

Income Protect

Customer Information Sheet/ Know Your Policy

This Customer Information Sheet includes all the Benefits under this policy, however you will be eligible only for those benefits mentioned on your policy schedule.

Sr. No	Description	Policy Clause No.
1.	<u>Name of Insurance Product/ Policy:</u> Income Protect	
2	<u>Policy Number:</u> XXXX	
3	<u>Type of Insurance Product/ Policy:</u> This is a Benefit Policy	
4	<u>Sum Insured:</u> This is an individual policy where sum insured mentioned is for the insured as per policy certificate Sum Insured - <XXXX> Sum Insured Basis - <XXXX>	
5	<u>Policy Coverage (Policy Clause Number/s):</u>	
	Section A	
	Benefit 1: Loss of Income on account of loss of employment (Termination/Retrenchment/Permanent Dismissal/layoff)	Part III of wordings
	If an Insured Person suffers an Involuntary Unemployment during the Period of Cover resulting in loss of Income, then We will pay the monthly amount specified in the Policy Certificate against this Benefit for each continuous and completed month. This cover maybe opted at policy inception by Salaried Individuals only.	Under Section A 1.1
	Section B	
	Benefit 2: Critical Illness	Part III of wordings
	We will pay a lumpsum amount as specified on the Policy Certificate on the First Diagnosis of any one of the Critical Illnesses listed in the policy wordings. A 90 days Waiting period will be applicable. (or number of days as specified below if optional cover "Modification of Waiting period for Section B" has been opted)	Under Section B 2.1

	If an Insured Person is First Diagnosed with any one of the Critical Illnesses listed below during the Period of Cover then We will pay the Sum Insured specified in the Policy Certificate against this Benefit as a lumpsum amount, in the manner specified in the Policy Certificate, provided that the signs or symptoms of such Critical Illness first commence after 90 days from the Risk Inception Date. (or after number of days as as specified below if optional cover “Modification of Waiting period for Section B” has been opted)	
	Benefit 3: Major surgical procedures We shall pay a percentage of the amount specified in the Policy Certificate on occurrence of the listed Surgery/Surgical Procedure. The amount payable is as defined against each Surgery, as listed in the policy wordings. If the Insured Person is Hospitalized on the written advice of the treating Medical Practitioner due to an Illness contracted or any Injury sustained during the Period of Cover, and is advised by a Medical Practitioner qualified as a Surgeon to undergo a Surgical Procedure specified in Annexure A to this Policy, then We will pay the amount specified against such Surgical Procedure in Annexure A as a lumpsum amount.	Part III of wordings Under Section B 3.1
	Optional Cover: Modification of Waiting period for Section B: This optional cover is applicable to your policy. The waiting period of Section B (Benefit 2 and Benefit 3) stands modified as <0/30/45/60> days	Part III of wordings Under Section B 3.4
	Section C : PERSONAL ACCIDENT SECTION	
	Benefit 4: Accidental Death Benefit We shall pay the Sum Insured as specified in the Policy Certificate on death of the Insured Person that is solely and directly caused due to an Injury suffered due to an Accident and occurs within 365 days from the date of such Accident.	Part III of wordings Under Section C 4.1.1
	Benefit 5: Permanent Total Disablement (PTD) Benefit We shall pay the Sum Insured as specified in the Policy Certificate on the Permanent Total Disablement of the Insured Person which results solely and directly due to an Injury suffered due to an Accident, and occurs within 365 days from the date of such Accident.	Part III of wordings Under Section C 4.1.2
	Benefit 6: Permanent Partial Disablement (PPD) Benefit We shall pay a defined percentage of Sum Insured specified in the Policy Certificate on Permanent Partial Disablement of the Insured Person which arises solely and directly from an Injury suffered due to an Accident and results in loss	Part III of wordings Under Section C 4.1.3

	of use or the actual loss by physical separation of specified body parts, and occurs within a period of 365 days from the date of such Accident.	
	Benefit 7: Temporary Total Disablement (TTD) Benefit We shall pay a defined amount on a weekly basis specified in the Policy Certificate on Temporary Total Disablement of the Insured Person resulting solely and directly due to an Injury suffered due to an Accident which prevents the Insured Person from engaging in any employment or occupation on a temporary basis.	Part III of wordings Under Section C 4.1.4
	Benefit 8 : Mysterious Disappearance Benefit We shall pay the Sum Insured as specified in the Policy Certificate in the event of Accident of the Common Carrier on which the Insured Person was travelling during the Period of Cover, if the Insured Person disappears for more than 365 days from the date of such Accident.	Part III of wordings Under Section C 4.1.5
	Section D	
	Benefit 9 : Hospital Daily Cash Benefit We shall pay a defined amount as specified in the Policy Certificate for each completed day of Hospitalization as an in-patient for an Illness or any Injury due to an Accident. Such payout shall be double for each day of stay in an ICU room. A minimum period of 24 hours of Hospitalization is applicable as mandatory (Note: Please refer to the policy wordings for complete benefit details).	Part III of wordings Under Section D 5.1
6	<u>Exclusions (What the policy does not cover):</u> Please refer to the policy clauses for a complete list. We shall not be liable under this Policy for payment of any claim in respect to the Insured person, arising from or in any way attributable to any of the following: Section A We shall not be liable under this Policy for payment for any claim in respect of an Insured Person, caused by, arising from or in any way attributable to any of the following: 1. The Insured event occurring prior to the Risk Inception Date or arising within the first 90 days of commencement of the Period of cover. 2. Any Involuntary Unemployment of the Insured Person that is not attributed to the insured person suffering an Illness or Injury due to an Accident	

	3. Unemployment from any occupation or job which is Casual, Temporary, Seasonal or contractual in nature, or where the Insured Person is not on the direct payroll of the employer. 4. Any voluntary unemployment, self-resignation, or voluntary retirement. 5. Any Involuntary Unemployment or suspension of the Insured Person at his/her Primary Occupation, which is temporary in nature. 6. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person. 7. Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation. 8. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of the renewal. 9. Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Inception Date. 10. Withdrawal of offer of employment by an employer. Section B, Benefit 2 1. Any Critical Illness where the symptoms indicative of such Critical Illness have first manifested or first occurred prior to the Risk Inception Date or arisen within waiting period mentioned in the policy certificate of commencement of the Period of Cover. 2. Any Critical Illness arising on account of or in connection with any Pre-Existing Disease(s). 3. Any physical, medical condition or treatment or service that is specifically excluded in the Policy Certificate under the head "Special Conditions". 4. Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such Critical Illness. 5. Any Critical Illness traceable to pregnancy, childbirth, abortion, or related consequences. Section B, Benefit 3 1. Any covered Surgery/Surgical Procedure arising out of an Illness diagnosed/contracted prior to the Risk Inception Date or arising within waiting period mentioned in the policy certificate of commencement of the Coverage Period. However, no Waiting Period will be applicable in case of	
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	any Surgical Procedure arising out of/due to an Accident during the Coverage Period. - Any Surgery/Surgical Procedure arising out of an accident which occurred prior to Risk Inception Date. - Any Pre-Existing Disease(s). - Any of the covered Surgery/Surgical Procedure performed which was otherwise deemed unnecessary, or against standard health practices. - Any Unproven/Experimental treatment. - Any Surgery/Surgical Procedure performed solely due to cosmetic or aesthetic reasons. - Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such an Illness or Injury or the undergoing of the medical / Surgical Procedure. Section C - War, invasion, act of foreign enemy, hostilities or warlike operations, (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft. - Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institutions except to the extent it is expressly covered under any Benefit. - Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world. - Breach of law or while being involved in any unlawful activity. - Any Injury / Illness arising from full-time involvement in professional sports for livelihood and remuneration, except to the extent it is expressly covered under any Benefit. - Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide. - Any Injury / Illness arising from a failure to take reasonable precautions to avoid a claim under the Policy. - Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.	
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9. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel or any other high risk occupations. 10. Any Injury that has occurred prior to the commencement of the Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. 11. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof. 12. Any Illness, complication or ailment not arising out of or connected to injury . 13. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), injury, illness or hospitalization of the Insured Person resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof. 14. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of Insured Person due to insect or mosquito bite 15. Death, disablement (permanent or temporary), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous) or resulting from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. Section D We shall not be liable to make any payment for claim under this section of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following: 1. Any illness, or accident causing injury leading to the Hospitalization, which has occurred prior to the Risk Inception Date. 2. Any hospitalization falling within the Waiting Period as specified in the Policy Certificate, subject to a maximum waiting period of 30 days. a. Expenses related to the treatment of any illness within the waiting period shall be excluded except claims arising due to an accident, provided the same are covered. 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 shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	
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3. Pre-existing Disease (Unless specifically covered and mentioned in the policy certificate) a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with 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 norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage d. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. 4. All dental treatment or dental surgery of any kind unless necessitated due to an Accident 5. Unproven Treatment: 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. 6. Any treatment received outside India unless specifically covered and specified in the Policy Certificate unless specifically covered and specified in the Policy Certificate. 7. Circumcision unless necessary for treatment of underlying diseases. 8. Maternity (Unless specifically covered and mentioned in the policy certificate) a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period; 9. Birth control, sterility and infertility: Expenses related to birth control, sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI	
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iii. Gestational surrogacy iv. Reversal of sterilization. 10. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate. 11. Cosmetic or Plastic Surgery: 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. 12. Refractive error: Expenses related to the treatment for the correction of eye sight due to refractive errors less than 7.5 diopters. 13. Investigation & evaluation: i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded; ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 14. Treatment of general debility, convalescence, run-down condition or rest cure, sterility, venereal disease. 15. Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: a. Surgery to be conducted is upon the advice of the doctor. b. The surgery / Procedure conducted should be supported by clinical protocols. c. The member has to be 18 years of age or older and d. Body Mass Index (BMI); i. Greater than or equal to 40 or ii. 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: 1. Obesity-related cardiomyopathy 2. Coronary heart disease 3. Severe sleep apnea 4. Uncontrolled type 2 diabetes 16. Intentional self-Injury, suicide or attempt to suicide. 17. Any Injury that has occurred prior to the commencement of the Policy Cover	
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	whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. Any Illness, complication or ailment arising out of or connected to such injury. 18. Any external congenital anomalies. 19. Any injury / illness occurring whilst engaging in any adventure sports as an amateur at any event which occurs whilst the Insured Person is operating or learning to operate any aircraft, common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines, or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from, or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world 20. Change of gender treatment: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. 21. Treatment by the family member and self-medication or any treatment that is not scientifically recognized. 22. Hazardous or Adventure Sport: 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. 23. Breach of Law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 24. Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 25. Treatments received in health 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. 26. 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 27. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.	
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28. Death, disablement (permanent or temporary), injury, illness, or hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous) or resulting from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 29. Exclusion related to rest cure, rehabilitation and respite care: 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. 30. Any Procedure/ treatment which is carried out as a Day Care Treatment, or which requires less than 24 continuous hours of hospitalization. 31. Specific Waiting Period (unless specifically covered and mentioned in the policy certificate): Expenses related to the treatment of the below 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. These exclusions shall not be applicable for claims arising due to an accident. In case of enhancement of the sum insured, the exclusion shall apply afresh to the extent of increase in the sum insured. 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. The waiting period for the listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage. Find the list of such specific diseases/procedures below: • Deviated nasal septum, CSOM-chronic suppurative otitis media i. Stapedectomy, mastoidectomy, any treatment for conditions related to tonsils, adenoids, sinuses, turbinates/ concha • Fibroids (fibromyoma), endometriosis, uterine prolapse, polycystic ovarian syndrome(PCOS)	
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	• Dilatation and curettage (D&C), myomectomy, hysterectomy • Arthritis, gout and rheumatism • Stones in gall bladder & biliary system; cholecystitis, fissure/fistula in anus, hemorrhoids, pilonidal sinus, piles, esophageal varices & gastric varices, gastritis, duodenitis & pancreatitis • Gastric & duodenal ulcers, gastro esophageal reflux disorder (GERD)/acid peptic disease, ulcerative colitis, crohn's disease, irritable bowel syndrome, Inflammatory Bowel disease • All forms of cirrhosis, rectal prolapse, perineal abscesses, and perianal abscesses • Cholecystectomy, endoscopy • Stones in the urinary system, all prostate diseases, chronic renal failure or end stage renal failure or chronic kidney disease, and dialysis. • Dysfunctional uterine bleeding, pelvic inflammatory diseases, stress incontinence, hydrocele, varicocele/ rectocele/ spermatocele • Cataract, glaucoma, diseases of the vitreous and retina • Unless malignant, all internal/ external tumors, cysts, nodules, polyps, sinus, fistula, adenoma, lumps including teratoma, breast lumps, dermoid cyst, ovarian cyst, desmoid tumour, umbilical granuloma, mucous cyst of lip/cheek • Diseases related to thyroid • All skin ailments • Ulcers of any kind (internal or external) including decubitus ulcers • Varicose veins and varicose ulcers • Intervertebral disc disorders, arthroscopy, spinal and vertebral disorders including diagnosis as low back ache, surgeries for joint replacements (except if hospitalization is required due to an accidental injury) • All hernias (except if hospitalization is required due to an Injury) General Exclusions 1. Any physical, medical, condition, or treatment, or service that is specifically excluded in the Policy Certificate under "Special Conditions". 2. Any breach of law by the Insured Person with a criminal intent. 3. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of citizens of whatever nation, riots or civil commotion.	
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	4. Any injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution except to the extent it is expressly covered under any benefit. 5. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission. 6. Usage, consumption, or abuse of alcohol and / or drugs. 7. Participation (aggravation) in any kind of strike, processions, riots, etc. 8. Any act of self-destruction or self-inflicted injury, attempt to suicide or suicide. 9. Any injury / illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel 10. Any consequential or indirect losses or expenses related to any insured event. 11. Any tests and treatment relating to infertility and in vitro fertilization. 12. Any Injury / Illness occurring whilst engaging in any adventure sports either as an instructor/ trainer, or as a participant. <i>(Note: Please refer to the policy wordings for complete details)</i>	
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 coverage</u> Following Waiting Periods are available under the Policy. The waiting period shall be applicable as mentioned in the policy certificate. Initial Waiting Period: Section A – 90 days Section B – 90 days (this stands modified if optional cover “Modification of Waiting period for Section B” is opted) Section C - No Waiting Period Section D – 30 days Specific Waiting Period: Any Hospitalization due to the list of illness as per policy wordings, if arising during the specific Waiting Period of two years, shall not be payable, unless the two year Waiting Period is waived off and specified as such in the Policy Certificate Pre-Existing Diseases: Any Insured Event arising on account of or in connection with any Pre-Existing Disease will not be covered.	Part III of the wordings under Section A Section B Section C Section D & Policy Certificate

	Optional Cover: Modification of Waiting period for Section B. the Waiting Period applicable under Section B – shall stand modified as <0/30/45/60> days	
8	<u>Financial Limits of coverages:</u> I Sub-Limit - It is a predefined limit and the insurance company will not pay any amount in excess of this limit): Not Applicable II Co-payment - (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured) Not Applicable 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 claim amount is more than the specified amount): A 30 days deductible shall be applicable under section A	Clause 2: “Payments” Part III of the wordings under Section A 1.1
9	<u>Claims / Claims Procedure:</u> - Upon the happening of any event giving rise or likely to give rise to a claim under this policy, the Insured shall intimate and register the claim with us on our 24x7 toll free helpline number 18002666 or e-mail ihealthcare@icicilombard.com - The Insured shall intimate the claims with all the claim along with documents relevant to the making of such claim within 30 days of the insured event. - We shall make the payment of claim that has been admitted as payable by us under the policy within 15 days of receipt of the claim along with documents and information required for the settlement of the claim 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 Download the Claim Form here: https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	Part VI of wordings “GENERAL POLICY TERMS AND CONDITIONS” Clause 4: “CLAIM SETTLEMENT/PROCEDURE”

10	<u>Policy Servicing</u> Call us on our toll free number: 1800 2666 or email us at customersupport@icicilombard.com ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 For details of Company officials kindly visit our website For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support	Part VII of wordings “Standard Terms and Conditions” Clause 18 “Grievances”
11	<u>Grievances/ Complaints</u> 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 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 Please refer to the policy wordings for the details of Insurance Ombudsman.	
12	<u>Things to Remember</u> Free Look Period: 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 proposer and stamp duty charges." (Note: Kindly refer policy wordings for cancellations as per the Refund Grid) Policy Renewal: The grace period for payment of the premium for all types of insurance policies shall be: 15 days where premium payment mode is monthly and 30 days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period. • We will not be liable to pay for any claim arising out of an Insured Event that occurs during the grace period. • Renewals will not be denied except on grounds of misrepresentation, moral hazard, established fraud, non-disclosure of material facts. We may, revise the renewal premium payable under the policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. • Waiting periods will not be applicable (subject to no break in the policy) Migration: In case of migration of 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. Portability:	Part VII of wordings "Standard Terms and Conditions" Clause 14 "Free Look Period" Part VII of wordings Part VI of wordings "General Policy Terms and Conditions" Clause 3: "Terms of Renewal" Part I of the Wording s "Specific Definitions" Definition No. 29: "Waiting Period"

	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. Moratorium Period: After 60 continuous months, (including portability and migration), your policy or claims can't be contested for non-disclosure or misrepresentation, except in cases of proven fraud. This is known as the moratorium period. This moratorium applies to the sum insured of your first policy. If you increase your sum insured, the 60-month period will restart for the increased amount only, from the date of enhancement.	Clause 5 of "VII Standard policy terms and conditions" GENERAL DEFINITIONS. Standard Definitions No.23,24, 27
13	<u>Your Obligations</u> • Please disclose all material information (Including Pre-existing illnesses) before buying the policy. • The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld.	Part I of the Wordings "General Definitions" Definition No. 8: "Disclosure to information norm"

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. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer