

ICICI Pru
Hospital Care II

“A plan that gives me
& my family...”

- FIXED PAYOUT**
No matter what the actual bill is
- LIFETIME COVER**
Guaranteed renewal for life
- PEACE OF MIND**
Quality treatment ensured for my family
- HEALTHY LIFESTYLE**
Regular health check-ups



Health

Solutions

ICICI PRUDENTIAL 
LIFE INSURANCE

In today's world, you need to be prepared well in advance to be in control of your life. Uncertainties and stress can have a long-term impact on your health. While taking care of your health, if you also plan your health insurance well, you will never have to worry about getting good medical care.

Introducing ICICI Pru Hospital Care II - this enhanced fixed benefit hospitalisation and surgical plan for you and your family helps you plan and allows you to have full control in case of any medical contingency. Since this plan offers fixed payout over and above any health plan you may have, for various stages of medical treatment, you can avail best possible medical treatment, without having to bother about the cost of the treatment or compromise on quality.

Give your family the protection they deserve - take home ICICI Pru Hospital Care II, today.

Key benefits of the plan

- Family floater option
- Guaranteed insurability at renewal for whole life
- Fixed benefits to cover hospitalisation, ICU admission, surgical procedure and also recuperating benefit to help with post hospitalisation expenses
- Cashless claim settlement across an extensive network of hospitals
- Additional benefits for prolonged stay & non surgical hospitalisation
- Health check-up once every two years after the first year
- Benefit amount in addition to other medical insurance plans, irrespective of actual billing
- Tax benefits under section 80D on premiums paid under the Income Tax Act, 1961

Coverage under the policy

1. Daily Hospitalisation Cash Benefit (DHCB)

This benefit amount is payable in the event of hospitalisation.

- a. Payable for each day of hospitalisation, subject to a continuous stay for minimum of 24 hours
- b. Payable from the first day of hospitalisation
- c. Payable for a maximum of 90 days per policy year

2. Intensive Care Unit Benefit (ICUB)

This benefit amount is payable in the event of hospitalisation in an Intensive Care Unit.

- a. An additional benefit of 1 time the DHCB is payable per day for each day spent in an ICU.

- b. In any policy year, the ICUB is limited to a total of 15 times the DHCB under the plan.

The total DHCB and ICUB combined will be payable for a maximum of 90 days.

3. Surgical Benefit

A fixed lump-sum amount is payable in the event of undergoing any of the more than 1000 covered surgical procedures.

- a. These surgeries covered are classified into 7 different grades based on the type and severity
- b. The surgical benefit will be paid regardless of whether the DHCB is payable or not
- c. In any policy year, the surgical benefit is limited to 300 times the DHCB.



Grade of surgery	Examples of surgeries covered under each grade
1	Tennis Elbow Release, Haemorrhoids Surgery
2	Lithotripsy for Kidney Stone, Cataract Surgery, Tonsils Removal
3	Lumps Excision, Gall Stone (Cholecystectomy)
4	Hernia Repair, Uterus Prolapse,
5	Arthroscopy, Knee reconstruction
6	Coronary Angioplasty, Valvular Open Heart Surgery
7	Coronary Artery Bypass Graft, Total Hip Joint Replacement

For the detailed list of surgeries, visit our website at www.iciciprulife.com

4. Non Surgical Benefit

This benefit amount is payable in the event of hospitalisation without any surgery.

- An additional benefit of 100% of DHCB is payable for every day spent in the hospital up to a maximum limit of 4 times DHCB, subject to the DHCB being payable at the time of hospitalisation.

5. Recuperating Benefit

A post-hospitalisation benefit amount of 3 times the DHCB is payable to help you with recuperating expenses like follow-up tests, medicines and consultations

- Benefits amount is payable incase of 7 or more days of continuous hospitalisation for the same injury or disease, subject to the DHCB being payable at the time of hospitalisation.
- This benefit is payable only if the life insured is discharged from the hospital.



6. Prolonged Stay Benefit

A long stay in the hospital can drain your savings and may even lead to loss of income. This benefit tries to lower the impact of prolonged confinement in the hospital.

- a. An additional 100% of DHCB is payable per day of continuous hospitalisation after the first 30 days up to a maximum of 60 days for the same injury or disease, subject to the DHCB being payable at the time of hospitalisation.
- b. Payable only for primary insured and spouse between age 18 years and 65 years at the time of hospitalisation

7. Health Check-up

Health check-up will be available once every two years after completion of the first policy year.

- a. This benefit is provided on reimbursement basis to a maximum of Rs 4,000 per policy irrespective of plan type
- b. All insured family members under the plan can avail this benefit

Optional Additional Daily Hospitalisation Benefit (ADHB):

You have an option to increase the DHCB and ICUB payout by an additional 100% by taking up this option. This however does not change the payout limits for other benefits in the plan. The benefit under the ADHB option is subject to the total annual limit under the plan.

Benefit amounts at-a-glance				
Benefit	Plan A (Rs.)	Plan B (Rs.)	Plan C (Rs.)	Plan D (Rs.)
DHCB (per day)	1,000	2,000	3,000	4,000
ICUB (per day)	1,000	2,000	3,000	4,000
Surgical benefit				
Grade 1	10,000	20,000	30,000	40,000
Grade 2	20,000	40,000	60,000	80,000
Grade 3	30,000	60,000	90,000	1,20,000
Grade 4	40,000	80,000	1,20,000	1,60,000
Grade 5	75,000	1,50,000	2,25,000	3,00,000
Grade 6	1,00,000	2,00,000	3,00,000	4,00,000
Grade 7	1,50,000	3,00,000	4,50,000	6,00,000
Non-surgical benefit (per day)	1,000	2,000	3,000	4,000
Recuperating benefit	3,000	6,000	9,000	12,000
Prolonged stay benefit (per day)	1,000	2,000	3,000	4,000
Health check-up	Up to 4,000	Up to 4,000	Up to 4,000	Up to 4,000

Policy benefit limits				
Benefit limits	Plan A (Rs.)	Plan B (Rs.)	Plan C (Rs.)	Plan D (Rs.)
Annual limit	4,00,000	8,00,000	12,00,000	16,00,000
Lifetime limit	20,00,000	40,00,000	60,00,000	80,00,000

Examples

Sample case 1:

In case you opt for Plan A, then for an 8 day hospitalisation (non ICU), with medical expenses of Rs 3,500 over and above the room rent, your benefit amount is:

DHCB	8 days x Rs. 1,000 per day = Rs. 8,000
Recuperating benefit	Rs. 3,000
Non-surgical benefit	Rs. 4,000

(Total non surgical benefit eligible under the plan is calculated based on per day of hospitalisation i.e. 1,000 x 8 Days = Rs. 8,000, however the amount will be limited to 4 times DHCB i.e. 4 x 1,000 = Rs. 4,000)

Total benefit amount = Rs. 15,000

Sample case 2:

In case you opt for Plan B, then for a 40 days hospitalisation, including 4 days in ICU, with a grade 2 surgery, your benefit amount is:

DHCB	40 days x Rs. 2,000 per day = Rs. 80,000
ICU benefit	4 days x Rs. 2,000 per day = Rs. 8,000
Prolonged stay benefit	10 days x Rs. 2,000 per day = Rs 20,000

(Prolonged stay is computed as total number of days greater than 30 days i.e. 40 days – 30 days = 10 days)

Recuperating benefit	Rs. 6,000
Surgical benefit	Rs. 40,000
Total benefit amount	= Rs. 1,54,000

(Refer to the table above for benefit amounts)



Advantages of ICICI Pru Hospital Care II

Family floater

With the family floater option, you can additionally cover your spouse and up to first three dependent children under the same benefit limits.

Guaranteed insurability at renewal for whole life

Medical eventualities can occur at any time. This policy guarantees insurability at renewal for whole life so that you enjoy the benefits of the cover, irrespective of any claims made or a change in your health status during the policy term. No fresh medical underwriting will be done at the time of renewal of the policy.

Payout in addition to other plans

You can claim from this policy as well as any other medical insurance policy you may have, since the company only requires submission of photocopies or duplicates of bills and certificates. The fixed benefit amount as applicable for the respective benefit will be paid to you, irrespective of your actual medical expenses.

Cashless hospitalisation

You don't need to make any payment up front. We shall pay the billed amount up to the amount of benefit payable under the product directly to the network hospital, as settlement of your dues. You can avail of cashless claims through our extensive network of hospitals across the country.

Multiple claims

Life being uncertain, you may incur medical treatment costs several times. You can make multiple claims for all the insured members in the policy during the policy term, so long as the total benefit amount payable does not exceed the benefit you are entitled to.

Transparent coverage norms

This policy informs you up front about benefit payouts, the coverage and exclusions. This helps you plan your finances for a treatment, so that you can concentrate on getting better rather than worrying about the cost.

Tax benefit

The premium paid by you is eligible for tax benefits under Section 80D of the Income Tax Act, 1961.

No claims bonus

A no claim bonus in the form of increase in annual limit by 5% of the base annual limit is provided for every claim free year. The maximum increase over the base annual limit will be capped at 25%. In case of a claim, the accumulated no claim bonus will reduce by 10% of base annual limit in the following year subject to a minimum of 0%. The base annual limit is the annual limit according to the chosen plan type.

ICICI Pru Hospital Care II policy at-a-glance

Minimum / Maximum age at entry	1 year - 65 years (nearest birthday) (90 days – 24 years for dependent children in case of family floater)
Policy term	10 years
Premium payment frequency	Yearly, half yearly & monthly
Waiting period	30 days
Maturity / Death benefit	No maturity / death benefit is payable

Premium (Rs.)						
Plan type	Plan A			Plan B		
Age	Primary insured (male)	Primary insured (male) + Spouse (female)	Primary insured (male) + Spouse (female) + Child	Primary insured (male)	Primary insured (male) + Spouse (female)	Primary insured (male) + Spouse (female) + Child
20	4,873	6,837	8,821	7,784	11,383	14,983
30	5,246	8,162	10,145	8,520	14,024	17,624
40	6,075	10,412	12,396	10,196	18,556	22,156

The annual premiums are inclusive of service tax and education cess. The premiums are guaranteed for one year from the date of commencement of the policy. Thereafter, the Company reserves the right to revise the premium subject to prior approval from IRDA.

Claims process

Take advantage of cashless hospitalisation through our extensive network of hospitals available across the country. Alternatively, you can claim your benefit amount for treatment in any out of network hospital through our hassle free claims process.





The convenience of cashless claims process and wide network of

hospitals are available for all plan types. The documentation required is as follows:

1. Photocopies of hospital bills
2. Discharge card
3. Doctor's certificate
4. Prescriptions
5. Diagnostic reports and any other relevant documents will be needed to process your claim





4 easy steps to process a claim:

Hospitalisation in Network Hospital

- 1  Show Health Card⁽¹⁾ and fill the pre-authorisation form
- 2  Hospital will submit the pre-authorisation form and we will scrutinize the claim request
- 3  Cashless hospitalisation authorised
- 4  ICICI Prudential pays amount to the hospital

(Show Health Card 4 days prior to admission for planned hospitalisation; within 4 hrs of admission in emergency hospitalisation)

Hospitalisation in Out of Network Hospital

- 1  Policyholder settles hospital bills
- 2  Submit claim documents post discharge
- 3  Scrutiny of claim request
- 4  Cheque sent to policy holder

What is not covered under ICICI Pru's Hospital Care II

The Company shall not be liable to make any payments under this Policy in respect of any expenses whatsoever incurred by any Insured Person(s) in connection with or in respect of any of the following.

1. Pre-existing condition unless stated in the proposal form and specifically accepted by the Company and endorsed thereon.
2. Permanent exclusions as specifically stated in the policy certificate
3. For conditions of diabetes or hypertension or both, if disclosed at inception and accepted for cover, an investigation/treatment for these conditions and any complications arising from these conditions (including but not restricted to Ischemic Heart Disease and Renal Failure) shall be excluded for the first two consecutive policy years from the policy issuance date or revival date in case the revival is 60 days after first unpaid premium.
4. Any expense incurred during the first 2 years from policy issuance date or revival date in case the revival is after 60 days from the date of first unpaid premium shall not be payable for the following diseases/surgeries & any complications arising out of them.

01	Deviated Nasal Septum/ Nasal & Paranasal Sinus Disorders
02	Diseases of Tonsils / Adenoids
03	Surgery of Thyroid Gland excluding Malignancy
04	All types of Hernia
05	Hydrocoel /Varicoceol / Spermatocoeol
06	Piles / Fissure / Fistula-in-Ano / Rectal Prolapse
07	Benign Prostatic Hypertrophy
08	Menstrual Irregularities, Dysfunctional Uterine Bleeding
09	Hysterectomy with or without Bilateral Salphingo Ophorectomy excluding Malignancy
10	Uterine Fibroid

11	Calculus Diseases
12	Prolapsed Intervertebral Disc
13	Retinopathy / Retinal Detachment
14	Peripheral Vascular Disease due to Diabetes / Diabetic Foot
15	Renal Failure due to Diabetes
16	Osteoporosis / Pathological Fracture
17	Cataract
18	Joint Replacements except due to an accident (one Knee or one Hip Replacement in a Policy Year)
19	Congenital Internal Disease or Anomalies or Disorder

5. Treatment directly or indirectly arising from or consequent upon war, commando or bomb disposal duties or training, terrorism, invasion, acts of foreign enemies, engagement in hostilities, active military and police duties such as maintenance of civil order whether war be declared or not, civil war, rebellion ,active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power or travel by military aircraft or waterborne vessel, and fulltime service in any of the armed forces.
6. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The company may at its discretion review the above list of accepted foreign countries from time to time. Claims documents from outside India are acceptable only in English unless specifically agreed otherwise, and duly authenticated.
7. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), Vaccination & Innoculation
8. Treatment which results from or is in any way related to sex change or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

9. Routine medical, eye and ear examination, laser or other surgery for correction of refractive errors of sight, cost of spectacles, contact lenses, hearing aids, cost of Cochlear implant(s), issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
10. Expenses on vitamins and tonics unless medically necessary as a part of treatment for injury or disease as certified by the attending physician.
11. External and or durable medical / non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, infusion vhpump etc., ambulatory devices i.e. walker , crutches, belts ,collars ,caps , splints, slings, braces ,stockings of any kind, diabetic foot wear, glucometer / thermometer and similar related items and also any medical equipment which is subsequently used at home.
12. All non medical expenses including personal comfort and convenience items or services such as telephone, television, special mattresses, personal attendant or barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items, guest services and similar incidental expenses or services.
13. Costs of donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery.
14. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic in nature, filling of cavity, root canal treatment, and treatment of wear and tear, any orthodontics or orthographic surgery, or temporo-mandibular joint disorder, except as necessitated by an accidental injury.
15. Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, hormone replacement therapy, intentional self-Injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction.
16. All expenses arising out of any condition directly or indirectly caused by, or associated with human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications and all sexually transmitted diseases.
17. Expenses incurred at hospital primarily for evaluation / diagnostic purposes, wherein such tests are possible to be carried out on out patient basis and which is not followed by active treatment or intervention during the period of hospitalisation.
18. Any treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy, tests and treatment relating to Infertility and in vitro fertilisation. However the exclusion does not apply to Ectopic pregnancy proved by ultrasonography/ diagnostic means and is certified to be life threatening by the medical practioner.
19. Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies, ayurvedic, homeopathy, unani, reflexology, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy, steam bathing, shirodhara and alike treatment under ayurvedic treatment or any other treatments other than allopathy /western medicines and any treatment taken at home, health hydro, nature care clinic or similar establishments.
20. Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission, private nursing/attendants charges incurred during pre-hospitalisation period or post-hospitalisation period, referral fee to family doctors, out station consultants / surgeons fees.
21. Genetic disorders and stem cell implantation / surgery.
22. Any treatment related to sleep disorder or sleep apnoea syndrome.
23. Only one coronary angiography is payable in a policy year except in case where a Coronary Intervention has been undergone after the first angiography.

24. Medical or surgical treatment of obesity and any other weight control programme, services or supplies.
 25. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing unless specifically agreed by the Insurance Company.
 26. Any stay in the Hospital or extended period of hospitalisation beyond the customary length of stay for any domestic reason or where no active regular treatment is given by the specialist.
 27. Out patient diagnostic / medical or surgical procedures / or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy.
 28. Hospitalisation and treatment of any kind not actually performed, necessary or reasonable, or any kind of elective surgery or treatment which is not medically necessary.
 29. Domiciliary treatment
 30. Treatments or procedures customarily and usually performed by medical practitioners in out patient department or clinic and casualty setting shall not be payable even if performed as inpatient or day care procedures.
 31. Any treatment for xanthelesema, syringoma, acne and alopecia.
3. No benefit shall become payable for any event which occurs or where the signs or the symptoms of illness and / or condition for the event has occurred within the waiting period.
 4. In case of death of the primary insured, the cover will terminate immediately for the entire family and the balance premium will not be refunded. The remaining insured members can take a new policy for extension of cover with the eldest member becoming the new primary insured. The new policy will be issued without any underwriting at then prevailing terms and conditions including the no claim bonus as for the previous policy if the cover is renewed within 60 days of termination of the existing policy. Any outstanding waiting period and the outstanding period for the specific exclusions as given in point 4 of the exclusion list of the existing policy will be applicable to the new policy. On death of any Insured person(s) other than the primary insured, the policy shall continue and the applicable insurance premium shall be appropriately reduced by the Company.
 5. Cashless facility is a service provided by the Company and is not a contractual obligation of the Company.
 6. The list of network hospitals which are included in your policy would be made available upon request.
 7. On lapsation or surrender of the policy, no benefit is payable.
 8. Revival: A policy, which has lapsed for non-payment of premium within the days of grace, may be revived subject to the condition that the application for revival is made within two years from the due date of the first unpaid premium. If the policy is not revived within this period, then the policy shall be terminated at the end of the revival period. Revival beyond a period of 60 days from the premium due date of the first unpaid premium will be allowed only after further underwriting and subject to the policy holder providing satisfactory evidence of good health to the Company. The evidence required could be a simple health declaration or a medical exam and/or with exclusions and which will be determined on a case to-case basis. The expenses towards the same will have to be borne by the policyholder.
 9. No loan will be provided against this policy

Terms and Conditions

1. Free Look Period: A period of 15 days is available to review the policy from the date of receipt of the policy document by the policyholder. If the terms and conditions of the policy are not acceptable to the policyholder, the policyholder should return the policy document to the company for cancellation. The Company will then return the premiums paid by the Policyholder after deduction of stamp duty and any expenses borne by the Company on the medicals.
2. There is an initial waiting period for payment of benefits of 30 days from the policy issuance date and revival date if the revival takes place after more than 60 days of first unpaid premium. Only claims in respect of injuries caused by accidents will be paid during this period.

10. In accordance to the Section 41 of the Insurance Act, 1938 (4 of 1938) ` No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.'
11. In accordance to the 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 date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be

called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose .Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal'.

12. Tax benefits are as per the Income Tax Act of 1961. Service tax and education cess will be charged extra as per applicable rates. Tax laws are subject to amendments from time to time.
13. All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time.
14. For further details, please refer to the policy document and detailed benefit illustration.

Take a step to good health!

Get ready to get healthy - with Health Active - a unique healthcare initiative powered by ICICI Prudential.

Currently available for all ICICI Prudential customers, this personalised wellness programme will guide you to lead a healthy life.

Health Active benefits at-a-glance

- Assess your current health status and set your HealthGoals
- Stay healthy through our regular personalized guidance
- Get access to Health Active hotline for all your health queries
- Get personalized Diet and Fitness Plans from leading health consultants
- Avail of attractive discounts at select gyms and diagnostic labs
- Win exciting rewards for all your efforts!

To know more, visit <https://healthactive.icicprulife.com> or call Health Active Hotline 1800-419-1000



What do you do to buy the policy? Easy guide to buying a health policy

- ✓ Discuss the policy benefits, coverage and premium details with your financial planner.
- ✓ Actively seek information on the charges and exclusions under the policy.
- ✓ Fill the application form stating your personal & health profile. Ensure that the information given in the form is complete and accurate.
- ✓ Note the application number on your form. This number will help you to track the status of your application.
- ✓ Handover the application form and the cheque for the premium amount along with necessary documents to your financial planner.
- ✓ We will process your application. You may be called for a medical check-up on the basis of your age, health declaration and cover opted for.
- ✓ Subsequently, the policy terms (like premium, cover amount, etc.) may be revised to give you an optimal fit for your profile. This will be done with your consent.
- ✓ Next, the final policy document will be sent to you.

About ICICI Prudential Life Insurance Company Limited

ICICI Prudential Life Insurance Company Limited, a joint venture between ICICI Bank and Prudential plc is one of the first companies to commence operations when the industry was opened in 2000. Since inception, it has written over 10 million policies and has a network of over 1,590 offices, over 2,11,000 advisors and several bank partners.



Track your application through our website www.icicprulife.com or SMS APP <Space> <Application No. 1> and send it to 56767



Call our customer service Toll Free No. **1800 22-2020** from **9:00 am to 9:00 pm***



You can also visit us at www.icicprulife.com

* (From your MTNL or BSNL line; Monday to Saturday, except National Holidays)

For more, visit us at www.icicprulife.com or email us at healthactive@icicprulife.com

Registered Office: ICICI Prudential Life Insurance Company Limited, ICICI PruLife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai 400 025.

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