Health Shield 360

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** Health Shield 360	
2.	**Policy Number** XXXX	
3.	**Type of Insurance Product/Policy** Both Indemnity and Benefit	
4.	**Sum Insured Basis** - Individual Sum Insured- ₹ XXX -where each member has a separate Sum Insured under the policy - Floater Sum Insured – ₹ 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?)** **Base Covers:** **Hospitalization Expenses -** Up to the Annual Sum Insured for admission longer than 24 consecutive hours. **Day Care Treatment / Surgeries** – Covers Day Care medical expenses up to Annual Sum insured. **Pre-Hospitalization and Post Hospitalization expenses** - Covers Medical expenses <XX> days before <XX> days' post hospitalization	d) What we will pay (Scope of cover) A. Base cover.1 A. Base cover.2 A. Base cover.3

	In Patient AYUSH Hospitalization - Covers AYUSH treatment expenses in Indian AYUSH facilities (hospital & day care)	A. Base cover. 4
	Unlimited Reset Benefit – Reset can be availed unlimited times within a policy year if the total sum insured, including Loyalty Bonus, super loyalty bonus, and sum insured protector, is insufficient due to previous claims in that policy year. The reset amount, capped at the annual sum insured, can only be used for future claims within the same policy year unrelated to the previously paid claim for the same individual's illness, disease, or injury.	A. Base cover. 5
	Loyalty Bonus - Upon renewal, you'll receive an extra sum insured of 10% of Annual Sum Insured, up to a maximum of 100%.	A. Base cover. 6
	Donor Expenses –For an organ donated to the Insured Person up to annual sum insured.	A. Base cover. 7
	Domiciliary Hospitalization Up to the annual sum insured, requiring a minimum of 3 days' hospitalization.	A. Base cover. 8
	Base Cover (Optional):	
	Worldwide cover Including India (Hospitalization cover Worldwide cover benefit is available for 45 consecutive days from the date of travel in a single trip and 90 days in a cumulative basis as a whole in a Policy year. The expenses covered under this benefit shall be limited to Inpatient hospitalization expenses, days care treatment/ procedure expenses only.	B. Base cover (Optional). 1
	Road Emergency Ambulance (worldwide including India)	C. Extension/Optional Covers. 1

	Covers road ambulance expenses, incurred to transfer the Insured following an emergency to the nearest hospital per event of emergency hospitalization, provided we have accepted the in-patient claim. As per the limit mentioned under Sr.No.8 of CIS. **International Emergency Medical Assistance (worldwide including India):** **Air Ambulance (worldwide including India)** Expenses incurred on air ambulance services in respect to you which are offered by a healthcare or an air ambulance service provide to transfer you to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care. Maximum amount payable is up to Sum Insured. **Repatriation of Mortal Remains:** In the event of the death of the insured person oversea/abroad we will pay/reimburse the policyholder up to the amount mentioned under 'Sr.No.8' of CIS for the cost incurred towards the return of the mortal remains of the insured person to his/her place of residence in India. **Dependent Accommodation (Worldwide including India):** In case you contract an Illness or suffer an Injury due to Accident during the Policy Period and which solely and directly requires you to be Hospitalized, We will pay the daily amount for the accommodation of the dependent in the hospital only as per the amount mentioned under 'Sr.No.8' of CIS of each continuous and completed day of Hospitalization of the Insured Person: **Convalescence Benefit (Worldwide including India):** If you are hospitalized under worldwide cover including India (Hospitalization cover) for a minimum period of 10 consecutive days, due to any Injury or Illness as	C. Extension/Optional Covers. 2 a C. Extension/Optional Covers. 2 b C. Extension/Optional Covers. 3 C. Extension/Optional Covers. 4

	covered under the Policy, we will pay You the amount as mentioned under 'Sr.No.8' of CIS. This benefit is payable only once to an Insured Person during each Policy Year of the Policy Period.	
	Worldwide Loyalty Bonus In this cover the Loyalty Bonus accrued by You under clause no. 'A. Base cover. 6' Loyalty Bonus can be utilized by you outside the geographical boundaries of India. The Loyalty Bonus accrued can be utilized only for Inpatient hospitalization, day care treatment and surgeries and pre and post hospitalization expenses.	C. Extension/Optional Covers. 5
	Domestic Road Emergency Ambulance - Cover up to a limit as mentioned under 'Sr. no. 8 of CIS, provided the in-patient claim is accepted.	C. Extension/Optional Covers. 6
	Air Ambulance- Up to the annual sum Insured. Doesn't apply for hospital-to-hospital transfers.	C. Extension/Optional Covers. 7
	Tele Consultation(s)- If opted, the Insured Person can avail 24X7 unlimited tele consultations through Our mobile application.	C. Extension/Optional Covers. 8
	Sum Insured Protector - The Sum Insured will increase cumulatively at each renewal based on the previous year's inflation rate.	C. Extension/Optional Covers. 9
	Claim Protector - Excluded items listed by IRDAI become payable under this benefit.	C. Extension/Optional Covers. 10
	Super Loyalty Bonus - Renew your policy to potentially receive a Super Loyalty Bonus of 50% of the prior year's Annual Sum Insured, up to 100% of Sum Insured irrespective of claim.	C. Extension/Optional Covers. 11

	Maternity Cover This covers medical expenses for childbirth if you and your spouse are under the same family floater policy, having completed a specified waiting period, up to the limits mentioned under 'Sr. No.8' of CIS for both normal and Caesarean sections, with a maximum of two events.	C. Extension/Optional Covers. 12
	New-born baby cover - For the treatment of a newborn up to the limits mentioned under 'Sr. No.8' of CIS within 90 days from birth.	C. Extension/Optional Covers. 13
	Out Patient Treatment Cover - Including doctor consultation, prescribed pharmacy, and diagnostics up to the limits as mentioned under 'Sr. No.8' of CIS.	C. Extension/Optional Covers. 14
	Hospital Daily Cash: If You are Hospitalized for a minimum period of <XX> consecutive days, due to any Injury or Illness as covered under the Policy, we will pay You as mentioned under 'Sr. No.8' of CIS per insured member for maximum up to <XX> Days. This will be applicable only within the geographical boundaries of India.	C. Extension/Optional Covers. 15
	Daily Cash Benefit for Leave from Job In consideration of the payment of additional premium to us. We will pay You a daily cash amount for each completed day of hospitalisation for a minimum of 3 days and maximum of 10 days as mentioned under 'Sr. No.8' of CIS if You require leave from work, to attend your spouse only subject to the conditions mentioned in the Policy wordings.	C. Extension/Optional Covers. 16
	Compassionate Visit – The amount as mentioned under 'Sr. No.8' of CIS in total for economy class airfare for your Immediate Family's travel to and from their origin or residence, but only if you're hospitalized for a minimum of 5 consecutive days during the policy year	C. Extension/Optional Covers. 17
	Convalescence Benefit	

	If You are Hospitalized for a minimum period of 10 consecutive days, due to any Injury or Illness as covered under the Policy, we will pay You the amount as mentioned under 'Sr. No.8' of CIS. This benefit is payable only once to an Insured Person during each Policy Year of the Policy Period.	C. Extension/Optional Covers. 18
	Rehabilitation care We will pay You an amount as mentioned under 'Sr. No.8' of CIS for the post-surgical/operative rehabilitation care for a minimum period of 10 consecutive days, due to any Injury or Illness as covered under the Policy. This benefit is payable only once to you during each Policy Year of the Policy Period. Provided	C. Extension/Optional Covers. 19
	Nursing at Home - Covers expenses up to limit mentioned under 'Sr. No.8' of CIS for a maximum of 15 days post-hospitalization. This is for the services of a Qualified Nurse at your residence.	C. Extension/Optional Covers. 20
	Home Health care - Up to the Annual Sum Insured for home treatment. This applies if a Medical Practitioner advises non-emergency hospitalization, and you choose to undergo treatment at home voluntarily.	C. Extension/Optional Covers. 21
	Dependent Accommodation If you are hospitalized for a minimum period of 3 consecutive days, due to any injury or illness as covered under the policy, we will pay the amount as mentioned under 'Sr.No.8' of CIS maximum up to 10 days for the accommodation of the dependent in the hospital. This benefit is payable only for one immediate family member. (For the purpose of this Extension, Dependent means immediate family members as defined)	C. Extension/Optional Covers. 22

	Health Check-up - Health check-Up will be covered only at out empaneled service provider on cashless basis as per the available medical test packages	C. Extension/Optional Covers. 27
	360 Wellbeing Program - You will be enrolled in the 360 Wellbeing program, empowering individuals to manage lifestyle and prevent health complications. Refer to the Policy Terms and Conditions for more details.	C. Extension/Optional Covers. 28
	Critical illness Cover- If you are diagnosed with any of the listed Critical Illnesses during the coverage period, we will provide a lump sum payment of <XXXX>, given that the signs or symptoms of the Critical Illness first occur 90 days after the Risk Inception Date.	C. Extension/Optional Covers. 29
	Personal Accident Cover- **a) Death Benefit** We will pay <XXXX> to you or your nominee / legal heir, if you suffer an Injury due to an Accident that occurs during the Policy Period and that Injury results in the Insured Person's death within 365 days from the date of the Accident. Please refer Policy Terms and Conditions for further details.	C. Extension/Optional Covers. 30 a)
	b) Permanent Total Disablement (PTD) Benefit We will pay <XXXX> you or your Nominee / legal heir, if you suffer from an Injury due to an Accident that occurs during the Policy Period and that Injury results in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident. Please refer Policy Terms and Conditions for further details.	C. Extension/Optional Covers. 30 b)
	c) Permanent Partial Disablement Benefit (PPD) We will pay up to <XXXX> as per the percentage provided in the table in the policy wording if you suffer 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.	C. Extension/Optional Covers. 30 c)

	Recovery Benefit In consideration of the payment of additional premium to us .We will pay the you 1% of Sum insured maximum up to ₹ 50,000 as mentioned under 'Sr. No.8' of CIS , if you suffer an Injury due to an Accident that occurs during the Period of Cover and that solely and directly results in your hospitalization for at least 7 continuous days **Mobility Benefit** In consideration of the payment of additional premium to us .We will pay you 1% of sum insured maximum up to ₹50,000 under this Benefit to you towards modification of home, office and / or vehicle or towards purchase of an Artificial Limb or any prosthesis or any other expenses because of Permanent Total Disablement or Permanent Partial Disablement (which is only of the nature specified in the table below) covering the disabilities mentioned in the table below suffered by the Insured Person. However, Our liability for payment of all claims under this Benefit in aggregate for Period of Cover shall in no case exceed the Sum Insured for this Benefit as mentioned under Sr.No.8 of CIS.	C. Extension/Optional Covers. 31 C. Extension/Optional Covers. 32
6.	**<u>Exclusions (What does the policy not cover)</u>** **Standard Exclusions** **Code- Excl04-** Investigation & Evaluation **Code- Excl05-** Rest cure, rehabilitation and respite care **Code- Excl06:** Obesity/ Weight Control **Code- Excl07-** Change-of-Gender treatments **Code- Excl08-** Cosmetic or plastic Surgery **Code- Excl09-** Hazardous or Adventure sports **Code- Excl10**- Breach of law **Code- Excl11**- Excluded providers **Code-Excl12 -** Excludes treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl13-** Treatment in health hydros, nature cure clinics, spas, or similar places, and in private beds registered as a nursing home for domestic reasons.	e) i. Standard Exclusions e)i.3.5.i e)i.3.5.ii e)i.3.5.iii e)i.3.5.iv e)i.3.5.v e)i.3.5.vi e)i.3.5.vii e)i.3.5.viii e)i.3.5.ix e)i.3.5.x

	Code- Excl14 - Dietary supplements and non-prescription substances, like vitamins and minerals, unless prescribed by a medical practitioner as part of hospitalization or day care procedure claims.	e)i.3.5.xi
	Code- Excl15- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.	e)i.3.5.xii
	Code- Excl16- Unproven Treatments- Expenses for unproven treatments, services, or supplies lacking significant medical documentation to support their effectiveness.	e)i.3.5.xiii
	Code- Excl17- Sterility and infertility related expenses	e)i.3.5.xiv
	Code- Excl18- Maternity	e)i.3.5.xv
	Specific Exclusions	e)ii.Specific Exclusions
	• Any ailment / illness, injury, condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions.	e)ii.a)
	• 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.b)
	• Expenses incurred on all dental treatment unless necessitated due to an accident.	e)ii.c)
	• Personal comfort, cosmetics, convenience, and hygiene related items and services.	e)ii.d)
	• Acupressure, acupuncture, magnetic and other therapies	e)ii.e)
	• Circumcision is covered only if necessary for the treatment of an illness or required due to an accident. Expenses related to venereal diseases or any sexually transmitted diseases except HIV.	e)ii.f)
	• Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies such as but not limited to Cleft lip, Combination of cleft lip and cleft palate, Tongue Tie, CTEV (Club foot), Congenital Torticollis, Morphological abnormalities like congenital kyphosis, congenital scoliosis etc., and Phimosis	e)ii.g)
	• Treatment taken outside the country	e)ii.h) e)ii.i)

	• Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) • Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority • Any Illness or Injury caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. *some of the exclusion will be waived off if the extensions/optional cover is opted for the same.	e)ii.j) e)ii.k)
7.	**<u>Waiting period</u>** • **<u>Time period during which specified diseases/treatments are not covered</u>** • **<u>It is counted from the beginning of the policy</u>** **Pre-Existing Diseases:** Declared & accepted Pre-existing diseases will be covered after <XXX> of waiting period. **Specific waiting period (Not applicable for claims arising due to an accident):** Specific Illness and treatments shall be covered after <XXX> waiting period. (Please refer to the policy clauses for the full listing) In case of hypertension, diabetes and cardiac conditions, the waiting period will be XX days unless disclosed as pre-existing diseases. **Initial waiting period:** <XXX> days for all illnesses (not applicable in case of continuous renewal or accidents). **Maternity Waiting Period: Covered after waiting period of** <XXX> Years	 e)i.3.1 e)i.3.2 e)i.3.3 e)i.3.4
8.	**<u>Financial limits of coverage</u>**	

The policy will pay only up to the limits specified hereunder for the following diseases/procedures:

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

i. **Hospitalization Expenses** — D. A. Base cover.1

Room Rent Capping – XXXX

ii. **Road Emergency Ambulance (worldwide including India)** — C. Extension/Optional Covers. 1

Sum Insured	Overseas Claims	Domestic Claims
<XXX>	<XXX>	<XXX>

iii. **Repatriation of Mortal Remains** — C. Extension/Optional Covers. 2 b)

Sum Insured	Limit
<XXX>	<XXX>

iv. **Dependent Accommodation (Worldwide including India):** — C. Extension/Optional Covers. 3

Sum Insured	Limit
<XXX>	<XXX>

v. **Convalescence Benefit (Worldwide including India):** — C. Extension/Optional Covers. 4

Sum Insured	Limit
<XXX>	<XXX>

vi. **Domestic Road Emergency Ambulance-** — C. Extension/Optional Covers. 6

Sum Insured	Maximum limit per event
<XX>	<XX>

vii. **Maternity Cover –** — C. Extension/Optional Covers. 12

Sum Insured	Maximum up to
<XX>	<XX>

viii. **New-born baby cover -**

Sum Insured	Maximum up to
<XX>	<XX>

C. Extension/Optional Covers. 13

ix. **Out Patient Treatment Cover -**

Sum Insured	Maximum up to
<XX>	<XX>

C. Extension/Optional Covers. 14

x. **Hospital Daily Cash:**

Sum Insured	Limit
<XXX>	<XXX>

C. Extension/Optional Covers. 15

xi. **Daily Cash Benefit for Leave from Job**

Sum Insured	Limit
<XXX>	<XXX>

C. Extension/Optional Covers. 16

xii. **Compassionate Visit**

Sum Insured	Limit
<XXX>	<XXX>

C. Extension/Optional Covers. 17

xiii. **Convalescence Benefit**

Sum Insured	Limit
<XXX>	<XXX>

C. Extension/Optional Covers. 18

xiv. **Rehabilitation care**

Sum Insured	Limit
<XXX>	<XXX>

C. Extension/Optional Covers. 19

xv. **Nursing at Home**

Sum Insured	Limit
<XXX>	<XXX>

C. Extension/Optional Covers. 20

xvi. **Dependent Accommodation**

Sum Insured	Limit
<XXX>	<XXX>

C. Extension/Optional Covers. 22

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xvii. Recovery Benefit
<table>
<tr><th>Sum Insured</th><th>Limit</th></tr>
<tr><td><XXX></td><td><XXX></td></tr>
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xviii. Mobility Benefit
<table>
<tr><th>Sum Insured</th><th>Limit</th></tr>
<tr><td><XXX></td><td><XXX></td></tr>
</table>
xix. Sub-limit on specified Disease Categories XXXX

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

Co-Payment <XXX>

<u>Deductible (It is a specified amount:</u>
xx. <u>Up to which an insurance company will not pay any claim, and</u>
xxi. <u>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u>
Deductible <XXX>

<u>Any other limit (as applicable)</u>

Voluntary Co-payment or Per claim Deductible (Whichever is lower) – you will be liable to pay XX% of admissible claim amount for each and every claim or per claim Deductible amount of ₹XXXXXX (whichever is lower).
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<td>C. Extension/Optional Covers. 31

C. Extension/Optional Covers. 32

C. Extension/Optional Covers. 34

C. Extension/Optional Covers. 33</td>
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<tr><td>9.</td><td><u>Claims/claims procedures</u></td><td></td></tr>
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	<u>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 **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 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	Section g).4.1 (A)

	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 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 **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 hospitilisation. We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of	Section g).4.1 (B)

	discharge from the Hospital, failing which we will have the right to treat the claim as inadmissible. The claim will be processed within 15 days of receipt of claim along with claim form. 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 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://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 on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.comor use our IL TakeCare 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 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: 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 Redressal Officer of the Company at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com	f. I 15 General terms and conditions

	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 IRDAI 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	
12.	**<u>Things to remember</u>** **Multiple Policy:** In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be treated as the primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy. **Free Look cancellation:** Every Insured 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. 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	f.i4.General terms and conditions f.i14.General terms and conditions

	insurer on medical examination of the insured and stamp duty charges.. To cancel the policy, visit our website www.icicilombard.com (Customer Support section), call us at toll-free number 1800 2666, or email customersupport@icicilombard.com	
	Cancellation: • The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Company shall a. Refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced. • Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.	f.i6. General terms and conditions
	• The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on the grounds of established fraud."	
	Policy renewal: 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.	f.i 9. General terms and conditions

	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 **Migration and 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. 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. In case You are desirous of migrating or outward porting Your Policy, kindly contact us at customersupport@icicilombard.com. **Change in Sum Insured:** Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, 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. **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	f.i.7 & 8. General terms and conditions f.ii.8 Specific terms and clauses f.i.11. General terms and conditions

	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.	
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, 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. 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: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. https://www.icicilombard.com/downloads