ICICI Pru Health Saver

Policy Document - Terms and Conditions of your policy

ICICI Pru Health Saver is a Unit linked health insurance plan which provides reimbursement against actual medical expenses along with a savings mechanism for other health care expenses subject to the Policy terms and conditions. The policy offers a Family Floater facility where the Policy may cover Family Members as defined in Clause 1.11 and specified in the Policy Certificate or subsequent endorsement to the Policy. Under the Family Floater, any other person apart from the Primary Insured may be added under the policy and the premium paid for the additional person. The benefits under the Family Floater policy will be subject to the conditions as specified in the Policy Certificate or subsequent endorsements. This cover has to be specifically opted for by the Proposer in the Proposal Document and shown in the Policy Certificate. The Family Floater Cover may also be availed by single parents and their first child if the Primary Insured is a single parent. The Company reserves the right to determine the eligibility of the Proposer/Insurance person(s) to otherwise share in the profits or surplus of the Business of the Company in any manner whatsoever or make any claim in relation to the assets of the Company. The Policy is subject to the terms and conditions as mentioned in the Policy document and governed by the laws of India.

Freelook Period (15 / 30 days Refund Policy)

If you are not satisfied with the terms and conditions of this policy, please return the policy document to the Company for cancellation within, 15 days from the date you received it, if your policy is not sourced through Distance marketing or

30 days from the date you received it, if your policy is sourced through Distance marketing

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3. Benefits:

2. Waiting Period:

1. DEFINITIONS:

policy during the freelook period, we will return the premium paid subject to the deduction of:

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6. Exclusions for Hospitalisation Insurance Benefit:

- prescribed drugs and medical supplies, hormone replacement therapy.
- has been undergone after the first angiography.
- services.
- which is subsequently used at home.
- Infusion pump etc., Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, braces, Stockings
- implantation / surgery.
- for admission, private nursing/attendants charges incurred during Pre-Hospitalisation period or Post-Hospitalisation treatment including acupressure, acupuncture, magnetic and such other therapies, Ayurvedic, Homeopathy, Unani, Siddha, Yogic, Vedic,”

- 7. Maximum Benefit Payable:
The maximum benefit payable during a period of 12 months under the medical reimbursement scheme of the Policy is limited to Rs. 25,000 (Rupees Twenty Five Thousand only) or the total of Annual Limits under these Policies, whichever is lower.

- 8. Post-Hospitalisation Treatment:
- Any treatment for xanthelesema, syringoma, acne and Alopecia.
- There shall be a Waiting Period of 30 days from the date of revival applicable for all Insured
- b. Premium will not be payable on any of the above mention expenses once the respective Policy has lapsed.
- c. The Company shall have the discretion to refuse to pay if the cause of the death is due to any pre-existing disease.

- 9. Revival (Re-instatement) of Lapsed Policy:
- For 10 year tranche: ULIF XXX dd/mm/yy HRGF(SX) 105
- For 5 year tranche: ULIF XXX dd/mm/yy HRGF(TX) 105
- The Policy will be valid for 15 years from the Date of Commencement. Any change in the Information of the Policy shall be represented as:
- Allocation:
- Low risk- reward profile of the fund:
- Age band 26-35:
21. Units:

22. Policyholder’s Options: The below mentioned options are available to the Policyholder:

23. Surrenders: “Surrenders”, either total or partial, are not allowed under this Policy.

24. Charges:

25. Miscellaneous Charges: If there are any Policy alterations during the Policy term, they shall be subject to a minimum charge of Rs. 50, which includes all annualized charges, interest at such rate and in such manner as is charged by the Company for late payment of Insurance Charge.

26. Foreclosed Policy: If premiums have been paid for the full policy term and three policy years have elapsed and the Policyholder has not availed any benefit or nomination or withdrawal or has not received any claim, the Policy will be considered as a foreclosed Policy. The Company shall have the right to exercise the option to change the proportion in which the premiums are to be invested at the time of payment of subsequent premium. The Switches would be allowed in each Policy year starting from the Policy Commencement Date. Any unutilised free Switch cannot be carried forward.

22. Premium Re-Direction (Applicable only for Fixed Portfolio Strategy): “Premium Re-Direction” is the facility allowing the Policyholder to modify the proportion of allocation of new premium into different investment portfolios. The Policyholder should not have any Switches in each Policy year before the Premium Re-Direction. 

23. Cover Continuation Option: After payment of full five years’ premiums, if any subsequent premium payment is not made, the Policy will continue for all benefits including insurance cover with charges being deducted by cancelling of Units, subject to the foreclosures stated in Clause 26.

24. Insurance Charge: “Insurance Charge” means a charge levied at the beginning of each policy year by the Company to cover the cost of distributing the Policy and any other charge as may be levied by the Company. The Company reserves the right to revise this charge on every Policy anniversary subject to prior approval from IRDA.

14.4. Automatic Transfer Strategy:

14.3. Automatic Transfer Strategy: The Policyholder can choose to automatically transfer, from his investments in the existing Fund, a fixed percentage of his contribution to Fixed Portfolio Strategy and/or Health Flexi Growth Fund. The amount of the contribution shall be determined by the Policyholder, taking into account factors such as age, financial position etc.
2. Assignment and Nomination: a. An assignment of this Policy may be made by an endorsement upon the Policy itself, and any liability of the Company in respect thereof shall be same as if such endorsement were interParts of the same date made upon the original Policy. The assignment shall be in writing duly attested. The first assignment may only be made by the Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company recording the assignment in its Books. The Company reserves the right to refuse any assignment where it is in its opinion not in the best interest of the Company. B. Assignment of this Policy to the Office of the Insurance Ombudsman: 1. The Central Government has established an office of the Insurance Ombudsman for redress of grievances with respect to life insurance policies. C. If any other Judicial authority has not been approached. In case the Policyholder is not satisfied with the decision/resolution of the Company, the Policyholder may approach the Insurance Ombudsman as per the address given below if the grievance pertains to any partial or total non-repayment of claims • the premium paid or any other payment which is due to the Policyholder. The complaint to the office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. 3. Special Provisions: a. Special provisions subject to which this Policy has been entered into whether endorsed or otherwise, apply to the Policy as well as the amounts recoverable from the Policyholder. b. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. c. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. d. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. e. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. 4. Incontestability: a. Section 45 of the Insurance Act, 1938: “No Policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the Policy Commencement Date of this Act and no Policy of life insurance, the sum assured under which is a life insurance policy, the Policyholder is entitled to, at the option of the Policyholder, the nomination of another person or persons as the nominee of the Policyholder in respect of the Policy. b. If the nomination is not made or the nomination is at any time altered or revoked or if the nominee dies or becomes incapable of receiving the benefits of the Policy, the Policyholder may direct the assignment of the Policy to the Office of the Insurance Ombudsman. c. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. d. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. e. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. 5. Notices: Any notice, direction or instruction given under this Policy shall be in writing and duly served by hand or post, facsimile or e-mail. In case of the Policyholder or Nominee: As per the details specified by the Policyholder or Nominee. b. As per the details specified by the Policyholder or Nominee. c. As per the details specified by the Policyholder or Nominee. d. As per the details specified by the Policyholder or Nominee. e. As per the details specified by the Policyholder or Nominee. 6. Payment of Claim: Before payment of any claim under the Policy, the Company shall require documents as mentioned below establishing the right of the claimant or claimants to receive payment. Claims are paid only after these documents are verified and accepted. a. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. b. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. c. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. d. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. e. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. 7. Fraudulent Claims: In the event that it is found that any claim is in any way fraudulent, or if any false statement is made or any document presented containing any material misstatement or omission, the insurance company is entitled to refuse to pay the claim, or to recover from the Policyholder or any other person at whose instance such claim is made, all sums previously paid in respect of such invalid claim. 8. Electronic Transmissions: The Customer shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and all transactions effected by or through for facilitating remote transmission of a claim in the form of a data transmission medium shall be deemed to be the same as if such transmission were interParts of the same date made upon the original Policy. 9. Distance Marketing: Distance marketing includes any activity of soliciting (including lead generation) and sale of insurance products through the following modes: a. Voice mode, which includes telephone-calling b. Short Messaging Service (SMS), which includes mobile madness c. Personal visits d. Physical mode which includes direct postal mail and newspaper & magazine insert and e. Solicitation through any means of communication other than in person. 10. Policy Alterations: a. The policy holder is entitled to communicate aspects of the Policy in the event of such changes as the Company shall decide to make from time to time. b. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. c. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. d. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. e. The complaint to the Office of the Insurance Ombudsman should be made in writing duly signed by the policyholder. 11. 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