

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)

ELECTRONIC PAYOUT OPTION (Direct transfer of funds to your Bank Account) Please submit cancelled cheque / cheque copy along with this form

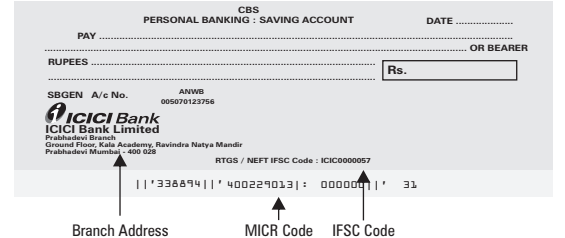
Name of Account Holder (as mentioned in Bank Account) _____
 Bank Name _____
 Branch Name & Address _____

CBS Account No. _____

MICR Code _____

9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.

Account Type Current Account Saving Account



The payout mode selected in this form would be used by the Company to make all payout(s) to the claimant. 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 cheque inspite of opting for electronic payout method. Responsibility of providing IFSC code lies with the 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 account or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information.

X

Signature / Thumb impression of the Owner/ Proposer _____ Place: _____ Date: DD/MM/YYYY _____

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

Reg No-105, Insurance is subject matter of solicitation, UIN-105N087V01. COMP/DOC/Mar/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)

