



# Group Mediclaim Insurance Scheme

## AIUCBOF Empowerment Series Chapter 17

### Group Mediclaim Insurance Scheme

Staff Welfare Scheme - Group Mediclaim Insurance Scheme for all permanent existing members of staff (Officers & Award Staff except Officers on Contract) & their Dependent Family Members with Personal Accident Insurance Coverage for existing staff members (Ref: CHO /PMG /31 /2012-13 dated 19-12-2012)

#### Salient features

- Group Mediclaim Insurance Scheme is having Sum Assured Value of **Rs.3.00 Lacs per employee** with **United India Insurance Co. Ltd., Kolkata.**
- Sum assured value of **Rs.3.00 lacs** per In-Service employee is also covered under **Personal Accident Insurance Scheme.**
- Insurance Coverage period is effective **from 01.11.2012 to 31.10.2013.**
- **Additional Buffer Coverage of Rs.2.00 Crores** under this scheme shall be available @ **Rs.2.00 lacs** per In-Service employee with dependents, on **first-cum-first serve basis after exhaustion of total sum assured.**
- **M/s TTK Healthcare TPA (P) Ltd. has been appointed as TPA (Third Party Administrator) by the Insurance Co., with effect from 01.11.2012. (Address: Flat No.A-12, VI Floor, Chatterjee International Centre, 33-A, Jawaharlal Nehru Road, Kolkata — 700 071 ) Contact Person Shri Prabir Adhikari (Mobile No. 090514 27408 ) Tel Nos. 033- 2288 4191/ 2288 4192/ 2288 4193/ 2288 4198, (Extension No.105), Toll Free No. 1800 345 7069 and Fax No.033-2288 4194 and e-mail address- [kol\(&,ttkhealthcareservices.com](mailto:kol(&,ttkhealthcareservices.com) ( for normal claim related matters ) & [swati.bhattacharvattkhealthcareservices.com](mailto:swati.bhattacharvattkhealthcareservices.com) (for Cashless Claim related matters)**  
# The Health Card provided by the TPA may be utilized for value added optional service of

Cashless hospitalization benefit by the members of staff and their dependents'

**Operational guidelines:**

**A) On submission of claims with TPA after reimbursement of hospitalization bills by the Bank**

All concerned staff members should be advised to submit their bills and all other necessary papers/documents/certificates as per check list to the Bank in two sets along with the Insurance Claim Form filled-in with the available information. Rest of the required information shall be filled-in at the level of sanctioning office before forwarding the claim to the TPA with original bills, reports, other necessary documents, a copy of the Computation Sheet and a Certificate from the sanctioning authority

The TPA will process the bill and make payment to the claimant employee through RTGS/NEFT in employee's name and send it to the respective sanctioning office with the settlement advice & Mediclaim computation sheet having Employee Ref. No.(i.e. EMP.No.) & other details for handing it over to the concerned employee.

Submission of false declaration/misrepresentation/concealment of facts/receipt of payment through false claim will forfeit the claim and employees concerned will be required to refund the amount already sanctioned, if any, with penal interest without prejudice to the Bank's right to institute departmental action against such erring employees.

**B) On Cashless Hospitalization**

Officers/employees and/or their dependent family members may avail of cashless facility in network hospitals of TPA for treatment as indoor patient on production of health card and submission of **an Authorization letter** in the name of TPA followed by intimation of admission to TPA within 24 hours and to the branch/office as well.

The TPA will collect the original bill and the authorization letter of the employee from the Network Hospital and will send the same to the respective Zonal Office in respect of employees posted in a Zone and to Head Office in respect of those posted in different departments at Head Office.

The Sanctioning Authority will process and pass, as per Bank's Hospitalization Scheme, bills related to cashless hospitalization file received from the TPA, within 30 days without waiting for post hospitalization treatment. In case the bills relate to the employees posted at that office, they will issue a demand draft for the sanctioned amount in favour of the concerned hospital, payable at Kolkata and send it to the TPA. The TPA will pay the rest amount of the bill to the hospital along with the said DD.

In case the sanctioned amount of such bills is to be paid at branch's level, the branch should be advised by the ZO to debit their Working Expenses A/c and

issue a DD as above. The DD should be sent by the branch to the Zonal Office for its onward transmission to the TPA with the relative file. However, EL/VL branches are advised to follow the above guidelines and send the DD directly to the TPA with the file.

In case some amount has been recovered from the employee over the cash less hospitalization amount provided by the TPA, the employee may be reimbursed that much of amount, out of the total reimbursable amount and then with the rest amount, DD should be issued in favour of the hospital.

Thereafter, additional bill for reimbursement in respect of post hospitalization after completion of treatment be submitted.

List of network hospitals of TPA is available on TPA's website [www.ttkhealthcaretpa.com](http://www.ttkhealthcaretpa.com) over and above the list submitted by the TPA along with the Health Card

### **C) On Group Personal Accident Scheme**

Claim for Personal Accident Insurance cover is to be lodged with the Insurance Company through Head Office, Personnel Services (Establishment & Staff Welfare Section) by the Branch/ Office of posting in the prescribed form of the Insurance Co. (enclosed) through Zonal Office within 60 days of accident. In case of accidental death, FIR and Post-mortem report also will have to be submitted with the claim form.

**Certificate from the Sanctioning Authority (HO/ZO/ELBNLB) in respect of amount of sanction of hospitalization bill and in respect of the employee and / or his/her dependant.**

This is to certify that we have reimbursed a sum of Rs \_\_\_\_\_

(Rupees \_\_\_\_\_)

to our staff member, Shri/Smt. \_\_\_\_\_ Designation \_\_\_\_\_

PFM No. \_\_\_\_\_ against hospitalization bills for Rs. \_\_\_\_\_ submitted by him/her on \_\_\_\_\_ (date) in connection with treatment of himself/ herself/ his/ her dependant (namely, \_\_\_\_\_, relation \_\_\_\_\_ age \_\_\_\_\_, sex \_\_\_\_\_) during the period from \_\_\_\_\_ to \_\_\_\_\_

The residual amount of the bill may be reimbursed by the Insurance Company through TPA to the credit of the employee through NEFT/RTGS as per the scheme.

Date:

**Authorized Signatory with seal**

## Check List

- + DULY FILLED IN CLAIM FORM
  - ❖ COPY OF WORKSHEET/ PROCESSING—CUM—SANCTION SHEET
  - ORIGINAL / DULY ATTESTED COPY OF DISCHARGE SUMMARY
- + ORIGINAL HOSPITALISATION BILL WITH BREAK—UP & "PAYMENT RECEIPTS".
  - MEDICAL CERTIFICATE FROM TREATING DOCTOR
  - SURGERY/CONSULTATION BILLS, IF ANY
  - OPERATION THEATER/PHARMACY BILLS [ORIGINAL ONLY]
  - MEDICINES BILL WITH DOCTOR'S PRESCRIPTION [ORIGINAL ONLY]
- + PRE—HOSPITALISATION BILLS [ORIGINAL ONLY]
  - POST HOSPITALISATION BILLS [ORIGINAL ONLY]
  - ❖ HOSPITALIZATION BILLS [ORIGINAL ONLY]
- + ORIGINAL / DULY ATTESTED COPY OF INVESTIGATION REPORTS
- + ORIGINAL / DULY ATTESTED COPY OF PATHOLOGY REPORTS
  - MLC [MEDICO LEGAL CERTIFICATE] / FIR IN CASE OF ROAD TRAFFIC ACCIDENT.
- + ORIGINAL / DULY ATTESTED COPY OF X—RAY REPORT [NO NEED OF