

POLICY SET UP QUESTIONNAIRE

Policy Name*:-	Bhausahab Gaikwad Senior Collage, Peth
Policy No*:-	
MO Name & EMP ID*:-	99915

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:-	EFT
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*	
ii)	HR Name/ Broker Name*	
iii)	Contact No:- *	
iv)	Email ID:- *	

** 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:- *	NA
ii)	Account Number:- *	NA
iii)	Branch Name:- *	NA
iv)	IFSC Code:- *	NA
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.:- *	NA
x)	Email Id*:	NA

ICICI LOMBARD HEALTH CARE HEALTH ENROLLMENT TEAM

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II (a) Network Booklets Matrix:-

1	Do you Require Network Booklets(Y/N) *:-	NA
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**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	
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	NA
Sub Hr	Institution Mail ID	NA
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

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CL Approval	N	Y	N	N	N	N	Y	Y	Y	N
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


Principal
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