days.	c. ii.21
	16. Durable Medical Equipment Cover - Up to Sum Insured, maximum up to ₹ 5 Lakhs;.	c. ii.22
	17. Waiting Period Reduction Option (Other than those listed under JumpStart.) – Reduction in waiting period for pre-existing diseases from 36 months to 24/12 months as opted	c. ii.24
	18. Maternity Waiting Period Reduction Option – Reduction in waiting period for Maternity Benefit cover from 24 months to 12 months as opted.	c. ii.25
	19. Worldwide Cover Waiting Period Reduction Option – Reduction in waiting period for Worldwide Cover from 24 months to 12 months as opted.	c. ii.27
	20. 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-PPN hospital (if this cover has been opted by the insured). Access the PPN list by following the given steps – Visit www.icicilombard.com > Go to 'Health Claims' > Click on 'Hospital Login' > Navigate to 'Claims Corner' > Select 'Network Hospital List.	c. ii.29
	21. NRI Advantage- Cover for NRI - Discount of 25% on base cover premium	c. ii.30
	22. Senior Care Value Added Services (Only Cashless Basis): Choose any one plan from options A to D.	c ii.31
	23. Vital Essence : Covers specific listed illnesses with capped limits as per the sub-limit table. Limits apply from policy start. A fixed co-payment applies to each claim under this policy. Reset Benefit will be triggered only once, during the policy year.	c. ii. 33
	24. Elevate HER Women Care: It is a member-level add-on for females offering Bloom, Thrive, Nurture and Harmony (Standard and Plus Plans) with age-specific OPD, diagnostics, digital wellness, maternity and ART benefits, women specific cancer benefit cover subject to eligibility and waiting periods. *Standard Plans* • Elevate HER Bloom – Adolescent preventive and reproductive wellness support • Elevate HER Thrive – Early adulthood wellness and hormonal health cover • Elevate HER Nurture – Comprehensive maternity and ART financial protection • Elevate HER Harmony – Menopause, hormonal and midlife health management *Plus Plans* • Elevate HER Bloom Plus-Adolescent preventive and reproductive wellness support with women-specific cancer benefit • Elevate HER Thrive Plus- Early adulthood wellness and hormonal health cover with women-specific cancer benefit • Elevate HER Nurture Plus- Comprehensive maternity and ART financial protection with women-specific cancer benefit • Elevate HER Harmony Plus- Menopause, hormonal and midlife health management with women-specific cancer benefit	c. ii. 34
	25. Power Booster Plus:	c. ii. 35

	Available only at the time of renewal, this cover provides additional Bonus of 100% of Sum Insured per year maximum up to an Unlimited Sum Insured; There will be no reduction even in case of claims. Power Booster Plus bonus Sum insured shall be available from the policy start date of such renewed policy (Note: This is an indicative list. Please refer the policy wording for complete understanding of the coverages)	
6.	**Exclusions (What does the policy not cover)** **i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI): -** **1. Investigation & Evaluation- Code- Excl04** **2. Rest Cure, rehabilitation and respite care- Code- Excl05** **3. Obesity/ Weight Control: Code- Excl06** **4. Change-of-Gender treatments: Code- Excl07** **5. Cosmetic or plastic Surgery: Code- Excl08** **6. Hazardous or Adventure sports: Code- Excl09** **7. Breach of law: Code- Excl10** **8. Excluded providers: Code- Excl11** **9.** Treatment for Alcoholism, etc **Code- Excl12** **10.** 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** **11.** Dietary supplements and substances **Code- Excl14** **12. Refractive Error: Code- Excl15** **13. Unproven Treatments: Code- Excl 16** **14. Sterility and Infertility: Code- Excl 17** **15. Maternity: Code Excl18** This exclusion will not be applicable in case optional cover 5 Maternity Benefit or optional cover 34 Elevate HER women care Nurture plan/Nurture Plus Plan has been opted. **ii. Specific Exclusions (Exclusions other than those specified above)**: - 16. War or any act of war, invasion, act of foreign enemy, war like operations. 17. Nuclear, chemical or biological attack or weapons 18. Out Patient treatment, except optional cover 8. Befit opted 19. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.	d. i. d.i.5 d.i.6 d.i.7 d.i.8 d.i.9 d.i.10 d.i.11 d.i.12 d.i.13 d.i.14 d.i.15 d.i.16 d.i.17 d.i.18 d.i.19 d. ii. Specific Exclusions d.ii.20 d.ii.21 d.ii.22 d.ii.23

	20. 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. 21. Treatment taken outside the geographical limits of India. This exclusion shall not be applicable for policies where Optional cover 9. Worldwide cover has been opted. 22. Personal comfort, cosmetics, convenience and hygiene related items and services 23. Acupressure, acupuncture, magnetic and other therapies 24. Circumcision, unless it is medically necessary treatment of an Illness or Injury. 25. Expenses for venereal disease or any sexually transmitted disease except HIV. 26. Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies 27. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) 28. Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions. Additional Exclusions applicable for Worldwide Cover (for specific coverage related exclusions, please refer policy wordings)	d.ii.24 d.ii.25 d.ii.26 d.ii.27 d.ii.28 d.ii.29 d.ii.30 d.ii.31 d.ii.32
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. **Maternity waiting period:** 24 months 7. **World Wide Cover Waiting Period** – 24 months 8. **BeFit** – 30 days 9. **Critical illness:** waiting period of 90 days and survival period of 0 days will be applicable 10. **Bariatric Surgery Waiting Period** – 24 months 11. **In-patient Hospitalization for Surrogate Mother** – 30 days **12. Elevate HER Women Care- As per the Plan eligibility and inclusion** A waiting period of 24 months applies to Maternity benefits, 36 months to ART benefits, and 30 days to diagnostic credits, and physical gynecology consultations, counted from the Add-on inception date. For the plus plans waiting period of 90 days and a survival period of 0 days will be applicable for women cancer benefit.	d. i. 4. d. i. 2 d. i. 1 d. i. 3 c. i. 3 c. ii.5 & c. ii.34 c. ii.8 c. ii. 9 c. ii.17 c. i.12 c. i.13 c.ii.34

	• Elevate HER Bloom- 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation • Elevate HER Thrive-30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation • Elevate HER Nurture- Maternity benefits 24 months, ART benefits 36 months, and 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation • Elevate HER Harmony - 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation • Elevate HER Bloom Plus- 90 days for Women specific cancer benefit and 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation • Elevate HER Thrive Plus-90 days for Women specific cancer benefit and 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation • Elevate HER Nurture Plus- Maternity benefits 24 months, ART benefits 36 months, 90 days for Women specific cancer benefit, and 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation • Elevate HER Harmony Plus- 90 days for Women specific cancer benefit and 30 days for Diagnostic credits and Elevate HER GynaeCare Visit-OPD consultation	
8.	**Financial limits of coverage** **i. Sub-limit** (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 AC Room **2. In-Patient Hospitalization for Surrogate Mother-** Up to Rs.5,00,000 **3. In-Patient Hospitalization for Oocyte Donor-** Up to Rs.5,00,000 **Optional Covers (As opted by the you): -** **1. Maternity Cover-** Up to 3 deliveries in a lifetime and up to Rs. 10% of Sum Insured, maximum up to Rs.1,00,000 for Maternity benefit. **2. New Born Baby Cover-** Up to twice the Sum Insured of maternity benefit cover/ Elevate HER Nurture/Elevate HER Nurture Plus Maternity limity or Rs.200,000 whichever is lower. **3. Vaccinations for New Born Baby** in the First Year- Up to 1% of Sum Insured or Rs.10,000, whichever is lower. **4. Worldwide Cover –** Up to Sum Insured, maximum up to Rs.3 Crore **5. Convalescence benefit-** A lump sum allowance of Rs. 20,000 will be provided. **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 hospitalization exceeding 5 days. **8. Health Check Up –** Up to 0.5% of Sum Insured subject to a maximum of Rs.5,000 for pre-defined packages and on cashless basis **9. Critical Illness-** A fixed lump sum amount equal to the Sum Insured subject to a maximum limit of ₹50 Lakhs. **10. Personal Accident Cover–** Lump sum payment up to Sum Insured, subject to maximum of Rs. 50 Lakhs for the insured events. • Accidental Death – 100% of Sum Insured • Permanent Total Disablement (PTD)- up to 100% of Sum Insured • Permanent Partial Disablement (PPD)- up to 75% of Sum Insured **11. Dependent Accommodation Benefit-** Up to Rs. 1,000 per day subject to maximum of 10 days **12. Durable Medical Equipment Cover-** Up to Sum Insured; within overall basic Sum Insured, maximum up to Rs. 5 Lakhs **13. 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.i.1 c.i.13 c.i.14 c.ii.5 c.ii.6 c.ii.7 c.ii.9 c.ii.13 c.ii.14 c.ii.15 c.ii.16 c.ii.17 c.ii.18 c.ii.21 c.ii.22 c.ii.28

	C. To Modify the room rent eligibility to a room rent capping of 1% of Sum Insured for normal room and 2% of Sum Insured for ICU per day.	
	14. 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-PPN hospital.	c.ii.29
	15. NRI Advantage- Cover for NRI - Discount of 25% on the policy premium	c.ii.30
	ii. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured) Voluntary Co-payment if opted shall be applicable for each and every claim. Voluntary Co-Payment opted-10%/20%/30%/40%/50%. Refer to the Policy Schedule for the voluntary co-payment applicable on the Policy.	c. ii. Optional Cover. 19
	iii. Deductible (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) Voluntary Deductible opted- Options available range from Rs. 10,000 to Rs. 50,000. Refer to the Policy Schedule for the voluntary deductible applicable on the Policy. Voluntary Deductible if opted shall be applicable on an aggregate basis for all hospitalisation expenses during the policy year which fall under basic cover.	c. ii. Optional Cover. 20
	16) Vital Essence: Covers specific listed illnesses with capped limits as per the sub-limit table. Limits apply from policy start. A fixed co-payment applies to each claim under this policy.	c. ii. Optional Cover. 33
	17) Elevate HER Women care This Add-on provides plan-wise sub-limits for OPD consultations, diagnostics credits, maternity, ART and specified tests as per selected Elevate HER Plan, subject to the applicable annual sub-limits and policy terms. Elevate HER Bloom: Elevate HER Gynae care visit- Up to 2 per Policy Year, ₹1,500 aggregate Diagnostic credits- points 2000 Elevate HER Thrive: Elevate HER Gynae care visit- Up to 2 per Policy Year, ₹1,500 aggregate Diagnostic credits- points 2500 Elevate HER Nurture: Elevate HER Gynae care visit- Up to 2 per Policy Year, ₹1,500 aggregate Diagnostic credits- points 3000	c. ii. Optional Cover. 34

	<table><tr><th>Base SI</th><th>Coverage limit for Maternity+ART</th></tr><tr><td>₹7.5 lakh</td><td>₹75,000</td></tr><tr><td>₹10 lakh</td><td>₹1,00,000</td></tr><tr><td>₹15 lakh</td><td>₹1,00,000</td></tr><tr><td>₹20 lakh</td><td>₹1,00 ,000</td></tr><tr><td>₹25 lakh</td><td>₹1,50,000</td></tr><tr><td>₹50 lakh</td><td>₹1,50,000</td></tr><tr><td>₹1 crore</td><td>₹2,00,000</td></tr><tr><td>₹3 crore</td><td>₹2,00,000</td></tr><tr><td>Unlimited</td><td>₹2,00,000</td></tr></table> Elevate HER Harmony: Elevate HER Gynae care visit- Up to 2 per Policy Year, ₹1,500 aggregate Diagnostic credits- points 4500 Elevate HER Plus Plans (Bloom Plus, Thrive Plus, Nurture Plus and Harmony Plus)- Limits for all benefits excluding Women specific cancer benefit same as mentioned for Bloom, Thrive, Nurture and Harmony as applicable. For women cancer benefit A fixed lump sum amount equal to the base policy Sum Insured subject to a maximum limit of ₹50 Lakhs. **iv. Any other limit (as applicable)** Not Applicable	
9.	**Claims/claims procedures** **Claims Procedure-** **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 **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 within 1 hour of the actual receipt of such pre authorization	f. (Other terms and conditions) f.I.1. (Other terms and conditions)

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/defaultsource/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.
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 (including Pre and Post-Hospotalization);
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 ILTakecare 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

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 and documents.

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 - https://www.icicilombard.com/docs/default-source/default-document-library/claim-form-less-then-1-lac-1-(1).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 Address: 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 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 I /irdai.gov.in, or on the Company's website at www.icicilombard.com.	e.15. General terms and conditions
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 the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges (Please refer to the Policy Wordings and the Prospectus for more details) If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com.	e.5. General terms and conditions

	Policy renewal: Except on grounds of established fraud, or misrepresentation or non-disclosure, renewal of your policy shall not be denied, provided the policy is not withdrawn.	e.7. General terms and conditions
	Migration: In case of migration of this Policy with Us, You can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous Policy to the migrated Policy. We may underwrite the proposal in case of migration, if You have not been continuously covered for 36 months.	e. 10. General terms and conditions
	Portability: a) You have the choice to port your Policies from one Insurer to another. You shall apply to such insurer to port the entire policy along with all the members of Your family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. b) You are entitled to transfer the credits gained to the extent of the Sum Insured and the benefits available in the previous Policy, subject to Our underwriting policy. c) We will provide Your information to the new insurerin not more than 72 hours from receiving your request through the Insurance Information Bureau of India..	e.9. General terms and conditions
	Change of Sum Insured: The sum insured can be modified (increase/decrease) only at renewal or anytimes, subject to company underwriting. Waiting period restarts for increased sum insured.	e.27. 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.)	e.17. General terms and conditions
	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.	e.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. • In the event of misrepresentation, non-disclosure of material facts, established fraud by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is established to be fraudulent or it is established that 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.	e. 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.