

POLICY SET UP QUESTIONNAIRE

Policy Name*:-	Institution Name
Policy No*:-	
MO Name & EMP ID*:-	1155

I (a) Payment Matrix:-

1	In case of Reimbursement claim, payment in Employee /Corporate Name(Payee Name)*:-	Institution Name
2	Mode Of Payment* : Cheque /EFT:-	NEFT
3	Frequency of Payment: Daily/Weekly/Monthly	Daily

**If Payment is to be made to the member, ONLY Cheque will be issued in the Name of the Self member for Self covered policies and in the name of the proposer for self not covered policies.

4. If the payment mode is Cheque, please furnish following details:-If the HR does not want any mails to be sent to HR, then the RM may not fill the details but in case if CF is applicable in Policy then the HR Details are mandatory as we have a separate tab to enter the details of the HR (Name, Email ID and phone No)

i)	Cheque Dispatch Address with pin code & Contact Person as per Policy or any other Address with pin code*	This is for refund purpose. So the college has to decide whether the refund amount will be credited into their account and they will give to students or they want the insurance companies o directly pay ot to the students. So if college, then college details and if students then they have to give students details.
ii)	HR Name/ Broker Name*	Regional Manager Name
lii)	Contact No:- *	9764373398
iv)	Email ID:- *	Inspire9764@gmail.com

** In case a payment needs to be dispatched to ICICI Lombard Branch Office then please provide mail approval from NSM/VP and U/W Head.

5. If payment mode is Electronic Fund Transfer (EFT), please furnish following details:

i)	Bank Name:- *	Canara Bank Bramhapuri
ii)	Account Number:- *	3110201001432
iii)	Branch Name:- *	Bramhapuri
iv)	IFSC Code:- *	CNRB0004863
v)	Cancelled Cheque copy:- Y/N*	NA
vi)	PAN copy:- Y/N*	NA
vii)	Mandate form received:- Y/N*	NA
Viii)	HR Name*	NA
ix)	Contact No.:- *	9764373398
x)	Email Id*:	Inspire9764@gmail.com

ICICI LOMBARD HEALTH CARE HEALTH ENROLLMENT TEAM

POLICY SET UP QUESTIONNAIRE

II (a) Network Booklets Matrix:-

1	Do you Require Network Booklets(Y/N) *:-	NA
---	--	----

**If yes, please provide NSM/VP and U/W Head Approval.

II (b) Physical Card Dispatch details - If mentioned in policy copy:

1	Please Provide Cards Dispatch address as Per policy or any other address with pin code	If more than 200 lives physical cards will be sent. So the college address
2	Any other details for card printing:-	NA

III (a) Communication Matrix for Query/Rejection Letters:-

1	Form of Communication: Soft Copy only/Physical Document only/Both/Not Required	SOFT COPY
2	If Physical Documents*: Recipient Name, Contact Number & Recipients complete Postal Address with pin code	NA

3. If Soft Copy*: E-Mail IDs & Mobile No's (Along with the concerned who should be kept in Loop).

Recipients	Email id	Mobile no
Corp Hr	Institution Mail ID	College id
Sub Hr	Institution Mail ID	College id
Broker	Broker Mail ID	
RM	ICICI	

(b) Communication Grid* (kindly select the relevant event to be triggered) if required. If not selected, same will be ignored.

Claim Type	Communication Events	Communication Recipients									
		Insured		Corporate HR		Sub HR		Broker		RM	
		Email	SMS	Email	SMS	Email	SMS	Email	SMS	Email	SMS
Cashless	Inward Generation	N	Y	N	N	N	N	Y	Y	Y	N
	AI Registration	N	Y	N	N	N	N	Y	Y	Y	N
	AI Approval	N	Y	N	N	N	N	Y	Y	Y	N
	AI Query	N	Y	N	N	N	N	Y	Y	Y	N
	AI Rejection	N	Y	N	N	N	N	Y	Y	Y	N
	AI Fax sent	N	Y	N	N	N	N	Y	Y	Y	N
Re imbursement	Inward Generation	N	Y	N	N	N	N	Y	Y	Y	N
	CL Registration	N	Y	N	N	N	N	Y	Y	Y	N
	CL Approval	N	Y	N	N	N	N	Y	Y	Y	N

ICICI LOMBARD HEALTH CARE HEALTH ENROLLMENT TEAM

POLICY SET UP QUESTIONNAIRE

CL Query	N	Y	N	N	N	N	Y	Y	Y	N
CL Rejection	N	Y	N	N	N	N	Y	Y	Y	N
Payment	N	Y	N	N	N	N	Y	Y	Y	N
Cheque Dispatch	N	Y	N	N	N	N	Y	Y	Y	N