

Term Life Insurance for all Employees - CIVILIANS

Group Term Life Insurance Policy for Tamil Nadu State Govt (Civilian) Personnel Salary Account Holders of M/s Bank of Baroda

SOP covers Salary Account opening, Terms and conditions for Insurance offerings and procedure for Claim Settlement.

Description of the Group	Tamil Nadu State (Civilian) Salary Account Holder Group
Type of Policy	Group Term Life Cover
Sum Insured for Death Benefit only	<p>1. Complimentary Life Insurance Cover of Rs. 15 Lakhs for opening salary accounts of Tamil Nadu State (Civilian) Personnel under Bank of Baroda salary schemes. The following conditions apply:</p> <ul style="list-style-type: none"> • The life insurance cover will be available to salaried Tamil Nadu State (Civilian) personnel only. • Insurance cover since inception – Tamil Nadu State (Civilian) personnel will be entitled to life insurance cover of Rs. 15 lacs since inception. The cover will commence automatically on crediting of salary in the account. Tamil Nadu State (Civilian) persons who are existing account holder will also be entitled to life insurance cover from the date of MOU coming into effect. • The insurance cover will be applicable to active salaried account holders (Civilian) only and Pensioners will not be entitled to the life insurance cover. • Suicidal deaths will be covered after 12 months from the date of enrolment of account in the scheme provided regular monthly salary has been credited in the last 12 months. <p>2. The Life Insurance cover will not exceed the threshold of Rs. 15 Lakhs at any point.</p>
Coverages	<p>Any kind of death such as natural death, death due to any illness, death due to pre-existing illness.</p> <p>Suicide deaths will be covered after 12 months from the date of enrolment of personnel.</p>
Exclusions	<p>1. NCB - The insurance company does not under any conditions, cover death or disability due to or consequent upon the use of Nuclear, Chemical or Biological weapons</p> <p>2. AWR - Active war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence.</p> <p>3. PWR/T - Passive War Risk and/or Passive Terrorism</p>

Maximum cover ceasing age	60 Years or date of retirement whichever is earlier
Free cover limit (FCL) (INR)	INR 15,00,000.00
Actively at work (AAW) Clause	Waived for all members

TERMS AND CONDITIONS:

Group Term Life Insurance policy from the Insurance Company is for a period of one year, for the various sum insured mentioned above in the event of any kind of death such as natural death, death due to any illness, death due to pre-existing illness etc.

1. Complimentary Life Insurance Cover of Rs. 15 Lakhs for opening salary accounts of Tamil Nadu State (Non-Civilian) Personnel under Baroda Military Salary Package. The following conditions apply:

- The life insurance cover will be available to salaried personnel only.
- Insurance cover since inception – Tamil Nadu State (Civilian) personnel will be entitled to life insurance cover of Rs. 15 lacs since inception. The cover will commence automatically on crediting of salary in the account. Tamil Nadu State (Civilian) persons who are existing account holder will also be entitled to life insurance cover from the date of MOU coming into effect.
- The insurance cover will be applicable to active salaried account holders (Civilian) and Pensioners will not be entitled to the life insurance cover.
- Suicidal deaths will be covered after 12 months from the date of enrolment of account in the scheme provided regular monthly salary has been credited in the last 12 months.

2. The Life Insurance cover will not exceed the threshold of Rs. 15 Lakhs at any point.

STANDARD EXCLUSIONS UNDER THE POLICY:

1. NCB - The insurance company does not under any conditions, cover death or disability due to or consequent upon the use of Nuclear, Chemical or Biological weapons.
2. AWR - Active war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence.
3. PWR/T - Passive War Risk and/or Passive Terrorism

CLAIMS PROCESS:

The following procedure is agreed upon and adopted to deal with the claims arising under the policy issued to Bank of Baroda

Intimation of Claim:

Every claim is to be immediately notified to the concerned officials of M/S Anand Rathi Insurance Brokers Ltd. through an official email upon the happening or on coming to the knowledge of M/s. Bank of Baroda. On receipt of the intimation, M/S Anand Rathi Insurance Brokers Ltd. Team will register the claim with the Insurance Company and generate the Claim Intimation no.

All the claims of the Insured will be intimated through M/S Anand Rathi Insurance Brokers Ltd. who will co-ordinate with Insurer. Nodal officer for M/S Anand Rathi Insurance Brokers Ltd. Mr. Himanshu Sakhare/ Mr. Kunal Dhande.

On receipt of the intimation, the Claim will be registered, and the Insurance Company will be provided with a Letter of Requirements.

Claim Notification Period: If a claim is made under the scheme, it should be promptly reported to the insurer. However, it must not be later than 365 days after the date of death but within 90 days from policy year's annual renewal date, whichever is earlier. Additionally, all necessary supporting evidence must also be provided within this timeframe.

Notwithstanding anything contained in this Agreement, the insurer shall not be liable for any claim for which the insurer has not received notice within claim notification period as mentioned above.

The intimation of claim shall include

- Brief note on incident (Including Date & Time of incident)
- Details of the Affected Customer Account/name of the concerned person/ contact details of the Nominee to be contacted
- Copy of Death Certificate (issued by the local health and medical authority)

Claims can be intimated through Registered Post/Courier – Intimation with supporting documents can be sent to claims department at head office by courier to the below address.

Mr. Himanshu Sakhare/ Mr. Kunal Dhande
M/S Anand Rathi Insurance Brokers Ltd.
9th Floor, Times Tower,
Kamala Mills Compound,
Senapati Bapat Marg,
Lower Parel, Mumbai 400013
Tel. No. 7770069697, 022 4909 3008

For Death Claim:

- Filled Claim Intimation Form attested by the Nominee and Master Policy Holder.
- Copy of Death Summary (issued by the local health and medical authority).
- Copy of death certificate.
- Copy of Age and ID proof of Life Assured.
- Copy of ID & Address proof of all nominees applying for the Claim.
- Copy of Bank Passbook / Personalized Cancelled Cheque of all nominees applying for the Claim.

- Hospitalization documents (discharge summary, all investigation reports) in case the Member was treated for any illness related to the cause of death / Attending Physician's Statement.
- Any other document or information that we may need to process the claim depending on the cause or nature of the claim.
- Legal Evidence of Title in the form of Succession certificate from court having competent jurisdiction or Probate of Will (In case nominee name is not available in the bank account details).

Dept. – Group Term Life Insurance Policy for Bank of Baroda A/c holders

It is agreed and understood that documentation forms an important component of any insurance claim.

Branch Manager of the Bank where the account exists will send duly filled, signed & stamped claim form along with all the relevant claim documents required to the address mentioned below-

Mr. Himanshu Sakhare/ Mr. Kunal Dhande
M/S Anand Rathi Insurance Brokers Ltd.
9th Floor, Times Tower,
Kamala Mills Compound,
Senapati Bapat Marg,
Lower Parel, Mumbai 400013
Tel. No. 7770069697, 022 4909 3008

- i. M/S Anand Rathi Insurance Brokers Ltd Team must ensure that complete set of documents are submitted to the Insurer in one go, within a TAT of T+1 Day after receipt of documents from the Claimant i.e. Further if any deficiency is raised, then it must be ensured that the claimant gets the deficiency document, and the compliance is made within 7 days of receipt of documents. The M/S Anand Rathi Insurance Brokers Ltd Team has to see whether the additional document request made by the Insurance Company is valid or not.
- ii. M/S Anand Rathi Insurance Brokers Ltd Team has to examine the pendency of the claim which are pending for more than 1 month after the submission of complete set of documents. If any claim is pending on account of deficiency of documents which are not forthcoming in spite of number of reminders, the M/S Anand Rathi Insurance Brokers Ltd Team has to get in touch with the Claimant and find out the facts and facilitate the process of submission of documents & thereafter processing of the Claim.
- iii. The M/S Anand Rathi Insurance Brokers Ltd Team has to play a big role in cases which are recommended for rejection. The M/S Anand Rathi Insurance Brokers Ltd Team has to respond within 72 working hours of receipt of such rejection cases with their own observations to Insurance Company and the Bank.
- iv. Provide monthly Claims MIS for the review of The Bank and ensure that there are no claims which are ageing beyond 30 days are at the minimum.
- v. In the event of a claim undergoing investigation, resolution will be pursued within 21 days to the best of M/S Anand Rathi Insurance Brokers Ltd ability. Extensions beyond 30 days will be permissible solely in instances where claimant documents are pending.

CLAIMS FOLLOW UP / PROCESSING:

The reminders shall be sent by M/S Anand Rathi Insurance Brokers Ltd. to Bank at regular intervals for pending claim documents, a communication via letter in hard copy / email will be sent to client with defined timeline.

Reminder process would be same for the document's deficiency also.

1st reminder T+ 7 days

2nd reminder T+ 15 days

3rd reminder T + 30 days

T is Date of Intimation

**Business Working Days

CLAIM PAYMENT:

- Once the claim is approved the payment in the form of NEFT shall be done to the Savings Bank Account of the Registered Nominee/s or in case the nominee is not registered or pre-deceased, to the Legal Heir/s, after verification, on submission of all the claim documents mentioned in the claim administration procedure, with a covering letter.
- In cases where nominee details are not shared at time of member addition/issuance in master policy, death claim can be paid to the claimant as per details provided at time of claim subject to fulfilment of the requirements raised by (LIC) Life Insurance Corporation Ltd. After payment of death claim, any entitlement/claim raised by any individual will be not entertained by) Life Insurance Corporation Ltd. and responsibility will be at Bank's (master policy) end to clarify and close such queries.

Claim Notification period - If a claim is made under the scheme, it should be promptly reported to the insurer within 90 days from the date of Accident/Death. Additionally, all necessary supporting evidence must also be provided within this timeframe.

Notwithstanding anything contained in this Agreement, the insurer shall not be liable for any claim for which the insurer has not received notice within claim notification period as mentioned above.



LIFE INSURANCE CORPORATION OF INDIA

Pension and Group Schemes Department, MDO-I,
5th Floor, LIC Digital Building, C-10, G-Block,
Bandra Kurla Complex, Mumbai 400 051
E-mail: bo_g706@licindia.com

Claim Form for Non-Employer-Employee Group Insurance Scheme

To be completed by the claimant and Master Policyholder

1. Name of the scheme Group Insurance Scheme: _____
2. Master Policy No. : _____
3. Full Name & Address of Master Policy holder : _____

4. Full Name of the deceased Member: _____
LIC ID: _____
5. Membership No. : _____ Category: _____
6. Date of Birth: _____ Date of entry into scheme: _____
7. Date of death of the Member: _____ Time of Death: _____
(Original/certified copy of Death Certificate should be enclosed)
8. Cause of Death: _____
Place of Death: _____
9. Amount of Sum Assured: _____ Outstanding amount of loan if any: _____
10. If the claim is being intimated after month from the date of death, Please give reason for delay:

11. Last Premium paid on: _____ For Due: _____ Mode of payment M/Q/H/Yly
- 12) Name of Nominee: _____
Nominee address: _____

13) Relationship with member: _____

14) Beneficiary Details (*all details are Compulsory)

(i) S.B.A/C No. of Nominee *:

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(ii) Name of the Bank *:

(iii) Branch Name *:

(iv) IFSC No. of the Bank-Branch * (11 characters)

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(v) Type of the KYC document submitted for identity proof :- (any of the below)

Type of KYC	KYC ID Number
Aadhar Card	
Electoral Photo Identity Card (EPIC)	
Driving License	
PAN Card	
Passport	

(vi) Name of the KYC document submitted for address proof :- (any of the below)

Name of KYC	KYC ID Number
Aadhar Card	
Electoral Photo Identity Card (EPIC)	
Driving License	
PAN Card	
Passport	

(vii) Beneficiary mobile number: _____

I hereby declare that the answers to all the above question are true in every respect.

Place: _____

Date: _____

(Signature of Claimant)

Certified that the replies to the above questions are correct in every respect and have been verified with the membership register kept for this purpose that the deceased member was covered by the scheme and eligible for the benefits there under as on the date of his death.

Place: _____

Date: _____

(Signature of Designated Official of the
Nodal Agency / Master Policy Holder)

Discharge Receipt

Master Policy No. : _____

Received a sum of Rs. _____ (Rs. _____)

From The Life Insurance Corporation of India in full and final settlement of the claim and demand in r/o above mentioned claim. Further we agree and declare that upon such a payment the Corporation will be discharged of our entire claim in respect of the above insured member.

Place: _____

Date: _____

Affix Re 1
revenue
Stamp

Signature of the Master Policy Holder
With Official seal

Signature of Witness: _____

Full Name of Witness: _____

Designation: _____

Address: _____
