



भारतीय जीवन बीमा निगम  
Life Insurance Corporation of India

### Claim form for Domiciliary Treatment Benefit

(Applicable for reimbursement of medical expenses as DTB under Health Insurance plan 901 and 902)

TO  
The Manager, LIC of India, Divisional Office,

**For Branch Use only**

Date of Receipt of claim forms:

Signature of the person authorized to receive the documents

Policy Number: \_\_\_\_\_ Name of the Principal Insured: \_\_\_\_\_

Please reimburse Rs. \_\_\_\_\_ being the medical expenses incurred as Domiciliary Treatment Benefit available under the policy as detailed below:

Details of the Domiciliary Treatment expenses incurred:

Sl.No	Name of the insured persons for whom the claim is made	Status of Insured (PI/Spouse/Child)	Type of treatment (Allopathic, Ayurvedic, etc)	Type of Receipt (Consultation fee, Medicines, Reports, etc)	Receipt/bill Issued by	Bill/Receipt etc, No	date	Amount Rs.
1								
2								
3								
4								
5								
6								
TOTAL								

I hereby declare that,

1. All the insured persons mentioned in this claim form are covered under the policy on the date of the claim
2. The dates of the bills/receipts, etc are within one year from the date of this claim.
3. The total claim amount is more than Rs. 2500 ( not applicable during the last year of the policy term)

Encl: All the receipts, bills etc. referred above

Place:

Date:

Signature of the Principal Insured/policyholder

Address: \_\_\_\_\_

Note: DTB claims are payable only two times in a policy year