

Key Information Sheet

S.No	Title	Description	Refer To Policy Wordings
1.	Product Name	ICICI Lombard Group Health Insurance (UIN: ICILGPO2001V030102)	
2.	What am I covered for	Sum Insured	5, 7 & 10 Lakhs
		In Patient treatment	Covers Hospital expenses for admission longer than 24 hours
		Pre & Post Hospitalisation	Medical Expenses incurred due to illness up to 30 days period immediately before and 60 days immediately after an Insured Person's admission to a Hospital
		Day Care Procedure	Medical expenses for day care procedures where such procedures are undertaken by an Insured Person as an In-patient in a Hospital for continuous period of less than 24 hours
		Domiciliary hospitalisation	Medical expenses for treatment taken when confined within one's home for a minimum of 3 consecutive days
		Donor expense	Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Insured persons, subject to a maximum of 2 adults covered in the Policy
		Cover for Alternative methods of treatment	Reimbursement of Medical expenses incurred on inpatient treatment through Alternative methods
		Road ambulance services	Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital. Maximum amount payable is `3000 per event of emergency hospitalization for sum insured of 10 lacs and Rs. 1500 for sum insured of 5 & 7 lacs
		Outpatient department expenses (OPD)	Reimbursement of medical expenses incurred on outpatient care such as doctor consultations, pharmacy and diagnostics. Maximum amount payable is Rs. 4,000 for individual policy and Rs. 8,000 for Floater policy
	Maternity cover	Medical expenses for the delivery of a child, where Insured Person and spouse, both are covered, after a waiting period of 2 years. Maximum amount payable under this cover is Rs. 35,000/- for sum insured of 10 lacs and Rs. 25000 for sum insured of 5 & 7 lacs.	
3.	What are the major Exclusions in the Policy	<p>Note: Following is an indicative list of the policy exclusions. Please refer to the policy clause for the complete list.</p> <ul style="list-style-type: none"> * Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies * Unproven experimental treatment * Treatment taken outside the country * Cosmetic surgery * Sterility, venereal diseases or any sexually transmitted diseases * Dental treatment unless due to accident * Any case directly or indirectly related to criminal acts * Refractive error correction, hearing impairment correction * Substance abuse, self-inflicted injuries, STDs and HIV/ AIDS 	Part II of the Schedule Clause 3.4 Permanent exclusions
4.	Waiting Period	<p>(a) Initial waiting period: 30 days for all illnesses (except Hospitalisation due to injury).</p> <p>(b) Specific waiting period: First 24 months, for specific illness and treatment. (Please refer to the policy clauses for the full listing)</p> <p>(c) Pre-existing diseases: Covered after 24 months of continuous coverage</p> <p>(d) Maternity Waiting period: 24 months of continuous coverage provided both insured and legally wedded spouse are covered under same policy for that duration</p> <p>(e) OPD waiting period: 90 days from Policy inception</p>	Part II of the Schedule Clause 3.1 Clause 3.2

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5.	Sub Limit	Cataract, where sub-limit of 35,000/- is applicable per eye per Policy year for Sum Insured up to 7Lacs. Sub limit of 1,00,000 per eye per Policy year will be applicable for Sum Insured above 7Lacs	Part II of the Schedule Clause 3.3
6.	Payout Basis	* Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover * Cashless Facility available at over 4000+ network hospitals.	Part II of the Schedule Clause 4. Claim Administration
7	Renewal	a) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health Insurance is withdrawn by the Company) approved by IRDA. b) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. c) The policy could be subject to certain changes in terms and conditions including change in premium rate. d) Premium rates may change at the time of renewal subject to change in plan &/or age band of senior most insured	Part II of the Schedule Clause 5. Special conditions
8	Cancellation	e) Disclosure to information norm: The policy shall be void and all premium paid hereon shall be forfeited to the company, in the event of misinterpretation, mis-description or non-disclosure of any material fact. f) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period.	Part III of the Schedule Clause 13. Cancellation/Termination

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Policy Wordings

ICICI Lombard General Insurance Company Limited ("We/ Us"), having received a Proposal and the premium from the Policy Holder named in Part I of the Policy (hereinafter referred to as the "Policy Schedule") and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by Us and the Policy Holder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Policy Schedule, and further, subject to the terms and conditions contained in this Policy that on proof to Our satisfaction of the compensation having become payable as set out in the Policy Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Annual Sum Insured/ appropriate benefit amount will be paid by Us.

PART II OF THE POLICY

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Extensions/Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment includes subsequent changes to the same.

Accident means a sudden, unforeseen and involuntary event caused by external, and visible and violent means.

Admission means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Annual Sum Insured means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Break in Policy occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body

ii. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent preauthorization approved.

Claim means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

Day Care Treatment refers to medical treatment, and/or Surgical Procedure which is:

i. Undertaken under General or Local Anesthesia in a Hospital/ Day care centre in less than 24 hrs because of technological advancement, and

ii. Which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Day care centre means any institution established for day care treatment of Illness and/ or injuries or a medical set - up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment; has qualified medical practitioner(s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out-maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Deductible is a cost sharing requirement under a health insurance policy that provides that We will not be liable for specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policy, which will apply before any benefits are payable by Us. This is to clarify that a deductible does not reduce the sum insured.

Domiciliary Hospitalisation means medical treatment for an illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

ii. The patient takes treatment at home on account of non availability of room in a hospital.

Emergency care is management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and require immediate care by a medical practitioner to prevent death or serious long term impairment of insured's personal health.

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which no premium is received.

Hospital means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities under the

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Clinical Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR comply with all minimum criteria as under

- i. Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- ii. Has qualified nursing staff under its employment round the clock;
- iii. Has qualified medical practitioner(s) in charge round the clock;
- iv. as a fully equipped operation theatre of its own where surgical procedures are carried out
- v. Maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care and consecutive hours except for specified Day Care procedures/ Treatments, where such admission could be for a period of less than 24 consecutive hours.

Inpatient care means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

Illness means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- i. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- ii. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests-it needs ongoing or long-term control or relief of symptoms-it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely-it comes back or is likely to come back.

Injury means any accidental physical bodily harm occurring during the Policy Period, excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Insured/ Insured Person(s) means the individual(s) whose name(s) is/ are specifically appearing as such in the Policy Schedule and is/ are hereinafter referred as "You"/"Your"/"Yours"/"Yourself"

Maternity Expenses shall include -

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization);
- ii. Expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or

doctors in the same locality would have charged for the same medical treatment.

Medically necessary is defined as any treatment, tests medication or stay in hospital or part of a stay in Hospital which

- i. Is required for the medical management of the illness or Injury suffered by the insured

- ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity

- iii. Must have been prescribed by a Medical practitioner
- iv. Must conform to the professional standard widely accepted in international medical practice or by the medical community in India

Medical Practitioner is a person who holds a valid registration from Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family." Immediate Family would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s).

Network Provider means hospitals or health care provider enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Non- Network means any Hospital, day care centre or other provider that is not part of the Network.

Notification/ Intimation of Claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

OPD treatment is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or inpatient.

Period of Insurance means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by You from Us and then, running concurrent to Your current Policy subject to the Your continuous renewal of such Policy with Us.

Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.

Policy Holder means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).

Policy Period means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.

Policy Year means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve month period. For the purpose of subsequent years,

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"Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule

Portability means transfer by an individual health insurance policyholder (including Family cover) of the credit gainer for preexisting conditions and time-bound exclusions if he/she chooses to switch from one insurer to another

Pre-existing Disease means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and/ or were diagnosed, and/ or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

Post Hospitalisation Medical Expenses means medical expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Pre Hospitalisation means medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness/injury involved.

Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Senior Citizen means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that maybe recovered from any other source.

Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

Unproven/Experimental treatment means any treatment including drug experimental therapy which is not based on established medical practice in India.

You/ Your/ Yours/ Yourself means the person(s) that We insure and is/ are specifically named as Insured/ Insured Person(s) in the Policy Schedule.

We/ Our/ Ours/ Us means the ICICI Lombard General Insurance

Company Limited.

2. WHAT WE WILL PAY (SCOPE OF COVER)

A) In-patient Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed here on that, if during the Policy - year, You require Hospitalization for any Illness or Injury on the written advice of a Medical Practitioner, then We will indemnify the Medical Expenses so incurred by You.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

B) Day Care Procedures/Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed here on that, if during the Policy - year, You require Hospitalization as an inpatient for less than 24 hours in a Hospital (but not in the outpatient department of a Hospital) on the written advice of a Medical Practitioner, then We will pay You for the Medical Expenses incurred for undergoing such Day Care Procedure/ Treatment or surgery, (as is mentioned in the list of Day Care Procedures/ Treatments annexed to this Policy and also available on our website www.icicilombard.com).

However, Our total liability under this cover for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

C) Pre-Hospitalization and Post-Hospitalization Expenses

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed here on that, We will compensate You for the relevant Medical Expenses incurred by You in relation to:

- i. Pre-hospitalization Medical Expenses incurred by You for a 30-day period immediately prior to Your Hospitalization; and
- ii. Post-hospitalization Medical Expenses incurred by You for a 60-day period immediately post Hospitalization, provided that Your Hospitalization falls within the Policy year and We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy. However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

D) Ambulance Services - In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, We will reimburse You up to a maximum of ` 1500/- per Hospitalization, for the reasonable expenses incurred by You on availing ambulance services offered by a Hospital or by an ambulance service provider for Your necessary transportation to the nearest Hospital in case of a life threatening emergency condition, provided however that, a Claim under this extension shall be payable by Us only when:

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- (i) Such life threatening emergency condition is certified by the Medical Practitioner, and
(ii) We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy

E) Domiciliary Hospitalisation - We will reimburse Medical Expenses of an Insured Person for the Domiciliary Hospitalisation during the Policy Period following an Illness or Injury that occurs during the Policy Period and the treating Medical Practitioner confirms in writing that Domiciliary Hospitalisation was medically necessary.

Conditions

- i. The Domiciliary Hospitalisation continues for at least 3 consecutive days and is necessarily being administered by or under the supervision of a medical practitioner in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;
- ii. The Insured Person's condition was such that
- iii. the Insured Person could not be transferred to a Hospital OR
- iv. the Insured Person satisfies Us that a Hospital bed was unavailable

We shall not be liable to pay for any claim in connection with:

- i. Post hospitalisation expenses
- ii. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
- iii. Arthritis, gout and rheumatism;
- iv. Chronic nephritis and nephritic syndrome;
- v. Any liver disease
- vi. Diarrhea and all type of dysenteries, including gastroenteritis;
- vii. Diabetes mellitus and insipidus;
- viii. Epilepsy;
- ix. Hypertension;
- x. Psychiatric or psychosomatic disorders of all kinds;
- xi. Pyrexia of any origin.

F) Donor Expenses - We will cover the in-patient Medical Expenses incurred for an organ donor's hospitalisation for the harvesting of the organ donated to the insured up to the Annual sum insured, as mentioned against this extension in the Policy Schedule for Domestic and Worldwide Cover respectively, provided that:

- i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- ii. We have paid for the insured person's hospitalisation claim under the policy

We will not cover:

- i. Pre-hospitalisation Medical Expenses or Post-hospitalisation Medical Expenses of the organ donor.
- ii. Screening expenses of the organ donor.
- iii. Any other Medical Expenses as a result of the harvesting from the organ donor.
- iv. Costs directly or indirectly associated with the acquisition of the donor's organ.
- v. Transplant of any organ/tissue where the transplant is experimental or investigational.
- vi. Expenses related to organ transportation or preservation.
- vii. Any other medical treatment or complication in respect of the donor, consequent to harvesting

G) Cover for alternative methods of treatment - We will reimburse expenses for Alternate treatment only when the treatment has been

taken under In-patient and has been undergone in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

We will not cover expenses for hospitalization done for evaluation or investigation only. Treatment taken at a healthcare facility which is not a Hospital are also excluded.

H) Outpatient department expenses - We will reimburse You for the Medical Expenses incurred by You as an Outpatient subject to Annual Sum Insured as mentioned against this Cover under this Policy.

For the purpose of this extension, Out-patient will mean the insured patient who is not hospitalized for more than 24 consecutive hours but who visits a Hospital, clinic, or associated facility for diagnosis or treatment.

Exclusion applicable to this Cover:

We shall not be liable to make any payment under this Extension in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

- i. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)
- ii. Use, misuse or abuse of intoxicating drugs or alcohol
- iii. Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness
- iv. Any treatment/surgery for change of sex or treatment/surgery/
- v. complications/ Illness arising as a consequence thereof
- vi. Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury
- vii. Any case directly or indirectly related to criminal acts
- viii. Treatment taken outside the country
- ix. Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by an Insured with any malafide or criminal intent
- x. Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, 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
- xi. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionizing radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.

Claim Documents for this Cover

You will be required to furnish the following documents in original for or in support of a Claim:

- i. Duly completed Claim form
- ii. Bills/ invoices raised in Your name
- iii. Test reports and payment receipts
- iv. Any other document as required by Us

Payment of Claims

The reimbursement of claims under this extension shall be done only once per insured member during each Policy Year of the Policy Period.

The reimbursement of claim under this extension shall be done only after the first 90 days from Policy Start Date. No Claim will

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be admissible under this extension, 30 days after the expiry of Policy Year.

Subject otherwise to the terms and conditions of the Policy.

I) Maternity benefit - We will reimburse You for Medical Expenses incurred for delivery, including a caesarian section, during Hospitalization or lawful medical termination of pregnancy during the Policy Year subject always to the annual sum insured mentioned against this cover in the policy schedule. The cover shall be limited to 2 deliveries/ terminations during the Period of Insurance. Pre-natal and postnatal expenses shall be covered up to the amount as stated in the Policy Schedule. Provided always that;

a) The cover under this extension shall be available after 36 months of continuous coverage have elapsed since the inception of the first Policy with Us.

b) Pre- and Post-Hospitalization expenses under 2 (C) will not be covered under this extension

c) This benefit is available only under a family floater Policy

d) This benefit is available for You or Your spouse provided You and Your spouse, both are covered under the same family floater Policy

e) We will not cover ectopic pregnancy under this benefit (the same shall be covered under In-patient Treatment)

Subject otherwise to the terms, conditions and exclusions under the Policy.

J) New born baby cover – We will reimburse the Medical Expenses incurred by You on Hospitalization of a “New born Baby” during each Policy Year of Policy Period subject to the Annual Sum Insured for this Extension as stated in the Policy Schedule. This cover will be provided only if maternity cover is applicable to You.

This Extension will cover Medical Expenses incurred on the “New born Baby” during Hospitalisation (for a minimum period of consecutive 24 hours) for a maximum period up to 91 days from the date of birth of the baby

“New born Baby” means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Subject otherwise to the terms, conditions and exclusions of the Policy

3. WHAT WE WILL NOT PAY (EXCLUSIONS UNDER THE POLICY)

We will not be liable for any Deductible amount, if applicable and as specifically defined in the policy schedule under the Policy

We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

3.1 Any Pre-Existing condition(s) until 24 months of Your continuous coverage has elapsed, since Period of Insurance Start Date

3.2 Any Illness contracted within 30 days of Period of insurance Start Date, except those incurred as a result of Injury.

3.3 Any Medical Expenses incurred by You on treatment of following Illnesses within the first two (2) consecutive years of Period of Insurance Start Date:

i. Cataract*

ii. Benign Prostatic Hypertrophy

iii. Myomectomy, Hysterectomy unless because of malignancy

iv. All types of Hernia, Hydrocele

v. Fissures &/or Fistula in anus, hemorrhoids/piles

vi. Arthritis, gout, rheumatism and spinal disorders

vii. Joint replacements unless due to accident

viii. Sinusitis and related disorders

ix. Stones in the urinary and biliary systems

x. Dilatation and curettage, Endometriosis

xi. All types of Skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant

xii. Dialysis required for chronic renal failure

xiii. Surgery on tonsils, adenoids and sinuses

xiv. Gastric and Duodenal erosions & ulcers

xv. Deviated Nasal Septum

xvi. Varicose Veins/ Varicose Ulcers

xvii. All types of internal congenital anomalies/illness/defects

*After two years from the Period of Insurance Start Date, Our maximum liability arising out of any Claim for a cataract treatment shall not exceed Rs. 35000 for sum insured upto 7 lakhs and Rs. 1 lakh for sum insured above 7 lakhs per eye, during each Policy Year of the Policy Period

3.4 Permanent Exclusions

Unless covered by way of an appropriate Extension/Endorsement, We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

i. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions

ii. Cost of spectacles, laser surgery for correction of refractory errors, contact lenses or hearing aids, dentures and artificial teeth

iii. 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 continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.

iv. Expenses incurred on all dental treatment unless necessitated due to an Accident.

v. Personal comfort, cosmetics, convenience and hygiene related items and services

vi. Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies

vii. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.

viii. Vaccination or inoculation of any kind, unless it is post animal bite

ix. ix Sterility, venereal disease or any sexually transmitted disease

x. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, misuse or abuse of intoxicating drugs or alcohol

xi. Any expense incurred on treatment of mental Illness, stress, psychiatric or psychological disorders

xii. Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to

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UIN - ICILGP02001V030102

- these, unless necessitated due to Accident or as a part of any Illness
- xiii Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ Illness arising as a consequence thereof
 - xiv Treatment relating to birth defects and external congenital Illnesses or defects or anomalies
 - xv All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human TCell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind
 - xvi Charges incurred at Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalisation
 - xvii Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner
 - xviii Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity (including morbid obesity), any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition and rest cure
 - xix Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose
 - xx Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury
 - xxi Any case directly or indirectly related to criminal acts
 - xxv Treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council
 - xxvi Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by You with criminal intent
 - xxvii Any consequential or indirect loss or expenses arising out of or related to Hospitalization
 - xxviii Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority
 - xxix Any Illness or Injury directly or indirectly 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

4. CLAIM ADMINISTRATION

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by each of You shall be conditions precedent to admission of Our liability.

Further, upon the discovery or happening of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admission of Our liability, You shall undertake the following:

4.1 CLAIMS PROCEDURE

A) For Cashless Settlement

Cashless treatment is only available at a Network Provider (List of Network Providers is available at our website). In order to avail of cashless treatment, the following procedure must be followed by You:

Pre-authorization

Prior to taking treatment and/ or incurring Medical Expenses at a Network Provider, You must contact Us or Our in house claim processing team accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the Medical Practitioner/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request preauthorization at least 48 hours before a planned Hospitalization and in case of an emergency situation, within 24 hours of Hospitalization. To avail of Cashless Hospitalization facility, you are required to produce the health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card Or You can seek pre authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalization facility is sought by You and We will confirm Your request in writing.

B) For Reimbursement Settlement

You shall give notice to Us or Our in house claim processing team by calling the toll free number 1800 2666 as specified in the Policy provided to You and also in writing at Our address with particulars as below:

- * Policy number;
- * Your Name;
- * Your relationship with the Policyholder;
- * Nature of Illness or Injury;
- * Name and address of the attending Medical Practitioner and the Hospital;
- * Any other information that may be relevant to the Illness/ Injury/ Hospitalisation

i. The above information needs to be provided to Us or Our in house claim processing team immediately and in any event within 10 days of Hospitalization, failing which We will have the right to treat the Claim as inadmissible, as We may deem fit at Our sole discretion.

ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

iii. You or someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalization expenses, within 30 days from the completion of post-

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UIN - ICILHG2001V030102

hospitalization period) deliver to Us the documentation (written details of the quantum of any Claim along with all original supporting documentation) as more particularly listed in Claim documents section. However, in both the above cases i.e. 4.1 (A) & (B), You must take reasonable steps or measure to minimise the quantum of any Claim that may be covered under the Policy. If so requested by Us or Our in house claim processing team, You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our in house claim processing team considers reasonable and necessary. The cost of such examination will be borne by Us.

Settlement/Rejection of Claim - The settlement of claims would be done by Us within 30 days, after the receipt of last necessary document, any rejections if done, would be provided with proper reasons by Us. Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.

Claim falling in two Policy periods

If the claim event falls within two Policy periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy periods, including the Deductions for each Policy Period. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the Renewal/due date of premium of health insurance Policy, if not received earlier.

4.2 CLAIM DOCUMENTS

You shall be required to furnish the following documents for or in support of a Claim:

- i. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com
- ii. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner
- iii. Original bills from chemists supported by proper prescription.
- iv. Original investigation test reports and payment receipts.
- v. Indoor case papers
- vi. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
- vii. Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it

5. SPECIAL CONDITIONS APPLICABLE TO THE POLICY

It is hereby declared and agreed that:

- i. Any notice or declaration for Your attention shall be deemed served if sent by Us to the Policy Holder at his/ her latest known address
- ii. Any payment due to You under this Policy shall be paid to the Policy Holder by Us. We shall not be responsible for any liability arising out of the Policy Holder's delay or default in making payment to You. However, We also reserve Our right to pay the Claim directly to You or to the Hospital or to someone on Your behalf. The receipt by the Policy Holder/ You or Hospital or someone claiming on Your behalf shall be considered as a complete discharge of Our liability against any Claim under the Policy.
- iii. We shall have no liability under this Policy, once the Maximum Limit of Indemnity, as stated in the Policy Schedule, is exhausted by You.
- iv. For any payment to be made by Us under any Claim arising under this Policy, We shall make the payment in India and in Indian rupees only.

Terms of Renewal

- i. The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health Insurance is withdrawn by the Company) approved by IRDA.
- ii. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- iii. The policy could be subject to certain changes in terms and conditions including change in premium rate.
- iv. **The renewal premium may be subject to revision depending on the change in the age band of the eldest insured**
- v. The Company shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or fraud or non-cooperation by the Insured. The Company shall not be bound to give notice that the renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to Insured that may result to enhance Company's risk under the guarantee hereby given. Any change in the risk will be intimated by Insured to the Company. Nothing herein or otherwise shall affect the Companies right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.
- vi. The policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the previous year policy and in no case later than Grace Period of 30 days from the expiry of the Policy. However, risk coverage shall not be available for such a period.

Portability benefits:

In accordance with the Portability guidelines issued by IRDAI, Insured Members covered under this Policy shall have the right to migrate from this Policy to our Retail Health Insurance Policy

The Insured desirous of porting his/ her policy shall apply to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the premium renewal date of his/her existing policy.

- a) Portability benefit is available upto the existing SI under the current group policy
- b) Individual members shall be given waiting period credit based on the number of years of continuous insurance cover availed by them in accordance with the guidelines of IRDAI.
- c) Portability benefit is available subject to fulfilment of the pre-policy medical examination requirements and subsequent acceptance of the risk by the Company

PART III OF THE POLICY General Terms and Conditions

1. Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription 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, or

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a Claim being fraudulent or any fraudulent means or devices being used by You or any one acting on Your behalf to obtain any benefit under this Policy.

2. Reasonable Care

You shall take all reasonable steps to safeguard Your interests against any Injury or Illness that may give rise to the Claim.

3. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

4. Material change

You shall notify Us in writing of any material change in the risk in relation to the declarations made in the proposal form or medical examination report at each renewal and We may, adjust the scope of cover and/or premium, if necessary, accordingly.

5. Records to be maintained

You shall keep an accurate record containing all relevant medical records and shall allow Us to inspect such records. You shall exercise all necessary co-operation in obtaining the medical records from the Hospital, and furnish them, as We may require in relation to the Claim within reasonable time limit and within the time limit specified in the Policy.

6. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our officials shall not be the notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

7. Notice of charge etc.

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to You or Your legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to Us.

8. Overriding effect of Part II of the Policy

The terms and conditions contained herein and in Part II of the Policy shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Policy, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part II of the Policy and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

9. Your duties on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy You shall:

i. Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Policy.

ii. Assist and not hinder or prevent Us or any of Our representative from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If You do not comply with the provisions of this Clause or other obligations cast upon You under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at Our option.

10. Subrogation

You and any claimant under this Policy shall at no cost or expense to Us do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any Claim or loss under this Policy whether such acts and things shall be or become necessary or required by Us or otherwise before or after Your indemnification by Us. However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable.

11. Contribution

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

12. Fraudulent Claims

If any Claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a Claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

13. Cancellation/termination

(a) Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

(b) You may cancel the Policy during free look period (15 days from the date you receive the Policy) in which case we will refund the premium paid subject only to a deduction of the expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges.

(c) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below, provided no claim has been payable on Your behalf under the Policy:

Cancellation Period	Refund % for 1 year Policy
Within 2 months	100%
3rd month	75%
4 th Month	67%

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UIN - ICILGPO2001V030102

5 th Month	59%
6 th Month	51%
7 th Month	42%
8 th Month	34%
9 th Month	26%
10 th Month	18%
11 th Month	10%
12 th Month	0

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Policy/ Certificate of Insurance where any claim has been admitted by Us or has been lodged with Us or any benefit has been availed by You under the Policy. We may cancel the policy on grounds of misrepresentation, fraud, non-disclosure or non-cooperation of the insured, by giving You 15 days notice for the cancellation. There would be no refund of premium on cancellation by Us on grounds of misrepresentation fraud or non-disclosure. In case of non-cooperation of insured, policy will be cancelled with premium refund on pro rata basis.

14. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy Schedule. The cause of action can arise anywhere in the world in case of Personal Accident Cover (Extension HC 11), if available under the Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

15. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/ or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with the Laws of India and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

16. Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/ difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

17. Free Look Period

You would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review its terms and conditions. Where the Policy Holder disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection-

If the insured has not made any claim during free look period, insured will be entitled to:

* A refund of premium paid less any expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges, or;

* Where the risk has already commenced and the option of return of policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;

* Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period. In case the request for cancellation comes 15 days after the receipt of Policy by You, we would refund of premium would be paid to You on short term basis.

18. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to: In Your case, at Your last known address.

In Our case:

ICICI Lombard General Insurance Company Limited,

ICICI Lombard House, 414, Veer Savarkar Marg,

Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or email.

19. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified, during normal business hours.

20. Grievances

In case You are aggrieved in any way, You should do the following

i. For resolution of any query or grievance, Insured may contact the respective branch office of The Company or may call us at toll free no. 1800 2666 or email us at customersupport@icicilombard.com or write to us at

ICICI Lombard General Insurance Company Ltd.

ICICI Lombard House, 414, Veer Savarkar Marg,

Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025

ii. If you are not satisfied with the resolution provided, you may approach us at the sub section "Grievance Redressal" on our website www.icicilombard.com (Customer Support section)

iii. In case Your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDA. Through IGMS You can register your complain online and track its status. For registration please visit IRDA website www.irda.gov.in. If the issue still remains unresolved, You may, subject to vested

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jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

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Jurisdiction	Ombudsman office
Dadra & Nagar Haveli, Daman and Diu	Ahmedabad: 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014. Tel.:- 079-27545441/27546840 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in
Karnataka	Bengaluru: 19/9 Jeevan Soudha Building, Ground Floor, 24th Main Road, JP Nagar, 1st Phase, Bengaluru- 560078 Tel No. 080-26652049 E mail- bimalokpal.bengaluru@gbic.co.in
Madhya Pradesh, Chattisgarh	Bhopal: Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal - 462 003. Tel No- 0755-2769201/02 Fax No. 0755-2769203, E mail- bimalokpal.bhopal@gbic.co.in
Orissa	Bhubaneswar: 62, Forestpark, Bhubneswar - 751 009. Tel no- 0674-2596429, 2596455 Fax No.- 0674-2596429 E mail- bimalokpal.bhubaneswar@gbic.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	Chandigarh: S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)	Chennai: Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in
Delhi	Delhi: 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Kerala, Lakshadweep, Mahe-a part of Pondicherry	Kochi: 2nd Floor, CC-27/2603, Pulinat Bldg., M. G. Road, Ernakulam, Kochi-682015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Guwahati: Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001. Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in
Andhra Pradesh, Telangana, Union territory of Yanam which is a part of Union Territory of Pondicherry	Hyderabad: 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Rajasthan	Jaipur: Gr. Floor, Jeevan Nidhi - II Bldg., Bhawani Singh Road, Jaipur 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands	Kolkata: Hindustan Building. Annexe, 4th Floor, C.R.Avenue, Kolkata - 700072 Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in
Districts of Uttar Pradesh	Lucknow: Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow - 226 001. Tel: 0522-2231331/2231330 Fax: 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Mumbai: 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
State of Uttaranchal & districts of Uttar Pradesh	Noida: 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15,, Noida- 201301 Tel: 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in
Bihar, Jharkhand	Patna: 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel No: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in.
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan	Pune: 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune - 411 030. Tel: 020-32341320 Email: Bimalokpal.pune@gbic.co.in

Details of Insurance Ombudsmen

ICICI Lombard General Insurance Company Limited

IRDA Reg.No. 115

Mailing Address:

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CIN: L67200MH20000PLC129408

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