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 be witnessed by some person other than the advisor/employee of the company)	restricted or where the Proposer has signed in vernacular language. (Note: The below must											
I/We certify that the contents of the form have been clearly explained to me/us and I/We has per the information provided by me/us.	ve fully understood them. I/We further certify that the replies in the form have been recorded											
me of the Witness) Son/Daughter of adult and inhabitant of												
ng atand (Relation with Proposer)do hereby state that I have read out and explained the contents of the form to												
Mr/Mrs/Msand												
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 a												
on this.												
Address												
Landmark												
Contact Number												
f Witness STD Residence STD Office Ext. ISD Mobile												
Date D D M M Y Y Y Y Signature of the Witness Signature / thumb impression Proposer												
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* 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												
Hospitalization expenses not covered by medical insurance Co-pays as part of the medical cover	Original bills + declaration from the customer Photocopies if hospital bills + declaration from the customer (ICICI Pru format) +											
3. Co-pays as part of the medical cover	declaration from medical insurance company clearly stating the deduction of co-pay amount											
4. Medicines & drugs + medical equipments, diagnostic expenses, dental expenses,	Original bills + declaration from the customer (ICICI Pru Format)											
doctor visits												
ELECTRONIC PAYOUT OPTION (Direct transfer of funds to your Bank Account)	Please submit cancelled cheque / cheque conv along with this form											
Name of Account Holder	The state of the s											
(as mentioned in Bank Account)												
Bank Name												
Branch Name & Address												
000 A . N	CBS PERSONAL BANKING : SAVING ACCOUNT DATE											
CBS Account No.	RUPEES											
MICR Code	SBGEN A/c No. ANWB 005070123756											
9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for	Prifying MICR code											
	Prabhadevi Mumbai - 400 028 RTGS / NEFT IFSC Code : ICIC0000057											
Account Type Current Account Saving Account	''33684 ''400229031 : 000000											
	Branch Address MICR Code IFSC Code											
	mant. Payouts would be in accordance and subject to the terms and conditions of the policy. Further the 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 flot flota to the requential Life insurance company Ltd. responsible in cases of non-credit to my bank a	ccount 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		
Name of the Policy Holder Yes No		
Employee Name & Code: SPAARC Call ID :		STAMP & TIME
Reg No-105, Insurance is subject matter of solicitation, UIN-105N087V01. COMP/DOC/Matter of solicitation and solicitation are subject matter of solicitation.	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)

