## ICICI PRU HEALTH SAVER - HEALTH SAVINGS BENEFIT CLAIM FORM



## **IMPORTANT INSTRUCTIONS:**

- This benefit can be claimed only for the health care expenses incurred by the policy holder on insured person(s) under the policy.
- This benefit can be availed only after completion of three policy years from the policy commencement date and subject to payment of premiums for 3 full policy years. The policy should be Inforce on the date when the expenses were incurred.
- This benefit will be paid by cancellation of units in accordance with the policy terms & conditions.
- $\bullet\,$  The maximum amount that maybe claimed under the policy is as follows –

Year	1 to 3	4 & 5	6 to 10	Thereafter
Maximum benefit that can be claimed	Nil	20% of fund	50% of fund	100% of fund

- Please submit this form duly filled & signed along with the original bills / proof of expenses incurred\*.
- Submission of this form to the Company should not be construed as admission of liability.
- The Company reserves the right to call for additional documents / requirements.

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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 as per the information provided by me/us.	fully understood them. I/We further certify that the replies in the form have been recorded											
lame of the Witness)adult and inhabitant of												
siding 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	s/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												
Contact Number												
of Witness STD Residence STD	Office Ext. ISD Mobile											
Date D D D D M M D Y Y Y Y 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  Original bills + declaration from the surface company												
	Original bills + declaration from the customer  Photocopies if hospital bills + declaration from the customer (ICICI Pru format) +											
	declaration from medical insurance company clearly stating the deduction of co-pay amount											
	Original bills + declaration from the customer (ICICI Pru Format)											
doctor visits												
ELECTRONIC PAYOUT OPTION (Direct transfer of funds to your Bank Account) Pl	ease submit cancelled cheque / cheque copy along with this form											
Name of Account Holder												
(as mentioned in Bank Account)												
Bank Name												
Branch Name & Address	CBS											
CBS Account No.	CBS PERSONAL BANKING : SAVING ACCOUNT DATE											
ODS ACCOUNT NO.	RUPEES RS.											
MICR Code	SBGEN A/c No. ANVIN OSECTIVIZATES  PICICI BANK											
9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for ver	ICICI Bank Limited											
Account Type Current Account Saving Account	RTGS / NEFT IPSC Code : KCC0000057											
Account Type Current Account	<b>↑</b>											
The payout mode selected in this form would be used by the Company to make all payout(s) to the claim	Branch Address MICR Code IFSC Code ant Payouts would be in accordance and subject to the terms and conditions of the policy Further the											
Company reserves the right to use any alternative payout option including demand draft/payable at par cl												
customer. Please note that IFSC code for RTGS & IFSC code for NEFT may be different.  I will not hold ICICI Prudential Life Insurance Company Ltd. responsible in cases of non-credit to my bank acc	count or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information											
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X Signature / Thumb impression of the Owner/ Proposer	Place:	Date:DD/MM/YYYY
For Office Use Only (Branch Operations)  Policy Number Date		
Name of the Policy Holder Yes No		
Employee Name & Code:		STAMP & TIME
Reg No-105, Insurance is subject matter of solicitation, UIN-105N087V01. COMP/D0C/M	ar/2020/43/3281.	

Kindly call our Customer Service Number 1800 2660 (local charges apply)
Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)

