

## Activate Booster up FAQs

The FAQs have been designed to ensure clear customer communication and are consistent across various plans within the product. Presence of a specific coverage question does not automatically make the customer eligible for that particular cover. Please read the Policy wordings in conjunction with the Customer Information Sheet and Policy certificate to understand Your Coverage

### Coverage

#### 1. What does my Activate Booster policy cover?

Activate Booster offers varying degrees of coverage. Please refer to the key information sheet in this booklet to learn more about your policy coverage.

#### 2. What is the difference between Date of Joining and Policy start date?

For a first-time policy, the policy start date and the date of joining are the same. The policy start date and the date of joining will differ only at the time of renewal. The date of joining refers to the inception date of your first policy with us, while the policy start date is when your renewed policy begins. For a new policy, the policy start date will be the cheque date or the date the documents are received, whichever is later. For a renewal policy, the policy start date will be the cheque date, the date the documents are received, or the renewal date, whichever is later.

#### 3. What expenses shall be paid under the Claim Protector cover?

For your in-patient hospitalization claim, you may have noticed that certain expenses, such as for oxygen masks, attendant charges, and gloves, are deducted and not settled. If you opt for the Claim Protector cover by paying an additional premium, these expenses can be claimed under this cover within the overall base sum insured. For the list of items that are payable under the Claim Protector cover, kindly refer to **Annexure II List I – Items for which coverage is not available in the Policy.**

#### 4. What is covered under BeFit?

Upon payment of an additional premium, BeFit covers out-patient expenses such as physical consultations, routine diagnostic tests, minor procedures, pharmacy expenses, physiotherapy sessions, e-counseling, and diet and nutrition e-consultations, as per the plan opted and specified limits. All these benefits are available only on a cashless basis through our Network Providers, Health Service Providers, or via our mobile application. A 30-day waiting period from policy inception applies to this cover, which can only be opted for by individuals up to 65 years of age.

### Tax Benefit

#### 1. What tax benefit do I get for making premium payments?

The premium you pay for yourself, your spouse, your dependent children, and dependent parents, up to a limit of ₹30,000 (₹50,000 for those aged 60 years or more), excluding taxes, is eligible for deduction under Section 80D. This deduction is available under the prevailing tax laws, which are subject to change.

**2. Is the claim amount subject to tax?**

No, the claim amount you receive under your health policy is not subject to tax.

**3. Can ICICI Lombard cancel my policy before the expiry date?**

Yes, we may cancel your policy in cases of misrepresentation, fraud, non-disclosure of material facts, or non-cooperation from the insured/policyholder. Before cancelling, we will send a written notice via registered post, giving the policyholder 7 days' notice.

**4. What is the procedure for increasing the Annual Sum Insured (SI) at the time of renewing the policy?**

The Annual Sum Insured can be increased at the time of policy renewal either online or by visiting our branch, subject to approval by a medical underwriter if required. Please note that the waiting period will apply to the enhanced SI from the date of enhancement, but not to the existing sum insured.

**5. I did not declare a pre-existing disease when I bought the policy earlier. Can I do so now? What is the impact on my policy?**

Failure to declare a pre-existing disease (PED) at the time of policy inception is considered non-disclosure of material facts and may lead to policy cancellation. To avoid this, all material facts related to PEDs should be declared before the policy is issued. However, if you need to declare a PED after policy issuance, please visit our branch office. Acceptance of the PED will be subject to our underwriting guidelines.

**6. 10. Will I receive confirmation of the changes made to the policy?**

Any changes made to the policy during the policy period will be reflected through an endorsement. A confirmation of all endorsements will be sent to you via an endorsement letter after the changes are made.

**7. How can I cancel my policy before the expiry date?**

**Free look period (applicable only for new individual health insurance policies and not on renewals):** You can cancel and return your policy within 30 days of receiving it by sending us the free look request form available on our website, submitting a written notice via registered post, or emailing from your registered email address. You can also call us at our toll-free number 1800 2666 to request policy cancellation. If you avail of this feature, the premium will be refunded to you.

If you wish to cancel the policy after the free look period but before the expiry date, follow the same process. We will refund the premium as specified in the policy wordings under the general terms and clauses.

Premium refunds will be processed via NEFT. Please fill out and submit the NEFT form available on our website.

**Endorsements**

8. If you find any inaccuracies in your policy certificate, it is important to contact us to rectify them, ensuring all material facts related to your coverage are correct. Changes to your policy details can be of two types:
- a) **No change in premium:** Some changes, such as spelling corrections, change of address, change of the date of joining, or contact details, will not affect the premium you have paid.
  - b) **Change in premium:** Changes such as the date of birth, change of zone, or the addition or deletion of pre-existing diseases may require a review of your policy and may affect the premium.
- These changes can be made by contacting us at our toll-free number 1800 2666 or emailing us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com).

## Claims

### 1. How can I file a claim?

You can file a claim through any of the following methods:

- a) Call us on our 24x7 toll-free number: 1800 2666
- b) Send a text with **HEALTHCLAIM** to 575758 (charged at ₹3 per SMS)
- c) Email us at [ihealthcare@icicilombard.com](mailto:ihealthcare@icicilombard.com)

Please inform us at least 48 hours before a planned hospitalization. For emergencies, notify us within 24 hours of admission. Claim forms are available for download on our website: [www.icicilombard.com](http://www.icicilombard.com).

### 2. How can I track the status of my claim?

You can track your claim status by logging into your account on our website [www.icicilombard.com](http://www.icicilombard.com).

### 3. How soon can I file a hospitalization claim on my policy?

There is a 30-day waiting period from the start of your policy before you can file a claim for any illness, except for hospitalization due to injury or accident. Please review the policy wordings for a detailed list of exclusions.

### 4. What is the difference between a cashless and a reimbursement claim?

**Cashless claim:** We directly pay the agreed claim amount to the hospital. You are required to inform us of the procedure or treatment and provide related paperwork.

**Reimbursement claim:** You settle the bill with the hospital, and we will reimburse you for the agreed claim amount after you submit the necessary documents.

### 5. Can I file multiple claims in a year?

Yes, you can file multiple claims in a year, provided the total claim amount does not exceed your policy's sum insured.

### 6. Will my policy cover medical treatment at any hospital I choose?

ICICI Lombard works with an extensive network of hospitals offering cashless and reimbursement facilities. However, there are some delisted hospitals where we will not cover any expenses. The updated list of excluded hospitals is available on our website [www.icicilombard.com](http://www.icicilombard.com). If you've opted for **Network Advantage**, treatment must be taken at a "Preferred Provider Network" hospital, or a 20% co-payment will apply to

each claim if treated at other hospitals.

## Renewal

### 1. When do I need to renew my policy?

You should renew your policy before the expiry date. A 30-day grace period is provided, during which you can renew the policy without submitting a new application. However, during this grace period, you will not be covered for any ailments or accidents. It is best to renew before the expiry date to enjoy uninterrupted coverage. For monthly premium payment modes, the grace period is 15 days.

### 2. How can I renew my policy?

You can renew your policy by paying the premium online, calling us at our toll-free number 1800 2666, or visiting the nearest ICICI Lombard branch.

### 3. Will the premium be the same when I renew my policy?

Your premium may vary based on the following factors:

- a) Your age or the age of the oldest member (for floater policies)
- b) Changes in coverage (e.g., sum insured, add-ons, number of people covered)
- c) Policy conditions (e.g., policy tenure, zone, individual vs. floater)
- d) Changes in tax laws by the government

### 4. If I make a claim, will it affect my policy renewal?

Filing claims under your policy will not affect the renewal.

### 5. How can I create my online account with ICICI Lombard to avail of these services?

You can create your online account through the following steps:

- a) Visit [www.icicilombard.com](http://www.icicilombard.com) and click on **IL Healthcare** under 'Claims & Wellness'
- b) Go to the **Customer Login** section and sign up by filling and submitting the form
- c) You will receive a reference number and a notification about the activation of your ID within 24 hours
- d) After receiving your login credentials, you can access your account to use various services, such as accessing your policy certificate, policy information, claim forms, and more.

If you face any issues, feel free to call us at 1800 2666 or email us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)