

Annexure IV - 4

Group Term Life Insurance Policy for Tamil Nadu State (Non-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 (Non-Civilian) Salary Account Holder Group
Type of Policy	Group Term Life Cover
Sum Insured for Death Benefit only	<p>Complimentary Life Insurance Cover of Rs. 15 Lakhs for opening salary accounts of Tamil Nadu State (Non-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 (Non-Civilian) personnel only. Insurance cover since inception – Tamil Nadu State (Non-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 (Non-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 (Non-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>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>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>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</p>

	actively directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence. PWR/T - Passive War Risk and/or Passive Terrorism
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.

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 (Non-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 (Non-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 (non-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.

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

STANDARD EXCLUSIONS UNDER THE POLICY:

- 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.
- 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.
- 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 MARSH INDIA through an official email upon the happening or on coming to the knowledge of M/s. Bank of Baroda. On receipt of the intimation, MARSH INDIA 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 Marsh India Insurance Brokers Pvt. Ltd., who will co-ordinate with Insurer. Nodal officer for Marsh India Salil Ojha & for Shriram will be Sidam Sridevi

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.

**Salil Ojha
Marsh India Insurance Brokers Pvt. Ltd.
701 & 702, Venus Stratum
Jhansi Ki Rani BRTS Stop
Surendra Mangaldas Road
Nehrunagar, Ahmedabad
Gujarat – 380015**

Email – Intimation with supporting documents can be sent to bobclaims.gtl@marsh.com, salil.ojha@marsh.com & balkishan.s@marsh.com and defenceclaims@bankofbaroda.co.in

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-

Salil Ojha
Marsh India Insurance Brokers Pvt. Ltd.
701 & 702, Venus Stratum
Jhansi Ki Rani BRTS Stop,
Surendra Mangaldas Road
Nehrunagar, Ahmedabad, Gujarat – 380015

- MARSH INDIA 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 MARSH INDIA Team has to see whether the additional document request made by the Insurance Company is valid or not.
- MARSH INDIA 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 MARSH INDIA 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.
- The MARSH INDIA Team has to play a big role in cases which are recommended for rejection. The MARSH INDIA Team has to respond within 72 working hours of receipt of such rejection cases with their own observations to Insurance Company and the Bank.

- 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.
- In the event of a claim undergoing investigation, resolution will be pursued within 21 days to the best of MARSH INDIA 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 Marsh India Insurance Brokers Pvt. 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 Shriram Life Insurance Co. Ltd. After payment of death claim, any entitlement/claim raised by any individual will be not entertained by Shriram Life Insurance Co. 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.

CLAIM INTIMATION / CLAIMANT STATMENT

*SEGMENT – A (Policies of Life Assured with SLIC)

Sl. No.	Member Policy No.	DOC	Sum Assured	Nominee Relation with Life Assured
A.		DD / MM / YYYY		
B.		DD / MM / YYYY		
C.		DD / MM / YYYY		
D.		DD / MM / YYYY		

* SEGMENT – B (Life Assured Details)

Life Assured Name :		
Life Assured Father/Husband Name :		
Date of Death: DD / MM / YYYY	Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	LA Mobile No. (if) :
Nature of Death : <input type="checkbox"/> Illness, <input type="checkbox"/> Natural, <input type="checkbox"/> Accident, <input type="checkbox"/> Murder, <input type="checkbox"/> Suicide (if Illness please specify)		
Place of Death : <input type="checkbox"/> Hospital, <input type="checkbox"/> Clinic, <input type="checkbox"/> Residence, <input type="checkbox"/> Office, <input type="checkbox"/> Other (if other place specify)		

SEGMENT – D (Claimants Details)

*Claimant Name :
*Relation with Life Assured :
Date of Birth of Claimant : DD / MM / YYYY
*Claimant Address :
*Contact No. of Claimant :
Email ID of Claimant:
Claimant PAN No. :
Claimant Citizenship : <input type="checkbox"/> Indian / <input type="checkbox"/> NRI (If NRI, please specify the Name of the Country)

*SEGMENT – E (Claimants NEFT Mandate / Bank Account Details)

In case of Beneficiary is a Minor, please provide Legal Heir Account Details:

Account Holder Name:

Bank Name :

Bank Branch Name :

Account No. :

IFSC Code :

MICR Code :

Account Type : ☐ Saving / ☐ Current / ☐ NRO / ☐ NRE

Date: DD / MM / YYYY

Place: _____

Signature of the claimant

SEGMENT – G (Declaration for Signature in Vernacular or for Thumb Impression Case)

The Claimant has affixed his/her thumb impression / has signed in vernacular / has not filled the application. I have explained the contents of this form to the member in _____ language and done the best to ensure that the contents have been fully understood by the claimant and have accurately recorded the claimant responses to the information sought by the DOGH form and I have read the responses back to the claimant and he/she has confirmed that they are correct.

Name of the Declarant: _____

Address : _____

Date : DD / MM / YYYY

Place : _____

Signature of the Declarant

Note : In case of any demand or favour asked by anyone including a company representatives towards claim processing or settlement of the same should not be entertained and must be reported to the company immediately on the company's contact details.

SEGMENT – H (Master Policy Holder Declaration)

Name of Master Policy Holder

Location of the MPH :

Authorized Person Name :

Authorized Person Designation :

I/We hereby declare that all the above information is true in every respect.

All the Photocopy of the document provide by claimant is verified through the original documents.

Date : DD / MM / YYYY

Place : _____

Seal and Signature of MPH

SEGMENT – I (Instruction for Filling up the Form & Mandatory Documents)

A. Please read before filling the form:

1. The Form should be filled by the claimant only. In case the claimant is a minor the guardian / appointee / Legal Hire may fill the form.
2. Claims under multiple policies may be registered by filling a single form and provide all applicable Policy No.
3. In case of more than one claimant, separate forms need to be filled for each claimant.
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfilment of all the terms and conditions of the Policy.
6. No fee or commission should be paid to anyone to process the claim.
7. Make sure your address, Phone No. and Email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information.

B. Mandatory document for Claim Process :

☐ Original Death Certificate,, ☐ Claim Form, ☐ Certificate of Insurance (COI), ☐ Life Assured ID Proof, ☐ Nominee / Claimant ID & Address Proof, ☐ Claimant NEFT Details,☐ FIR and PMR require in case of unnatural death, ☐ Driving License in case of Road Traffic Accident (RTA),