

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 once in every policy year 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 and conditions.
- The maximum amount that may be claimed under the policy is as follows –

Year	1 to 3	4 and 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 and signed along with the requirements mentioned below.
- 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.
- Turn around time for claim processing will start only after receipt all mandatory documents.

Recent photograph
of the Owner / Proposer
(Mandatory)

MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM**SUBMITTED**

1. Pan card / Form 97 (as applicable and defined in Income-tax Rules, 2026) of the Owner / Proposer	Yes	No
2. Owner / Proposer address proof*	Yes	No
3. Owner / Proposer photo identity proof*	Yes	No
4. Copy of cancelled cheque/ bank statement/ bank passbook of the Owner / Proposer**	Yes	No
5. Recent photograph of the Owner / Proposer	Yes	No

TYPE OF EXPENSES COVERED AND MANDATORY DOCUMENTS REQUIRED FOR MAKING A CLAIM**SUBMITTED**

Types of Expense claimed	Mandatory Documents required		
1. Hospitalization expenses which exceed the limit covered under medical insurance	Photocopies of hospital bill + settlement letter from medical insurance company	Yes	No
2. Hospitalization expenses not covered by medical insurance	Original bills for medical expenses incurred	Yes	No
3. Co-pays as part of the medical cover	Photocopies of bills for medical expenses incurred + settlement letter from medical insurance company clearly stating the deduction of co-pay amount	Yes	No
4. Medicines and drugs + medical equipments, diagnostic expenses, dental expenses, doctor visits	Original bills for medical expenses incurred	Yes	No

*Any one of the officially valid documents such as Aadhar Card, Passport, Driver's License, Voters ID

**As per the regulatory requirement, all payouts under an insurance policy are required to be processed electronically in the bank account of the policyholder/nominee/assignee/trustee as applicable.

*Passport/Driving license/Voter identity card issued by election commission of India/Job card issued by NREGA duly signed by an officer of the State government/Letter issued by the National Population Register containing details of name, address or any other document as notified by the Central Government in consultation with the Regulator/Proof of possession of Aadhaar number (to be taken in masked form / take redacted Aadhaar)

Policy Number

Date

Name of Proposer/Life assured

Mr./Ms./Mrs. First Name Middle Name Surname

Communication address or the permanent address should match with address proof provided

Communication address

Landmark PIN/ ZIP Code

Permanent Address

Landmark PIN/ ZIP Code

Contact Nos.

STD Residence STD Office Ext. ISD Mobile

Pan Number or ☐ Form 97 (as applicable and defined in Income-tax Rules, 2026)

What's app opt in: ☐ Yes ☐ No

Date of birth: Email ID:

☐ By submitting my details, I override my NDNC registration and authorize ICICI Prudential Life Insurance and its representatives to contact me through call, SMS, WhatsApp and E-mail. I further consent to share my information on confidential basis with third parties for evaluating and processing this proposal

All fields are mandatory. (Atleast one contact no. is mandatory for processing your request. The Contact details mentioned above will be updated for all future communication)

Are you a Politically Exposed Person (Policy Holder): ☐ Yes ☐ No

Politically Exposed Persons* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

US Person: ☐ Yes ☐ No (If Yes, please fill FATCA / CRS certification)

ICICI PRU HEALTH SAVER - HEALTH SAVINGS BENEFIT CLAIM FORM



Details of expenses incurred

Name of Insured	Relationship (with policy holder)	Details for expenses incurred	Date of Expense incurred	Bill/ Invoice No	Amount (Rs)	Supporting invoices submitted in original
			dd/mm/yyyy			
			dd/mm/yyyy			
			dd/mm/yyyy			
			dd/mm/yyyy			
			dd/mm/yyyy			
Total Claimed Amount						

Date

Signature of the Policy Holder

DECLARATION TO BE MADE BY A THIRD PERSON IN CASE FORM IS FILLED/ SIGNED IN VERNACULAR LANGUAGE

The Owner / Proposer has affixed his/ her thumb impression/ has signed in vernacular/ has not filled the application. I hereby declare that the content of this form has been explained to the Owner / Proposer in _____ language and he/she has signed/ affixed his/ her thumb impression in my presence after fully understanding the same. I further declare that I have truthfully recorded the details provided to me.

Name of the Declarant: _____

Address: _____

Place: _____

Date:

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's Email ID: claimsupport@icicprulife.com.



Signature of Declarant

OWNER/PROPOSER NEFT MANDATE/BANK ACCOUNT DETAILS (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 and Address

Mobile No:

CBS Account No.

IFSC Code

Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE

MICR Code

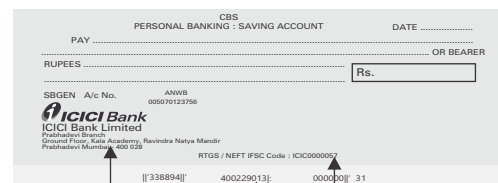
9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.

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 in spite of opting for electronic payout method. Responsibility of providing IFSC code lies with the customer. Please note that IFSC code for RTGS and 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.

X

Signature / Thumb impression of the Owner/ Proposer

Place: _____ Date:



Branch Address MICR Code IFSC Code

For Office Use Only (Branch Operations)

Policy Number Date

Name of the Policy Holder

Original Documents Submitted ☐ Yes ☐ No

Employee Name and Code: _____

SPAARC Call ID : _____ Please scan the documents in FileNet under Claim service documents

Other (Please specify) _____ Date _____ Time: On or ☐ Before 3PM ☐ After 3PM



STAMP AND TIME

@ ICICI Prudential Life Insurance Co. Ltd. All rights reserved. Registered with Insurance Regulatory and Development Authority of India (IRDAI) as Life Insurance Company. Regn. No. 105. CIN: L66010MH2000PLC127837. Reg. Off.: ICICI Prudential Life Towers, 1089 Appasaheb Marathe Marg, Prabhadevi, Mumbai 400025. Visit us at www.icicprulife.com. Phone: +912250391600. Email: claimsupport@icicprulife.com. COMP/DOC/Jan/2026/21/1766.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Get answers to all your claim related queries

Explore our FAQs section

Scan QR code to view now

CONTACT US:

Call 24X7 Claim helpline: 1800 2660 (For calls within India) +91 8069385555 (For calls outside India)	Email us: claimsupport@icicprulife.com	Chat on WhatsApp: Type 'Claim' and send to 9920667766	Visit our branch: To Locate www.icicprulife.com → contact us
---	--	---	---

ACKNOWLEDGEMENT SLIP

This is to acknowledge the receipt of application for ICICI Pru Health Saver - Health Savings Benefit Claim Form

Policy Number

Date

Name of Proposer/Life assured

Branch Name and code

Employee name Employee code



STAMP AND TIME

Note:

- The acknowledgment slip should not be construed as acceptance of claim.
- Turn around time for claim processing will start only after receipt of all mandatory documents.
- Company reserves the right to call for further documents incase the details or information provided in relation to the claim is found to be incorrect / incomplete.
- Please refer to the policy document or visit Company website for complete list of mandatory documents required to be submitted along with the claim form.
- Please submit the claim forms in Company prescribed formats, as available on the Company Website
- Claim is payable subject to receipt of premiums due under the policy from the insured and fulfilment of all terms and conditions of the policy.
- Any payout under the policy shall be strictly made in accordance with the terms and conditions of the policy.
- Claim proceeds can be credited in NRE accounts in proportion to the premiums paid through NRE account subject to valid proofs being submitted in support of premium payment.