



# 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] \_\_\_\_\_ 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

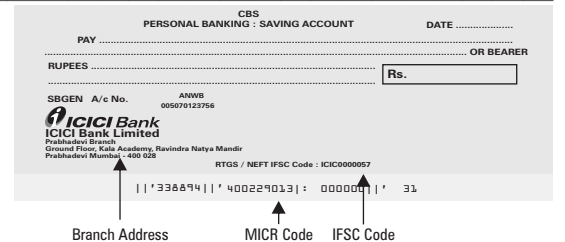
Name of Account Holder (as mentioned in Bank Account) \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Branch Name & Address \_\_\_\_\_

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.

✕ 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] \_\_\_\_\_

Name of the Policy Holder \_\_\_\_\_

Original Documents Submitted  Yes  No

Employee Name & Code: \_\_\_\_\_

SPAARC Call ID : \_\_\_\_\_



© 2012, ICICI Prudential Life Insurance Co. Ltd., Registered Address: ICICI Prulife Tower, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025, Reg No-105, Insurance is subject matter of solicitation, UIN-105N087V01, Comp/doc/Mar/2012/994.

Kindly call our Customer Service Number 1860-266-7766 (local charges apply)  
 Call Center timings: 10.00 A.M. to 7.00 P.M. Monday to Saturday (except national holidays)



### Communication Address

ICICI Prudential Life Insurance Co. Ltd., Unit No. 1A & 2A, Raheja Tipco Plaza, Rani Sati Marg, Malad (East), Mumbai 400097.