

ICICI PRU HEALTH SAVER - HEALTH SAVINGS BENEFIT CLAIM FORM



Witness Authorization:

Applicable when the Proposer is illiterate or suffering from disability due to which writing is restricted or where the Proposer has signed in vernacular language. (Note: The below must be witnessed by some person other than the advisor/employee of the company)

I/We certify that the contents of the form have been clearly explained to me/us and I/We have fully understood them. I/We further certify that the replies in the form have been recorded as per the information provided by me/us.

I (Name of the Witness) _____ Son/Daughter of _____ adult and inhabitant of _____ residing at _____ and (Relation with Proposer) _____ do hereby state that I have read out and explained the contents of the form to Mr/Mrs/Ms _____ and he/she they have understood the same and do hereby agree to abide by all the terms and conditions of the policy and the clause of the same. I declare that whatever I have stated herein above is true and correct to the best of my knowledge and belief. Solemnly affirmed at _____ on this.

Address _____

 Landmark _____ PIN/ ZIP Code _____

Contact Number of Witness _____
 STD _____ Residence _____ STD _____ Office _____ Ext. _____ ISD _____ Mobile _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature of the Witness

Signature / thumb impression Proposer

* Type of Expenses covered & Documents required

1. Hospitalization expenses which exceed the limit covered under medical insurance	Photocopies of hospital bill + declaration from medical insurance company
2. Hospitalization expenses not covered by medical insurance	Original bills + declaration from the customer
3. Co-pays as part of the medical cover	Photocopies if hospital bills + declaration from the customer (ICICI Pru format) + declaration from medical insurance company clearly stating the deduction of co-pay amount
4. Medicines & drugs + medical equipments, diagnostic expenses, dental expenses, doctor visits	Original bills + declaration from the customer (ICICI Pru Format)

For Office Use Only (Branch Operations)

Policy Number _____ **Date**

D	D	M	M	Y	Y	Y	Y
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Name of the Policy Holder _____

Original Documents Submitted Yes No

Employee Name & Code: _____

SPAARC Call ID : _____

STAMP
&
TIME

© 2012, ICICI Prudential Life Insurance Co. Ltd., Registered Address: ICICI Prulife Tower, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025, Reg No-105, Insurance is subject matter of solicitation, UIN-105N087V01, Comp/doc/Mar/2012/994

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)
 Call Center timings: 9.00 A.M. to 9.00 P.M. Monday to Saturday (except national holidays)



Communication Address

ICICI Prudential Life Insurance Company Ltd., Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali (E), Mumbai 400 101.