



KUDREMUKH

**MEDICAL SCHEME FOR
KIOCL RETIRED EMPLOYEES**

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MEDICAL SCHEME FOR KIOCL RETIRED EMPLOYEES

1.0 OBJECTIVE OF THE SCHEME :

To extend the Medical Benefits to the employees retired and their spouse.

2.0 PERSONS COVERED:

- a) Retired employees of KIOCL Limited before 01.01.2007 and their spouse.
- b) The employees who have separated under Voluntary Retirement Scheme before 01.01.2007 and their spouse.
- c) The employees of KIOCL who have put in 15 years of service in CPSU and superannuated from KIOCL after 01.01.2007 and their spouse.
- d) The employees of KIOCL who have put in 15 years of service in CPSU and separated under Voluntary Retirement Scheme on or after 01.01.2007 and their spouse.
- e) The employees who cease to be in employment on account of permanent total disablement and their spouse.
- f) The spouse of an employee who died while in service.
- g) Board level executives (without any linkage to provision of 15 years of service) upon completion of their tenure or upon attaining the age of retirement whichever is earlier and their spouse.

3.0 TYPES OF RISKS COVERED :

Hospitalization, Pre & Post hospitalization, pre-existing diseases will be covered from the day one of members joining initially and also joining later date, with floater facility to the member & spouse.

4.0 SCHEME:

The Scheme will be managed by a Trust with the approval of CMD

The beneficiaries will be covered through Group Insurance Medclaim Policy operated through General Insurance Company [Public/Private Sector] with a Third Party Administrator (TPA) registered with IRDA. The insurance agency will be selected through transparent tendering process.

Note:

- a] The Insurance Company(ies) should have a cumulative Annual Health Insurance business of Rs.5000 crores or more premium in any of the past three financial years.

- b] The Company will directly negotiate with all the qualifying insurance Companies upfront and obtain the best possible rates while placing the proposal to the Competent Authority. The policy should have a provision for addition/deletion clause for change in the number of beneficiaries.

5.0 Management of Funds and Trust:

5.1 The Funds earmarked towards this Scheme will be managed by the Trust constituted by the Company. The trust will be a common one for managing the Funds of Scheme.

5.2 The fund under this Scheme shall be named KIOCL Retired Employees Medical Fund'

5.3 The trust will be responsible for the administration of the Scheme; receive contribution from the Company and make payment to the Insurance Company towards Premium for Insurance Coverage.

5.4 The Trust shall invest the Funds, as per the regulations laid down by the Govt./IRDA, to obtain maximum returns.

5.5 All money received by the Trust shall vest in the Trustees and Trustees shall have power to utilize such money received by way of contribution, interest and redemption of investments or otherwise to the Fund, as per the provisions of the Income Tax Act/Rules.

6.0 PERIOD OF COVERAGE:

The period of coverage of the policy is one year.

7.0 PROCEDURE FOR JOINING THE SCHEME:

All the eligible retired employees shall be given enrolment form by the Human Resource Department, KIOCL Limited, Bengaluru. The enrolment form duly filled in shall be submitted to Human Resource Department along with fees of Rs.4,000/- per member including his/her spouse or Rs.2,000/- per head incase spouse not opted for enrolment/not alive per policy period. The enrolment fee is to be paid in the form of Demand Draft drawn in favour of **KIOCL RETIRED EMPLOYEES MEDICAL TRUST [KREMT] payable at Bengaluru**. Changes, if any, in the enrolment fee would be notified from time to time by the Human Resource Department.

Pro-rata premium shall be paid for the balance risk period, in case of newly joined members during the policy period.

8.0 POLICY COVERAGE:

The Policy covers reimbursement of Hospitalization charges/expenses within the prescribed limits under the policy for illness/diseases contracted or injury sustained by the insured person. In the event of any claim becoming admissible under the policy, the Insurance Company will pay to the insured member/Corporate Hospital/any other Hospital (as mutually agreed) in which the insured member is admitted, the amount of such expenses as reasonably and necessarily incurred anywhere in India, but not exceeding, in any one period of insurance, the amount under the respective category in the BENEFITS mentioned at Clause-9. The Policy coverage will be subject to review and modifications, every year.

Thus the policy covers the following:

a) Hospitalization :

In-patient Benefits: The Insurance Scheme shall pay all expenses in course of medical treatment availed of by the beneficiaries in an empanelled Hospitals/ Nursing Homes (24 Hrs. admission clause) within the country, arising out of either illness / disease / injury and or sickness. This also includes daycare procedures.

Day care Procedure: Given the advances made in the treatment techniques, many medical treatments, formerly requiring hospitalization, can now be treated on a day care basis. The scheme would also provide for day care facilities (less than 24 hours hospitalization) for such identified procedures.

Note: In the case of organ transplant, the expenses incurred for the donor are also payable under the scheme.

b) Pre & Post Hospitalization Benefit:

Benefit up to 30 days Pre Hospitalization & up to 60 days Post Hospitalization respectively which would cover all expenses related to treatment of sickness for which hospitalization was done.

c) Treatment of pre- existing diseases :

All diseases under the scheme shall be covered from day one. A person suffering from any disease prior to inception of the policy shall also be covered.

9.0 DEFINITIONS:

9.1 **HOSPITAL/NURSING HOME** means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a Hospital or Nursing Home with the local authorities and is under the Supervision of a registered and qualified Medical Practitioner.

Note: The term "Hospital" shall not include an establishment which is a place of rest, a place for the aged, a rehabilitation centre for the drug addicts or alcoholic, a hotel or a similar place.

9.2 **SURGICAL OPERATION** means manual and operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

9.3 **HOSPITALISATION (Inpatient):**

- a) Hospitalization facility can be availed from any hospital or Registered Nursing Home in India. However, the Mediclaim member can avail Cashless Facility under Hospitalization only in Hospitals empanelled by the Insurance Company for the purpose.
- b) When treatment such as Dialysis, Chemotherapy, Cataract, Lithotripsy, Angiography, Radiotherapy and Microsurgery is taken in the Hospital/Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization Benefit Section.

9.4 **REGISTERED MEDICAL PRACTITIONER:** Means a person who holds a minimum degree in allopathic medicine of a recognized institution and is registered by Medical Council of respective state in India. The term Registered Medical Practitioner would include Physician, Specialist Surgeon.

9.5 **QUALIFIED NURSE:** Means a person who holds a certificate of recognized Nursing Council and who is employed on recommendations of the attending Medical Practitioners.

9.6 **ANY ONE ILLNESS:** Any One illness will be deemed to mean continuous period of illness and it includes relapse within 45days from the date of last consultation with the Doctor/Hospital/Nursing Home/Clinic. Occurrence of same illness after lapse of 45days as

stated above will be considered as fresh illness for the purpose of the mediclaim policy.

10.0 MEDICAL/ HOSPITALISATION BENEFIT

Sum assured would be Rs.4,00,000/- per family (i.e. Rs.2,00,000/- per person)with floater facility.

10.1 Medical Expense Limit:

Treatment expenses of actual charges upto Rs.2,00,000/- per member and Rs.4,00,000/- per family (with clubbing facility between employee & spouse) per policy period incurred towards following:

- a) Hospitalization(IP): Room rent, IC Unit, Nursing expenses, Surgeon & Anesthesia charges, Consultation fee, Diagnostic investigations (Laboratory & Radiological), Cost of blood, Blood transfusion, Oxygen/Gas, Operation theatre charges, Surgical appliances/implants, Medicines & Drugs, Dialysis, Chemotherapy, Radio-therapy, Cost of pace maker, Artificial limbs and similar other expenses is permissible. Claim under hospitalization benefit shall be admissible only when the patient is admitted in a hospital for a minimum period of 24 hours.
- b) Day Care Procedure : When treatment/surgeries such as Dialysis, Chemotherapy, Radiotherapy, Ophthalmic Surgeries(Cataract/Glaucoma Surgeries etc.), Lithotripsy, Laproscopic surgeries, Microsurgery etc., is taken in the Hospital/Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization (IP) Section. Indicative List of such procedures is as under.
 1. Suturing - CLW -under LA or GA
 2. Surgical debridement of wound
 3. Therapeutic Ascitic Tapping
 4. Therapeutic Pleural Tapping
 5. Therapeutic Joint Aspiration
 6. Aspiration of an internal abscess under ultrasound guidance
 7. Aspiration of hematoma
 8. Incision and Drainage
 9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
 10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
 11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/- lung/-Muscle biopsy/-Nerve biopsy/- Synovial biopsy/-Bone/ trephine biopsy/ pericardial biopsy
 12. Endoscopic ligation/banding
 13. Sclerotherapy
 14. Dilatation of digestive tract strictures

15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Bronchoscopic treatment of bleeding lesion
24. Bronchoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubiccystostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery

62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion&ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus

109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies
131. Coronary Angiography
132. Dental Surgery (following Accident)
133. Hysterectomy
134. Laproscopic Therapeutic Surgeries

Any other surgeries / procedures agreed to by KIOCL Ltd., / TPA requiring less than 24 hours hospitalization will also be considered under Hospitalization.

- c) Pre-hospitalization: Relevant medical expenses incurred during the policy period upto 30 days prior to the hospitalization specifically for that particular disease/illness, for which hospitalization has taken place, shall be considered as part of claim under hospitalization.

However, during pre-hospitalization period, medicines prescribed under regular treatment for diseases/illness not related to the said hospitalization, shall not be reimbursable under hospitalization claims.

- d) Post-hospitalization: Relevant medical expenses incurred during the policy period, upto 60 days after the hospitalization, specifically for that particular disease/illness for which hospitalization had taken place, shall be considered as part of claim under hospitalization.

However, during post-hospitalization period, medicines prescribed under regular treatment for diseases/illness not related to the said hospitalization, shall not be reimbursable under hospitalization claims.

- e) Cashless: Insurance Company shall offer Cashless Service to the Insured, where treatment can be obtained without payment, subject to the terms and conditions of the policy, from empanelled hospitals. Insurance Company to settle the hospital bills directly on behalf of Insured.
- f) In cases where the beneficiary is admitted in a hospital during the current policy period but is discharged after the end of the policy period, the claim has to be paid by the insurance company under operating policy in which beneficiary was admitted.

11.0 MANDATORY CLAIM INTIMATION / SUBMISSIONS:-

11.1 Claim Intimation for Hospitalization treatment on Cashless/ Reimbursement basis.

- a) The Medclaim member shall be required to inform/intimate, in writing, the Insurance Company at least 48 Hrs prior to any elective/planned Hospitalization/ Admission.
- b) In case of Emergency Admission/Hospitalization, the Insurance Company to be informed by the Medclaim member in writing within 24 hrs of such hospitalization.
- c) The Claim Intimation by the Medclaim member is mandatory for both Cashless & Reimbursement claims.
- d) Claim Intimation can be sent via Letter/Email/fax / personally delivered at the office of the Insurance Company.

The above must be adhered to, so that the claims are not rejected.

11.2 Claim Submission for Hospitalization treatment on Cashless/ Reimbursement basis

- a) The reimbursement claims with respect to IP/Hospitalization to be submitted to the Insurance Company within 30 days from the date of discharge from the Hospital.
- b) The reimbursement claims pertaining to Post Hospitalization (IP treatment), to be submitted to the Insurance Company within 30 days after the completion of permissible post Hospitalization treatment period of 60 days.

The above must be adhered to, so that the claims are not rejected.

12.0 CAPPINGS IN MEDICLAIM SCHEME:

Capping in the area of room rent charges, the Implants/Stents used under various procedures like cataract surgery, coronary angioplasty and joint related disorder requiring knee/hip joint replacement excluding the associated procedure charges under the Scheme will be as given below:

- a) Maximum entitlement of room to be restricted to:
- For Metro Cities (Hyderabad, NCR, Bengaluru, Mumbai, Chennai, Kolkata) - Ceiling of 2% of the sum insured per member or a single AC non-deluxe room per day, whichever is lower,
 - For non-metro cities which are State capitals - Ceiling of 1.5% of the sum insured per member or a single AC non-deluxe room per day, whichever is lower,
 - For rest of the country - Ceiling of 1% of the sum insured per member or a single AC non deluxe room per day, whichever is lower,

In case a member goes for a higher category room, the consultation charges / investigation charges / procedural Charges / surgical Charges/package rates etc. shall be limited to actuals or as per their corresponding rates for single AC non-deluxe room of the concerned hospital, whichever is lower.

- b) Ceiling rates for different types of Intra Ocular Lens (IOL) Implants to be as per actuals or Rs.10,000/- whichever is lower and shall be reimbursable in addition to the package rates for cataract surgery procedure. It should be mandatory for the operating surgeon of all hospitals to attach the empty IOL sticker, bearing the signature and stamp of the operating surgeon on it along with the bill in support of the type of IOL used containing its batch number. In case the same is not followed, the claim with regards to IOL implant may be rejected.
- c) Ceiling rates for different types of Coronary Stents to be as per the actuals or the rates as mentioned below, whichever is lower.

S.No	Name of Drug Eluting Stent / Bare Metal Stent	Ceiling Rate
1	Cypher Stent	Rs.95,000+VAT
2	Taxus Stent	Rs.67,300 + VAT -.-
3	Endeavor	Rs.85,000 + VAT
4	Xience V EECSS	Rs.95,000 +VAT
5	Yukon choice	Rs.55,000 + VAT
6	Pronova&S	Rs.50000 + VAT
7	Supralimus&S.	Rs.55,000 + VAT
8	Bare Metal Stent	Rs.45,000 (all inclusive)

- d) A maximum of three Coronary Stents shall be permitted on the advice of the specialist, of which not more than two shall be of Drug Eluting Stents (DES). However, DES shall be permitted only for patients where restenosis will involve high risk to patient's life i.e.,
- a) Osteal/Proximal LAD lesions;
 - b) Stenosis of a coronary artery, which is giving collaterals to another blocked artery, thus supplying a large area of myocardium; and,
 - c) Stenting of restenotic lesions after previous angioplasty.

It is essential for the hospital to quote the batch number when a Coronary Stent of any type (ordinary metal/Drug Eluting Stent) is implanted in the case of a beneficiary. In addition to this, the outer pouch of the Stent packet along with the sticker on it on which the details of the stent are printed shall also be enclosed with the medical bill for claiming reimbursement. In case hospital has not given the batch number and/or outer pouch of the stents in a particular case, the claim with regards to the implant, may be rejected.

- e) Ceiling rates for different types of Knee and Hips implants, to be as per the actual rates or the rates as mentioned below, whichever is lower.
- i) Maximum ceiling for Knee implant to be Rs.75,000/- (including cost of Bone cement)
 - ii) Maximum ceiling for Hip implant to be Rs.75,000/- (including cost of Bone cement)
- f) In addition to the aforementioned cappings on Implants / Stents, cappings on procedures/packages as given below, shall also be applicable:

S.NO	Disease / Treatment	Capping
1	Hernia repair	Rs.40,000/-
2	Cholecystectomy	Rs.45,000/-
3	Haemorrhoids	Rs.25,000/-
4	Appendicetomy	Rs.35,000/-
5	Hysterectomy	Rs.45,000/-

- g) The overall ceiling shall be Rs.2,00,000 per member and Rs.4,00,000/- to the member and spouse (with clubbing facility between member & spouse) per policy period.

Note: The cappings indicated above from 11 (b) to (f) are applicable in case of Medical Treatment availed in other than empanelled / approved hospitals of Insurance Company.

13.0 IMPORTANT EXCLUSIONS:

Under Medical Scheme for Retired Employees, the Insurance Company shall not be liable to make any payment in respect of any expenses whatsoever incurred by the insured person in connection with:

- i) Any Disease / complication caused due to alcohol intake.
- ii) Any disease / injury caused by War / Nuclear Weapons / Radiations.
- iii) Circumcision, cosmetic or Plastic Surgery unless necessitated by an accident or as a part of any disease / illness.
- iv) All health check - ups, routine eye examinations and cost of glasses and contact lenses.
- v) Cost of dentures, hearing aid, spectacles etc.
- vi) Convalescence, general debility, "Run-down" condition or rest cure, congenital diseases or defects, sterility, venereal diseases, intentional self injury and use of intoxicating drugs.
- vii) The Hospitalization charges in which Radiological / Laboratory investigations/ other diagnostic studies have been carried out which are not consistent with or incidental to the diagnosis of treatment of positive existence or presence of any ailment, sickness or injury for which confinement at any Hospital / Nursing Home, has taken place.
- viii) Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- ix) Treatment traceable to pregnancy/ child birth, voluntary medical termination of pregnancy during first 12 weeks of conception.
- x) Naturopathy Treatment.
- xi) External and/ or durable Medical/ Non-Medical equipment of any kind used for diagnosis and/ or treatment including CPAP, CAPD, Infusion pump etc. Ambulatory devices, i.e. walker, crutches, belts, collars, caps, splints, slings, braces, stockings etc., of any kind. Diabetic foot wear, Glucometer / Thermometer and similar related items etc., and also any medical equipment which subsequently used at home etc.
- xii) Any kind of service charges, attendant food charges, surcharges, admission fees/ registration charges & Non-Medical expenses levied by the Hospital.
- xiii) Treatment for age related Macular degeneration with Injection Avastin/ Lucentis / Macugen.
- xiv) Cytotron Therapy
- xv) Ozone Therapy
- xvi) Rejuvenation Therapy
- xvii) Enhanced External Counter Pulsation Therapy (EECP)
- xviii) Any unproven therapy

The above exclusions are only indicative and not exhaustive. However, exclusions will be discussed with the Insurance and additions/ deletions will be made while finalizing the Policy.

14.0 PROCEDURE FOR SETTLEMENT OF CLAIMS:

On receipt of complete Claim Form along with relevant documents & discharge voucher, the insurance company shall process the claim. If the documents are found to be in order and other relevant information is complete, the claim is to be settled and the payment is to be made through RTGS/NEFT as early as possible but within 15 days of receipt of all claim documents mentioned by the insurance company.

15.0 PROCEDURE FOR INITIAL/RENEWAL OF THE POLICY:

15.1 The Policy will be operational for a period of one year.

15.2 The member is required to pay Rs.1000/- per head annually towards administrative charges [Rs.2000/- including spouse].

15.3 There is no upper age limit to become member or for renewal of the membership.

15.4 Any change of address during the tenure of the policy shall be intimated to the Insurance Company with a copy to HR Department of KIOCL Limited.

16.0 GRIEVANCE REDRESSAL:

All grievances relating to the settlement of claims will be addressed directly to the Insurance Company by the members. Any clarification or assistance may also be sought from the Dealing Officer of the Insurance Company whose address and contact details would be communicated by the Company.

17.0 MISUSE OF SCHEME:

Stringent action will be taken against individuals found to be misusing the system/guilty of any fraudulent activity, viz. debarring member from Mediclaim membership, blacklisting hospitals, initiating suitable legal action etc., as deemed fit by KIOCL Management.

18.0 CUSTOMER CARE SERVICES:

The members may contact the toll free numbers for any assistance during hospitalization or for any clarification regarding submission of claims etc.

19.0 GENERAL:

This scheme is liable to be altered/amended/withdrawn at the discretion of Chairman-cum-Managing Director without any notice and without assigning any reason therefor.

Appendix

APPLICATION

To,
GM (HR)
HR Department
KIOCL Limited
2nd Block, Koramangala
Bengaluru – 560 034

Sir,

Sub: Enrollment to coverage under Medical Scheme for KIOCL Retired Employees

I would like to join Medical Scheme for KIOCL Retired Employees; I am herewith submitting the following:

1	Name of the separated employee	
2	Staff No	
3	Designation(At the time of separation)	
4	Department (Where last worked)	
5	List of applicants: Name of Spouse Date of Birth [spouse]	
6	Details of enrolment /administrative charges towards the Scheme (a) Rs.2,000/- for self or Rs.4,000/- for self & Spouse [DD to be drawn in favour of KIOCL RETIRED EMPLOYEES MEDICAL TRUST] (b) Rs.1000/- for self or Rs.2,000/- for self & Spouse [DD to be drawn in favour of KIOCL RETIRED EMPLOYEES MEDICAL TRUST]	DD No.: _____ Date ___/___/_____ Amount: Rs. _____ Name of the Bank: _____ Branch: _____ DD No.: _____ Date ___/___/_____ Amount: Rs. _____ Name of the Bank: _____ Branch: _____

	Address for communication Phone No. Mobile No. Email address:	
8	Copy of Service Certificate and also Aadhar Card of employee and spouse to be enclosed.	
9	Duly filled in Proposal Form of Mediclaim Insurance Policy for each applicant.	
10	Two copies of recent passport size colour photographs in respect of each applicants and also two passport size Joint Photographs.	
11	On demand i will pay my /our share of insurance policy premium to KIOCL	

Yours faithfully,

Date:
Place:

Signature:
Name:

MEDICAL SCHEME FOR KIOCL RETIRED EMPLOYEES

CHECKLIST

The separated employees and their eligible family members desirous of getting enrolled under the Medical Scheme for KIOCL Retired Employees are required to submit the following:

- 1] Duly filled in application.
- 2] Demand Draft drawn in favour of KIOCL RETIRED EMPLOYEES MEDICAL TRUST payable at Bengaluru as enrolment /administrative charges towards the Scheme for:
Enrolment fee
 - a] Rs.2,000/- for self only
or
 - b] Rs.4,000/- for self and spouseAdministrative charges
 - c] Rs.1,000/- for self only
or
 - d] Rs.2,000/- for self and spouse
- 3] Copy of relevant office order on separation/ demise while in service with respect to the separated employee and also Aadhar Card.
- 4] Duly filled in Enrollment Form of Mediclaim Insurance Policy for each application.
- 5] Two copies of recent passport size colour photographs in respect of each application.

Note:

- Applicants are advised to submit the above documents on or before 15th day of the month so as to ensure coverage from the 1st day of the subsequent month.
- Members are requested to make use of the claim formats given in the prospectus/ booklet for the settlements of their claims.
- While preferring claims form the Insurance Company, the members are required to indicate in the claim form the Policy number issued to them under the scheme.
- For further details please contact HR Department.

ENROLLMENT FORM

MEDICAL SCHEME FOR KIOCL RETIRED EMPLOYEES

1. Name of the Insured person :
Name of the employee :
[in case of spouse]
2. Present address Permanent address

Pin Code: Pin Code:
3. Phone No. Mobile No.
4. Email address[optional] :
5. Gender Male/ female
6. Date of birth ; age:_____
7. Medical history
A] Are you good health & free from physical and mental diseases/ infirmity/ medical complaints etc. : Yes/ No
B] If not in good health, give full details :

DECLARATION

I hereby declare and warrant that the above statements are true and complete.

I have read the prospectus and I am willing to accept the coverage subject to the terms and conditions prescribed by the Insurance Company and KIOCL Limited.

Date:
Place:

Signature:
Name of the Insured Person:
[IN BLOCK LETTERS]