

## Magma HDI General Insurance Co. Ltd

**Magma HDI General Insurance  
Company Limited**

SOP for: **Retail Health Policy Issuance  
Process**

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Approved By: Bhawana Bapat

SOP created by : Indhu Pudhiyamuthu

# Magma HDI General Insurance Co. Ltd

## One Health Policy Issuance Process

SOP Prepared by	:	Indhu Pudhiyamuthu
Functional aspects Checked by	:	Bhawana Bapat
Approved by	:	Bhawana Bapat
Designation of Approver	:	Lead-Central Operations
Process Applicable to	:	Central Operations Team
Processes Impacted by SOP	:	BIMA Pay Policy Issuance Process

## Internal Policies and Systems Involved

Internal Policies Governing the process	:	System Involved in the process
1. Protection of Policyholders' Interest Policy	:	1. GC
2.	:	2. ITS

## Version Control Sheet

Last Version Control Number	:	13.0
New Version Number	:	14.0
All Changes done in new versions	:	Refund TAT, Changes in Cancellation, Document Checklist, Renewal process, Portability process
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Designation of Approver	:	Lead -Central Operations
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## Magma HDI General Insurance Co. Ltd

- 1. Objective:** This document is prepared to describe the scope and process flow Retail Health policy Issuance process through Central Operations /HUB.

**2. SIPOC for the process:**

Supplier	Input	Process	Output	Customer
1- Branch Operations inward case in ITS for issuance	1- ITS inward number + proposal document uploaded in DMS.	Hub Operations download ITS all-status report for cases assigned to Processing HUB. 	Policy/Endorsement copy.	Sales/ Policy Holder
2- Agent Create proposal in Agent Portal	2- Proposal No. and document uploaded in DMS.	Hub operation performs initial quality check and issue policy/endorsement.  Hub FQC person perform QC and update ITS status		

**3. Detailed Desk Instructions (With Screen shots):**

1	Definitions
	<p><b>Health Insurance Policy:</b> Health Insurance is an insurance that compensates the insured for expenses or loss incurred for medical reasons, as through illness or hospitalization.</p> <p><b>Products</b></p> <ul style="list-style-type: none"> <li>a. One health (6111)</li> <li>b. One health Senior Citizen (6117)</li> <li>c. One health Extra Cover (6118)</li> </ul>

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2	Stake Holders
	<ul style="list-style-type: none"> <li>I. Sales</li> <li>II. Health underwriting</li> <li>III. Branch Operations</li> <li>IV. Hub Operations</li> <li>V. Central Operations</li> <li>VI. Third Party Administrator</li> </ul>
3	Inwarding and Policy Issuance Location (GC issuance)
3.1	<p>All the New/Renewal/Rollover proposals will be inwarded in the sourcing branch irrespective of the place of issuance. The booking will be done centrally. The booking will be done centrally from Hub Operations team. <b>Email Id:</b> <a href="mailto:retailhealthsupport@magma-hdi.co.in">retailhealthsupport@magma-hdi.co.in</a></p>
4	Branch Inwarding (GC issuance)
4.1	<p><b>Document Collection from Customer</b></p> <p>Intermediary/Sales will collect the documents from the customer as mentioned in <a href="#">Annexure 1</a> and submit the documents to branch operations for In warding.</p> <p>4.2 File inward date in GC should be mentioned as branch inward date from ITS.</p> <p>4.3 Policy start date: In case of New Business, it will be either the file inward date or the instrument date whichever is later.</p> <p>4.4 Branch operation executive will check the documents as per <a href="#">Annexure 1</a> and</p> <ul style="list-style-type: none"> <li>1) Inward the case in ITS</li> <li>2) Create Customer ID: Customer Bank details to be mandatorily updated while creating customer ID. For payment through Cash Mode the bank details to be updated when cancelled cheque is received.</li> <li>3) Create Money Receipt (Not applicable for payment through Online Payment link) (Proposal form should be completely filled and signed by proposer otherwise Receipting should not be done).</li> </ul> <p>4.5 If customer wish to pay premium through online payment link Branch should inward the proposal without MR and share it with HUB for further processing.</p> <p>4) Upload document in DMS.</p>

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4.6	If initial quality check (IQC) is successful as per IQC list <a href="#">Annexure 2</a> , BOE will move the case from branch QC to processing hub in ITS.
4.7	If initial quality check is not successful, BOE will update discrepancy in ITS and reject the case to RM.
4.8	Post resubmission of document from sales, BOE will do the IQC and post successful IQC, will move the bucket from Branch QC to processing hub in ITS for-policy issuance.

5	Payment Mode and Frequency
5.1	<b>Payment mode:</b> <ol style="list-style-type: none"> <li>1. Single Mode</li> <li>2. Instalment Mode (SI on Credit Card/E-NACH)</li> </ol>
5.2	<b>Instalment Frequency Available:</b> Monthly, Quarterly, and Semi-annually.
5.3	<b>Payment options:</b> There are various payment options available in System. The Customer can opt any of the these for premium payment. Relevant documents and payment receipting flow to be followed as mentioned below.
5.4	A. <b>Online Payment though System generated Payment Link post proposal creation.</b>
5.5	If Customer wish to pay premium through online payment link (with Proposal details), The cases should be in warded with required documents as per <b>Annexure 1</b> and shared with branch operations.
5.6	Branch Ops will inward the same without MR and share it with HUB Ops for further processing. The remark should be mentioned as send ONLINE payment link.
5.7	Post proposal creation in GC, Hub team will share the Online payment cum proposal link with customer on specified Email id. On successful payment the premium will be tagged, and policy will be auto issued.

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5.8	<b>B. Payment through Net Banking/Online payment</b>
5.9	For Online Payment through NEFT/RTGS, IMD/Sales shares the Magma HDI Account Details with the customer for NEFT Payment.
5.10	Payment is received in MHDI Account as per Money Receipting Guidelines.
5.11	IMD/sales team shares payment details along with Accounts confirmation with Branch Ops Executive (BOE), for receipt generation in customer ID. BOE creates the receipt as per Money Receipting Guidelines and inward the proposal in ITS.
5.12	<b>C. Payment through Cheque/Cash - Direct Deposition at Bank:</b>
5.13	Magma HDI has the facility where the intermediary/sales can direct deposit payment to Axis Bank/ICICI Bank.
5.14	Bank acknowledged deposit slips /receipt to be submitted to branch operations (BOE) for acceptance, deposition and receipting in GC system.
5.15	To ensure direct deposition payment through Cheque is accounted timely sales will collect the required document from customer and share documents along with a copy of the cheque to branch Ops.
5.16	Branch ops on receipt of the document from sales will inward the proposal in ITS and update the status as "rejected to sales" for deposit slip collection. Post receipt of deposit slip the case to be moved to processing hub for issuance.
5.17	Sales team to share the document within T+1 working day (T cheque/Cash deposition in Bank date) post payment deposition in Magma HDI bank account.
5.18	<b>D. Payment through Online Payment link- Standalone (without proposal details)</b>
5.19	Sales/IMD will calculate the premium as per policy details shared and share premium amount to be paid for policy issuance.
5.20	Sales can approach branch ops for sending standalone payment link to customer through GC. IMD can also share the online payment link to customer through agent portal.

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5.21	Customer can pay the premium amount through standalone payment link shared over email and share transaction details acknowledgement with Sales/IMD.
5.22	Post payment IMD/Sales to share the payment details/reference number/Acknowledgement with branch ops along with required documents within T+1 working day. (T payment date).
5.23	Money receipt is generated automatically in this case. In case Money receipt is not generated due to some issue, sales will raise MSD with IT for non-generation of auto receipt. Along with IT response, sales will take account confirmation for payment receipt, and share the same with branch ops for manual receipt creations.
5.24	Branch ops to perform IQC, check payment, check money receipt and inward the case in ITS for issuance.

6	Policy Issuance- Processing Hub (GC issuance)
6.1	<p>Hub will do initial quality check as per Annexure 1 (Document Checklist) &amp; 2 (Branch IQC as updated in ITS) after receiving the case from Branch.</p> <p>If Hub IQC is not successful, Hub will update the discrepancy remarks in ITS and reject the case from Processing Hub to Branch QC in ITS.</p> <p>If Hub IQC is successful, Hub will proceed for policy issuance. Policy issuer will generate the proposal in GC and tag the proposal. All proposals will trigger for system QC.</p>
6.2	Nominee details are mandatory for retail health policy issuance for new, renewal and rollover business. (issuance product regulation 2024) effective from 1 <sup>st</sup> April 2024.
6.3	For Online Payment link cases Hub will create proposal and share payment link with customer from accounts module. Post payment the proposal will be auto tagged and will flow as per GC logic.
6.4	<p><b>Section A: Straight through Proposal</b></p> <p>Hub will create the proposal and tag it with receipt and perform system QC. If the proposal does not trigger for any UW approval, then the policy is booked in system and policy number is generated.</p> <p>HUB will close the case in ITS post policy issuance. Policy will be dispatched through batch processing centrally.</p>



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### 6.5 Section B: Pre Policy-Medical check-up

Hub will create the proposal and tag it with receipt and perform system QC. If the proposal gets triggered for medical examination, the case will move to medical UW work step.

(Cases triggered for Medical Examination will be send to TPA via system generated Mails).

### 6.6 Based on TPA response following are the actionable: -

TPA Response	Actionable	Output	Proposal status
Report shared	Medical UW	a. Approved by Medical UW b. Rejected by Medical UW	a. Policy issued in GC.  Proposal is cancelled and case triggers in pending health refund module.
Report shared	Medical UW	Approved by Medical UW with Special Condition	Based on the MER report, UW can offer special condition to customer with or without change in premium. In such cases UW will modify the existing proposal and trigger the counter offer.
Partial Report shared*	Medical UW	Pending with medical UW	Pending with medical UW
Report Not shared	Medical UW	Pending with medical UW	Pending with medical UW

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6.7

### Section C: UW approval cases

Based on the insured details, proposal can trigger to health underwriting approval step in GC

Underwriter decision	Actionable	Proposal status
Accept	Underwriter will approve the proposal in GC.	Policy is issued in GC. Policy copy will be dispatched by central ops.
Reject	Underwriter will reject the proposal in GC.	<p>1. Proposal is cancelled.</p> <p>Hub ops will check the status of proposal in GC (Accounts- _Health Refund cases Link) and generate refund for cancelled proposals.</p> <p>2. System generated Cancellation letter will be sent to Customer.</p> <p>3. Central dispatch team will dispatch the letter to customer.</p> <p>4. If sales wish to reutilise the amount sales will inform ops or hub ops team to retain premium.</p>
Offer Special Condition	Underwriter will modify the proposal as per special conditions offered.	<p>1. Hub ops will share the counteroffer cases with Sales for arranging customer confirmation through sales/IMD.</p> <p>2. Based on customer response, proposal status will be changed in GC.</p>

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	Refer the case to MER	Underwriter will refer the case for medical examination to TPA	Bases on MER report UW may reject or approve the case as per Section B.
	New approval role has been introduced (Effective 10 <sup>th</sup> Mar-24) as "Health PPMC". Health PPMC will be able to take actions (i) Bounce Back, (ii) Forward to Medical Underwriter and (iii) Forward to Health Underwriter.		
6.8	<b>Section D: Counteroffer Process</b>		
	<b>Hub operations to download the counteroffer report on daily basis and share with respective sales team.</b>		
6.9	Based on customer response following are the actionable: -		
	Special Condition	Customer Response	Actionable
	Without Loading	Accept	1. RM/Branch will upload the customer confirmation letter in GC and sent the case to HUB ops for Approval.  3. Post approval from HUB the policy number is generated.  4. Hub will generate a daily pendency report at RM step and share with Branch for follow up.
	With Additional premium	Accepts	1. Sales will inform the customer about counteroffer and additional premium.  2. For additional Premium customer can make payment through link provided in counteroffer Letter. In case of payment through link, payment will be auto tagged to proposal and policy number is generated.  Sale will inform the ops the payment detail. Ops will approve the case in GC and the policy is generated.  3. In case of other mode of payment, sales to share payment details with branch, Branch will generate the receipt id and upload MR and Customer Confirmation letter in DMS and push the case to Hub ops for approval.  4. Hub ops to approve the case, tag the additional premium with proposal and issue policy.

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	With Decrease in Premium	Accepted	<ol style="list-style-type: none"> <li>1. Sales will inform the customer about counteroffer and share customer response with Ops</li> <li>2. Hub to generate the policy.</li> <li>3. Generate excess premium refund based on money receipt and modified proposal after counteroffer.</li> </ol>
	Without Loading/With Loading/	Reject	<ol style="list-style-type: none"> <li>1. If customer does not agree to the counteroffer condition, then sales will inform Hub ops for Counteroffer rejection.</li> <li>2. Hub ops shall initiate refund generation.</li> <li>3. In case there is no communication from Customer within 15 days from generation of counteroffer, The proposal gets auto rejected from GC. The proposal reflected in health rejection module.</li> <li>4. Hub will initiate refund GC.</li> </ol>

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7	Policy issuance (Agent Portal)
7.1	<b>Intermediary Portal:</b> It is a real-time web interface developed to facilitate policy issuance by intermediaries, and to view the status of their existing business independently without the interaction with our sales managers and branch offices. Portal is available 24 x 365; access is available over the Internet from anywhere, at any time.
7.2	By using portal, user would be able to issue New, Rollover and Renewal Policies.
7.3	Agent will collect UW documents from customer as per Portal Document checklist ( <b>Annexure 1 Document Checklist</b> ), perform Initial Quality check and issue proposals in system.
7.4	On successful payment the premium will be tagged, and policy will be auto issued for straight through proposals.
7.5	Proposals issued in portal may trigger for system QC And/or UW approval as per system configuration. (Non-Straight Through Proposal)
7.6	For proposals where system QC is triggered, Uploading Document as per checklist is mandatory. Post proposal creation the proposal status changes to “pending for document upload. “. Once the required documents are uploaded, case reflect in System QC dashboard.
7.7	Hub Operations team to check the QC dashboard and approve/Reject/Bounce back the cases base Document checklist and system data entry done by agent. System QC will be done by hub Ops only.
7.8	Branch ops will not perform system QC of One health cases.
7.9	Policy copy will only be generated once system Qc is approved.
7.10	There is an option on QC page to approve or bounce back while performing system QC. Agent can view status of his files in his Portal dashboard.
7.11	Post proposal creations if proposal triggers for UW Approval or Health UW approval, please refer the proposal flow as per <b>Section 6</b> for Non STP cases.
7.12	For agent Portal process please refer Portal process SOP.

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8	Endorsements and Cancellation (Gc and Portal Cases)
8.1	<p><b>There are two types of endorsements.</b></p>
	<ol style="list-style-type: none"> <li><b>1. External Endorsement (Request from Customer)</b></li> <li><b>2. Internal endorsement</b></li> </ol>
8.2	<p><b>External Endorsement (Request from Customer)</b></p>
8.3	<p>Upon receiving request from customer for endorsement, sales shall arrange for the required details from customer and inward the case to Branch ops.</p>
8.4	<p>Refer <a href="#">Annexure 3</a> for Type of endorsement and necessary documents list <a href="#">Annexure 1</a></p>
8.5	<p>Branch will do IQC and inward the case in ITS and upload documents in DMS. For premium bearing endorsement, branch shall generate money receipt and upload in DMS along with other details. Case will move from Branch QC to Hub in ITS, processing hub team will do initial quality check as per <a href="#">Annexure 3</a></p>
8.6	<p>If Hub IQC is not successful, Hub will update the discrepancy remarks in ITS and send the case to branch.</p>
8.7	<p>If hub IQC is successful, Hub will proceed for endorsement issuance. Policy issuer will generate the proposal in GC and issue endorsement.</p>
8.8	<p>For “Addition of Member” endorsements the case will move as per the system validations and UW approval as defined in policy issuance process point 5 above.</p>
8.9	<p>For “Deletion of Member Ops to check the claim details from Call centre/TPA/GC before processing the Member deletion endorsement.</p> <ol style="list-style-type: none"> <li>a) If the claim is paid, ops to reject the deletion request. In call such cases System generated deletion rejection letter would be sent to customer.</li> <li>b) If the claim is open, deletion request should be kept on hold till claim status is changed (accepted/rejected).</li> <li>c) If claim is repudiated, it would be treated as no claim under policy and deletion request to be processed</li> <li>d) If the claim is paid for member A and member B is getting deleted from policy, Operations shall process the deletion. Claim w.r.t. member whose deletion is requested, is to be checked. In this example B can be deleted.</li> </ol>

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8.10	<p><b>Addition of Member endorsement:</b></p> <ol style="list-style-type: none"> <li>1. As per development w.e.f 21.12.2020 new born baby within age band 91 to 180 days (both days inclusive) can be added in the policy through addition endorsement.</li> <li>2. Refer <a href="#">Annexure 1/Annexure 3</a> for Documents required for Newborn baby addition.</li> <li>3. Request for addition of newborn baby should be received within 180 from DOB.</li> <li>4. Mid-term Addition of Spouse is allowed.</li> <li>5. Mid-term Addition of Members in One Health Senior Citizen cover is not allowed.</li> </ol>
8.11	<p>Addition of optional cover cannot be done through the endorsement.</p>
8.12	<p><b>Modification:</b></p> <ol style="list-style-type: none"> <li>a. If the age band and premium is changing due to change in DOB of member, the request for endorsement should be rejected.</li> <li>b. Hub shall reject the case in ITS and inform branch for initiating cancel &amp; rebooking with the modified premium. Same will trigger to UW basis any UW defined triggers in system for rebooking.</li> <li>c. If there is a change in the customer/proposer details the Branch Operation should check the details and make the changes in the customer I'D and then Inward the case.</li> </ol>
8.13	<p><b>Internal Endorsement:</b></p> <p><b>(a) Endorsement Due to data entry error by Agent-</b> During document QC if Branch ops find there is data entry mistake by Agent, branch Ops to approve the policy and generate an inward for rectification as per the proposal documents. The reason for rectification should be mentioned in ITS inward.</p> <p>Hub Ops will check the original document available and pass the necessary endorsement in system.</p>

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8.14	<p>(b) <b>Endorsement Due to data entry error by Hub ops during proposal creation –</b> Hub ops shall generate an inward for endorsement creation and pass the necessary endorsement ins GC.</p> <p>(c) <b>Endorsement requested by UW/claims team-</b> Upon receipt of request from claim/UW team, for correction in policy, Hub will share the same with respective salesperson and get Inward number generated in ITS, upload UW/Claim email. Once endorsement is done Endt copy to be shared with sales and auto emailer is sent to the customer.</p> <p>(d) <b>Change in relationship code:</b> For change in Relationship code in current policy the case should be awarded in ITS and approval email should be uploaded in DMS.</p>		
	<b>Cancellation</b>		
	<b>Type of Cancellation</b>	<b>T&amp;C of cancellation</b>	<b>Refund Type</b>
	Cancellation by insured: Free Look Period	1. Cancellation request form is required. 2. Allowed up to 30 days from the date of policy dispatch to customer. 3. Free look cancellation is not allowed in case of renewal policy.	Premium will be refunded after deducting the medical examination expenses, stamp duty charges and proportionate risk premium for the period on cover. For free look cancellation, if the policy delivery date is available, Ops can process the cancellation as free look within 30 days. If it is more than 30 days U/W approval required for full refund.
	Cancellation by Insured (Other than Free Look Period)	Cancellation request form is required or cancellation request from the customer through registered Email I'd is accepted	U/W approval required
	Cancellation by Insurer	1. Cancellation due to Non-Payment of instalment Premium (post system development) a) The policy will be cancelled after T+15 Days (16 <sup>th</sup> Day) where T is	No refund



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		<p>installment due date (grace period of 15 days) where premium is paid on a monthly instalment basis</p> <p>b) The policy will be cancelled after T+30 Days (31<sup>st</sup> Day) where T is installment due date (grace period of 30 days) where premium is paid on quarterly/half/yearly/annual instalment basis</p> <p>2. Misrepresentation of facts and non-disclosure cancellation request from the claim/UW team.</p> <p>3. Ops team will check claim rejection letter/ Intimation letter to customer date (T Day). If the claim rejection/intimation letter shared to customer does not have policy termination clause then Ops will create a pre intimation letter and share with customer before policy cancellation. Ops will cancel the policy post T+15 Days. (T is pre intimation letter date) The letter to be sent to customer via physical dispatch</p> <p>4. If the claim rejection/intimation letter shared to customer has policy termination clause then Ops need not create a pre intimation letter and share with customer before policy cancellation. Ops will check the letter date and cancel the policy post T+15 Days (T is claim rejection letter date)</p> <p>4. Ops will share the U/W email with the respective salesperson.</p> <p>5. Sale team should revert within T+3 days (working days)</p>	
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		6. Post T+3 Days if there is no revert policy will be cancelled.  7. Cancellation request will be withdrawn with UW approval.	
8.15	Points to Note-	<ol style="list-style-type: none"> <li>1- In event of claim rejection due to misrepresentation of facts, claim team to raise request for cancellation of policy along with rejection letter to Ops. UW approval is also required for the same, the communication for cancelling or modifying One Health policies in GC on account of rejection of claims will flow from Health Claims team.</li> <li>2- Ops team will check claim rejection letter/Intimation letter to customer date (T Day). Ops will cancel the policy post T+15 Days.</li> <li>3- If the request of policy cancellation is initiated by the u/w due to non-disclosure of material facts u/w should provide cancellation type as nil refund or with refund and Hub ops team shall inform the same to respective salesperson. Sales confirmation or approval is not required.</li> <li>4- If the Hub ops is not able to cancel the policy due to system limitation/validations Hub ops to raise SR with IT to block the particular policy to any further transactions.</li> </ol>	
8.16	<b>Cancellation and Rebooking:</b>	<p>In case of <b>cancellation and rebooking</b>, OPS user needs to perform QC of both the inward documents and should proceed with cancellation only if both QC are ok.</p> <p>While passing cancellation endorsement, the Ops user shall select endorsement type as "cancellation and rebooking". Endorsement effective date will be policy start date and there will be full refund for health products. MER charges will not be deducted.</p> <p>Also, Ops to select Refund mode as generate receipt and as per system auto receipt is generated. No refund id is generated in this scenario effective 15<sup>th</sup> May 2023 (Deployment of Version39.7) The same receipt shall be used for rebooking.</p> <p>If only cancellation request is inward, then refund mode should not be selected as Generate receipt id. For refund wallet/Online/RTGS/NEFT should only be selected.</p> <p>No refund to be initiated in Customer Id/Generate receipt mode.</p>	
8.17	<b>Refunds:</b>	Premium refund without policy generation (Upon request from Branch Ops/sales for premium refund where policy is not generated, and premium is lying in customer id)	

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8.18	<ol style="list-style-type: none"> <li>1. Branch ops to share the documents/reason for untagged premium in customer account.</li> <li>2. Customer letter for refund confirmation along with cancelled cheque or bank details to be submitted to hub for refund generation.</li> <li>3. Hub ops to check the details shared by branch and initiate refund.</li> </ol> <p><b>Reutilisation of Money Receipt:</b></p> <ol style="list-style-type: none"> <li>1. For UW rejection cases pending in Health Refund, if sales wish to utilise the amount for new proposal, Sales team need to share the new proposal number to be tagged or U/W documents for new proposal creation by Ops. Ops will create the proposal in GC and tag.</li> <li>2. Upon receipt of reutilisation request refund processing user will inform issuance team for further activity also update the status of case as" reutilised "in U/W health rejection refund tracker.</li> <li>3. Issuance user will check the sale request for reutilization of receipt. <ol style="list-style-type: none"> <li>a. If sales provide new proposal details, along with reutilization request, Ops user will remove the case from health refund module and tag the receipt with new proposal.</li> <li>b. If sales do not provide proposal details issuance user will remove the case from health refund module and update the same in reutilization tracker.</li> <li>c. PID should be reutilised within T+3 days. (T is date of removal from health refund module).</li> <li>d. In case there is no reutilization of PID the amount to be refunded back to customer.</li> </ol> </li> <li>4. Ops to raise a SR for a data for PID which are removed from health refund module this data need to be tracked for reutilization.</li> </ol>
8.19	<p><b>Change in First Enrolment date:</b></p> <p>As per system logic due to change in Insured member details, date of first enrolment date gets changed against the insured member. (The logic to be changed through system development. Until the system functionality is live Branch and Hub Ops to follow following steps while making changes in Customer/Insured details.)</p> <p>Ops to check the correctness of first enrolment date from policy documents while passing endorsement is system, or renewal with modified customer details and if the first- enrolment date is incorrect, OPS will raise MSD with IT for corrections immediately after the endorsement.</p> <p>In case of change due to change in customer details updated by Branch ops, branch ops to raise MSD with IT for required corrections.</p>

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9	Renewal				
9.1	Renewal notice is shared with customer as per Renewal notice generation process.				
9.2	<p>In case if renewal notice is not generated in the system and customer wish to renew the policy then sale will share U/W approval along with the Underwriting vetted file for renewal. The case with approval status (flag – Amber and Green) to be processed for renewal. The case with flag status as red to be referred with U/W.</p> <p>Sales team to inward renewal documents as per document check list</p>				
9.3	Annexure 1.				
9.4	<p>For any change in policy details from existing, which is not part of renewal notice, Customer should provide Renewal revision form or signed proposal form or E-verified proposal form along with U/W approval.</p>				
9.5	<p>If customer opt for any of two optional covers (Bonus Booster or Maternity benefit) then he/she needs to submit Renewal revision form or signed proposal form or E-verified proposal. The additional premium for new add on to be collected as per rate chart provided.</p>				
9.6	<p>In case of member addition at renewal, customer will provide the member details in complete filled proposal form or E-verified proposal.</p>				
9.7	<p>For any change in NCB due to claim, Auto endorsement will be passed.</p>				
9.8	<p>One Health policy can be renewed with maximum 30 days gap between Renewal due date and actual renewal start date. Any policy beyond this grace period will be issued as new policy or as per UW approval.</p>				
9.9	<p><b>Mismatch scenarios:</b></p> <p><b>1. NCB applicability at the time of renewal.</b></p> <p>If NCB is calculated in renewal Notice but nil in GC at renewal stage, then Operations to check the claim details with claim team.</p> <table border="1" data-bbox="336 1906 1161 2047"> <thead> <tr> <th>Claim Type</th><th>NCB %</th></tr> </thead> <tbody> <tr> <td>IPD</td><td>NIL</td></tr> </tbody> </table>	Claim Type	NCB %	IPD	NIL
Claim Type	NCB %				
IPD	NIL				

## Magma HDI General Insurance Co. Ltd

	OPD	As per NCB % given in renewal Notice	
<p><b>2. Premium can vary w.r.t to Cross Sell discount</b></p> <p>Ops to check if the Cross-sell discount is applicable at renewal of policy. Else Ops to inform sales for collection of balance premium and issue the policy.</p> <p><b>3. Premium can vary if Customer is requesting for DOB correction at renewal.</b></p> <p>Operation to check if the premium differs due to change in DOB of insured member. In such scenarios operations will inform respective sales/ branch to collect additional premium is premium RN premium is lesser.</p> <p>If the dependent child's age crosses 25 during the renewal, then it is split from the renewal policy and booked as a split renewal policy. (Not applicable for One Health Senior Citizen)</p>			

10	Portability Cases
10.1	<b>Portability</b> - Change of Health Insurance Policy from one Insurer to other Insurer
10.2	<b>Documents Required As per Document checklist Annexure A</b>
10.3	<b>Terminology Used:</b> <ol style="list-style-type: none"> <li>1. Portability Inbound - Various Insurance company insured to approach MHDH</li> <li>2. Portability Outbound - MHDH Insured to approach various insurers</li> </ol>
10.4	<b>Guidelines for sourcing Portability case:</b> <ol style="list-style-type: none"> <li>1. Request for inbound cases can be accepted up to the expiring date of previous policy.</li> <li>2. Floater policies can be ported as one or more individual or floater policies.</li> <li>3. Individual policies to be ported as individual policies only and in case of any deviation U/W approval is required.</li> <li>4. We can allow SI of portability policy to be maximum one slab higher than the expiring policy SI including cumulative bonus (e.g. if expiring policy had SI 4 lakhs and cumulative bonus 80,000; equivalent SI is 5 lakhs, we would allow opting maximum 7.5 lakhs i.e. one slab higher). If the SI is beyond this limit, the proposal will trigger for underwriting in GC.</li> <li>5. If expiring policy was with Aggregate deductible, then the ported policy also must be with aggregate deductible only and the deductible amount should be equal to or more than deductible amount in expiring policy, otherwise the case will get rejected.</li> </ol>

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	<p>For reference, please find attached the products in the market <a href="#">Annexure 4</a> which are exclusive top up product and products which have both the options of with or without aggregate deductible. In the portability form previous policy SI and previous policy deductible SI is a mandatory field.</p> <p>6. Portability is not allowed for cases where the previous policy is with Life Insurers. Such policies can be booked as new cases without portability benefits.</p> <p>7. <b>Waiver of previous years' policy copy</b> (all 4 year) for portability continuity benefit for following two scenarios. Submission of renewal notice and last PYP copy will be considered sufficient for these cases.</p> <ul style="list-style-type: none"> <li>i) Individual policy with policy inception date/joining date mentioned.</li> <li>ii) Family Floater policy with member wise policy inception date/Joining date mentioned in PYP or Renewal notice.</li> </ul> <p>For other cases, where joining date or inception date is not mentioned customers should provide all PYPs to avail continuity benefit. Hence the requirement of previous year policies remains as per current process.</p>
10.5	<p><b>Booking Process:</b> Branch will inward the case in ITS as Rollover and check for completeness of proposal &amp; portability form as per <a href="#">Annexure 1</a>, generate money receipt and upload the documents in DMS. For Inwarding no offline UW approval is required for portability cases.</p>
10.6	<p>HUB will perform initial QC, create the proposal in GC and tag with MR and proceed for policy issuance without waiting for IRDAI response. (As per waiver approval mail dated 14.8.2018).</p> <p>After creating the proposal, it may or may not trigger for UW approval as per system validation set in GC master for portability cases.</p>
10.7	<p><b>Health Portability Application of IIB</b></p> <p>1. For Port in Cases below mentioned steps will be followed to upload data in the IIB portal</p> <p>Step 1- Operation teams will download the Health All Record Report from GC on daily basis.</p> <p>Path – GC -&gt; Eclipse BI -&gt; Health Report -&gt; Health All Record Report</p> <p>Step 2- The duplicate proposal will be removed from the Health All record report by mapping it through the Port in MIS and the new port proposal details will be added in Port In MIS</p>

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Step 3- Port In information as per Portability format (outbound format) (Previous Insurer name, policy number, start date, end date, Date of birth of proposer, gender, reason for porting out, email ID of policy holder) is mapped through Health All Record Report

Step 4- The port proposal will be uploaded in the Bulk Upload for porting in request tab of IIB portal in T+1 Day (T is the proposal inward date/ Complete document received date)

Step 5- After the upload status is reflected as completed, the Response file for port in policies will be extracted from the download response receive file for porting in policies tab of IIB.

Step 6 - Response Policy Details sheet will be compared with the Port in MIS to get the PED and claim mismatch data

Step 7 - After issuance of policy or the proposal under U/W bucket, if details are received from IRDAI portal and any adverse claim/PED history is obtained which customer had not declared hub shall refer the case to UW for further decision.

Step 8 - UW to take decision for acceptance or rejection of proposal based on the response from portal.

Step 9 - If the proposal is pending with QC the data are shared with QC team.

Step 10- Hub operations reject such cases to sales to get the PED and/or claim details.

Step 11 - Post policy issuance, HUB team shall update the policy status as Accepted or rejected on IIB portal.

2. For Port Out Cases below mentioned steps will be followed to upload data in the IIB portal


Step 1 – The Porting Out policy number reflects in the Pending Policies count in Policies pending your response tab of IIB portal

Step 2 – Hub Operation will check the correctness of policy number, claim status any. If yes then, the policy no will be shared with the claims team to get the claim details.

Step 3- Porting Out Policy details as per Portability format (outbound format) will be mapped through Health All Record Report and policy Schedule and upload in the Policies pending your response tab of IIB portal

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	<p>Step 4 – For incorrect policy details reflect in the portal, policy should be uploaded in the Invalid Policy Upload tab as per the file upload format of invalid policies. Path – Health Portability Application (IIB Portal) -&gt; Portability Information -&gt; Invalid Policy Upload</p> <p>Step 5 – The port out policy details should be uploaded in the IIB portal in T+2 days (T is the date on which the policies reflect in the IIB portal)</p> <p>Step 6 – The Port Out data details need to be mentioned in the Port Out MIS</p>
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11	One Health Instalment Functionality Process Flow
11.1	<p><b>Instalment Option for premium Payment:</b> Customer can opt for premium payment in instalment Option through ENACH / Direct Debit / Standing Instruction on credit card. Frequency of instalment can be Quarterly, Semi Annually or Annually.</p> <p>A. Standing instructions on Credit card</p> <p>B. Direct Debit: Direct Debit is service through which customers Standing Instructions can be processed for debit to their bank account. Direct debit is available with list of specified Tie Up banks only. List of Direct Debit tie up Banks</p> <p>C. NACH: It is service offering by NPCI [National Payments Corporation of India], wherein the customer can set-up a standing instruction on his Bank Account and is processed through the NPCI platform. The services are available with all banks.</p> <p>D. E-NACH- It is service offering by NPCI [National Payments Corporation of India], wherein the customer can set-up a standing instruction on his Bank Account and is processed through the NPCI platform. The services are available with the banks listed in the system. Instalment Option of Health Product is enabled through E-NACH Registration for both GC Portal. E-NACH option is available for selection based on E-NACH option which is defined in Standing Instruction Bank Master against bank name.</p>
11.2	<p><b>Detailed process Flow with MIS and tracking</b></p> <p></p> <p>SOP- One Health Installment function</p>



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12 A	Policy Issuance process for Direct Integration
12.1	Customer visits Intermediary portal /Web Aggregator online and fills necessary details to obtain quote from different insurance companies for type of insurance required.
12.2	After filling necessary details in portal, system will provide quick quote with coverage details of different insurance companies through rate logic built in Intermediary portal /Web Aggregator portal for particular insurance companies.
12.3	Customer selects Magma HDI and fills complete proposal details in Intermediary portal /Web Aggregator portal. Once the proposal details are filled by customer proposal number will be generated through web-service integration services from Magma HDI.
12.4	Post generation of proposal, customer will click and accept declaration of the details entered in Intermediary portal /Web Aggregator Portal.
12.5	Declaration should be in respect to "I declare that all information provided to me is true and accept that if it is found to be false, it may impact claims. I authorize (Vendor) to represent me with Insurance companies for my insurance needs."
12.6	Once the customer accepts the declaration, system will allow for payment where customer has to enter his/her online details of bank and make payment in order to complete the transaction and generate policy.
12.7	Once the payment is successful, policy number will be generated through web-service integration services from Magma for straight through proposals.
12.8	Or As per the Rule engine proposal triggers for UW approval or Pre Policy-Medical Check UP (PPMC). The Policy is generated once proposal is approved from Medical UW or Health UW.

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12.9	For Counteroffer cases, Web aggregator provides the Counters offer letter signed from customer and additional premium (if any) for payment made through online payment.
12.10	MHDI operations team approve and generate Policy for counteroffer cases.
12.11	Customer can download the policy from Web Aggregator portal & copy of policy will be mailed to customer from Magma HDI system.
12.12	Web Aggregator will be doing consolidated NEFT for the payment received of the policies issued throughout the day for Magma HDI.
12.13	<b>Endorsement Process:</b>
12.14	Any modifications required in original policy schedule; an endorsement needs to be passed in system of Magma HDI.
12.15	Web Aggregator team will request Magma HDI operation team through email or
12.16	Other customer touch point viz (branch walk in, Customer care email Id etc.) Or customer can directly visit any of the MHDI branches for any endorsement required in the policy.
12.17	The Dedicated email for Policy Bazar is ( <a href="mailto:policybazaar_healthsupport@magma-hdi.co.in">policybazaar_healthsupport@magma-hdi.co.in</a> ).
12.18	Required document for endorsement s& cancellation as mentioned in Endorsement Document Check list “Health Endorsement Checklist” will be provided by Intermediary / Web Aggregator for Endorsement issuance in MHDI system.

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12.19	MHDI Operations will verify the documents and will pass necessary endorsement in MHDI system.
12.20	MHDI operations representative to handover an endorsement copy through mail to Web aggregator or customer at branches after successfully passing the entry in GC.
12.21	Payment to be paid by customer through payment link and share it with Magma HDI for any Non-Nil endorsement requests.
12.22	<p><b>Cancellation:</b></p> <p>Any corrections in policy which cannot be endorsed, or policy not accepted by customer have to be cancelled.</p> <p>Web Aggregator team will request Magma HDI SPOC through mail or customer can directly request for any endorsement required in the policy.</p> <p>MHDI representative will collect the required documents through Web Aggregator</p> <p>Central ops will verify the documents and will pass cancellation endorsement in MHDI system and refund to be initiated in system.</p> <p>Once the same is approved by Accounts, payment will be released, and refund will be done through NEFT.</p> <div data-bbox="403 1874 464 1942" data-label="Image"> </div> <p>Health Endorsement check</p>

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12B	<p><b>List of intermediary policy issued through Direct Integration.</b></p> <p>List of direct integrations for One health product.</p> <ol style="list-style-type: none"> <li>1) Landmark Insurance Broker (Policy Boss)</li> <li>2) Sana Insurance Broker (Sana Insure)</li> <li>3) Girnar Insurance Broker (Insurance Dekho)</li> <li>4) Policy Bazar Insurance Web aggregator Private Limited</li> </ol>

13 A	Policy Issuance process for Employer- Employee Relationship												
13.1	Under one health policy, Proposer and Insured new relationship is added as Employer-Employee. Employer-Employees proposal is not applicable for One Health Senior Citizen cover.												
13.2	Employer can make payment individually or combined for insured employees and its dependents.												
13.3	<p>In addition to the required documents, Employer declaration on company letterhead for covering insured employees is required. The list of employees should be added as part of a letter or annexure to the letter.</p> <p>Standard Declaration format should include the following details:</p> <table border="1" style="margin-left: 40px;"> <tr> <th>S.N</th><th>Employer Declaration</th></tr> <tr> <td>1</td><td>Required on Employer letter head with date and Sign</td></tr> <tr> <td>2</td><td>Employer declaration confirming the below details for insured employees</td></tr> <tr> <td>(a)</td><td>Employee Name</td></tr> <tr> <td>(b)</td><td>Employee ID</td></tr> <tr> <td>(c)</td><td>Employee DOB</td></tr> </table>	S.N	Employer Declaration	1	Required on Employer letter head with date and Sign	2	Employer declaration confirming the below details for insured employees	(a)	Employee Name	(b)	Employee ID	(c)	Employee DOB
S.N	Employer Declaration												
1	Required on Employer letter head with date and Sign												
2	Employer declaration confirming the below details for insured employees												
(a)	Employee Name												
(b)	Employee ID												
(c)	Employee DOB												


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	All insured employees list to be provided.
13.4	The customer (Employer) will share individual PF signed by insured employee for policy issuance.
13.5	There is option to share link for e-verification of proposal form along with online premium payment for all retail health policies. In such cases manual proposal form is not required.
13.6	Sales will share the required documents along with payment details to branch ops for Inwarding.
13.7	<p><b>Proposal form option:</b></p> <p>Option 1: Manual proposal form with insured signature.</p> <p>Option 2: PF e- verifications where Manual proposal form without signature is provided.</p>
13.8	<b>Payment option: cheque/NEFT/RTGS or through Online payment link with proposal</b>
13.9	Branch ops will perform IQC and inward the cases in ITS.
13.10	Hub operations will create proposals based on the details shared by employer and share proposal verification link for each policy separately. The proposal verification link should be shared to Individual employees.
13.11	Payment link to be shared to Employer as per email id mentioned in Customer ID at Cust id creations stage. Post verification and payment the proposal will be created in GC and Policy will be issued or trigger for medical/Health as per the system configuration.

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13.12	Sales team shall share the required document along with premium details to branch operations for Inwarding and receipting.
13.13	Branch operations will create customer id with employer details and receipting to be created in Customer mode. Branch ops will do the IQC and upload the documents in DMS and move the case to Processing for further issuance if QC is successful.
13.14	Hub operations team shall perform initial Qc, create proposal in GC and do tagging.  The case will trigger to UW approval and FQC as per the system configurations and post necessary approvals the policy will be generated in GC.
13.15	For UW approvals, Medical UW approval, Ops FQC and Counter offer, Portability, proposal will follow the flow as mentioned in Table 5 above.
13.16	For renewal of such case where Previous year policy was booked in as individual proposer (Not Employer-Employee relationship) then such cases to be booked as roll over.
13.17	Branch Ops to inward the case in GC as roll over case.
13.18	Hub operations shall mention the previous policy number in Past policy details and issue the policy as roll over business.
13.18.1	In case where NCB is applicable at renewal stage, such policy to be booked as renewal in GC. The receipting and booking to be done in IMD mode as per the base policy.
13.18.2	Case where Employer does not want Tax input credit, GSTIN number should not be registered at customer creation stage. While Inwarding/Booking the case in GC/Portal respectively Sales need not give GSTIN number for registration.

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13.18.3	<p><b>FAQ</b></p> <p>Q: When the employee exits the organization and wants to continue individually :</p> <p>A: Customer id ( Created in Proposer's name) can not be modified during the policy period as the same customer id would have been used for other policies of same employer. Also as per current system functionality Change in customer id during the policy is not possible. Hence in case if the Employee exit the organization, New policy need to be issued.</p> <p>Q: In case Employer want to cancel the policy of Ex-employee</p> <p>A: The endorsement form as per current process for policy cancellation is required from Employer.</p>
13 B	<p><b>Portal details for Employer- Employee policy</b></p> <p> Agent Portal Flow-Employer Empl</p> <p>For renewal of such case where Previous year policy was booked in as individual proposer (Not Employer-Employee relationship) then such cases to be booked as roll over.</p> <p>Previous policy details to be mentioned in Past policy TAB and product name and Insurance company name to be selected accordingly.</p>

14	Letter Generated and Dispatched by Operations
14.1	<p>Policy Cancellation letter due to non-payment of instalment (Till system development is live)</p> <p>Step 1- Operation teams will download the cancelled policy data from GC on daily basis.</p> <p>Path – GC -&gt; Batch processing -&gt; Log monitoring -&gt; Auto cancellation -Instalment</p> <p>Step 2 – Customer information (communication address, policy start and end date, contact details) through Health All Record Report in the cancelled policy data.</p>

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14.2	<p>Step 3 – The cancellation letter to be prepared manually as per the cancellation letter template by providing customer details, cancellation reason and cancellation effective date.</p> <p>Step 4 – The letter generated to be shared with central dispatch team for physical dispatch.</p> <p>Step 5 – The central will share the P.O.D details of all the cancelled letter dispatched</p> <p>The instalment cancellation letter to be sent to customer within T +2 Days (T is the policy cancellation date)</p> <p>Pre intimation letter due to mis representation and non-disclosure (Till system development is live)</p> <p>Step 1 – Ops team receives data from claim and U/W team for policy cancellation due to mis representation and non-disclosure</p> <p>Step 2 - Customer information (Policy Holder name, communication address, and contact details) and claim details (product, policy no., name of the claimant, name of the diagnosis, claim ID and Duration of the diagnosis) is mapped through Health All Record Report and data received from claim team respectively in the cancelled policy data.</p> <p>Step 3 – The cancellation letter to be prepared manually as per the cancellation letter template by providing customer details, cancellation reason.</p> <p>Step 4 – The letter generated to be shared with central dispatch team for physical dispatch.</p> <p>Step 5 – The central will share the P.O.D details of all the cancelled letter dispatched</p> <p>The pre intimation cancellation letter to be sent to customer within T +2 Days (T when complete information is received form u/w, claims and sales teams)</p>
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## Magma HDI General Insurance Co. Ltd

15

Role, Responsibility, TAT

Sr. No	Type of Policy Issuance	TAT	TAT Contributor
1	Straight through proposals (STP)	T+2	Standard TAT (For Renewal STP Cases the TAT is T+1 day).
2	Underwriter Approval	T+3	Underwriter decision (1 day)
3a	PPMC (Pre Policy-Medical Checkup)	T+3	Excluding days (from PPMC trigger date to report received date from TPA)
3b	PPMC (Counteroffer)	T+15	excluding days (from PPMC trigger date to report received date from TPA) Customer acceptance counter offer (Maximum 10 days from the date of generation)
4	Portability (STP)	T+3	Standard TAT
5	Refund	T+1	T is day when case is referred for refund and complete details available with Ops for refund

\*Above mentioned TAT is maximum allowed time

\* T is when complete documents are received by Ops for policy issuance.

Sr.No	Roles	Responsibility
1	Business Team	Sourcing Business, Handing over complete original set of documents as per checklist and payment to Branch Operation Executive
		Coordination with Agent/ Customers
2	Branch Operation	Inwarding, Documents uploading, IQC, Receipting, Counteroffer letter updating in DMS and customer contact details updation

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	3	Hub Operation	Policy Issuance, System QC, Coordination with branch and underwriter
			Portability checking, Endorsements, Cancellation, MIS, Refund generation
	4	Underwriter	Medical Reports approval.
			All underwriting approvals (Portability, PED , Counter Offer)
	5	Central Operations	Policy Kit and all Communication letters Dispatch.

### 16. Modifications in SOP

#### Clarifications in existing process:

1. Minimum premium for all one health policies should be 1500/- inclusive of Tax.
2. If the case is pending in discrepancy/Counteroffer acceptance for 10 days Hub will inform respective sales and Underwriter and seek confirmation for refund. On 12<sup>th</sup> day I Ops shall proceed for refund of the premium to customer. Case should be rejected/cancelled and premium to be refunded. If the case is lying at branch, then branch should withdraw the inward and refund the premium and inform respective sales manager.

#### Modification in version 2

A. Portability guideline point (f) added.

B. IQC check List Annexure 2 updated for Portability guideline.

#### Modification in version 3

C. Portability guideline: PYP requirement modified point (g)

D. IQC check List Annexure 2 updated for Portability guideline.

E. Minimum premium amount and proposal cancellation for discrepant cases

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### Modification in version 4

A. Renewal Guidelines Modified
B. TAT modified.
C. Annexure 1 Document check list modified.

### Modification in version 5

#### Acceptance of Aadhar card with Year of birth only-MFL cases

1. For MFL cases if Aadhar card is submitted as KYC proof with DOB year “XXXX” only, Ops will consider the DOB mentioned in Policy schedule as correct. Ops will only verify “Year of Birth” on Aadhar card with year in DOB mentioned in the policy. If the year matches, ops will proceed for QC Ok.
2. If year of birth is not matching with Aadhar card OR any other KYC proofs like PAN, Passport, and Driving license provide along with Aadhar card, Discrepancy will be raised as per process.
3. The DOB will be cross verified during welcome call (on recorded line). In case customer wants to change the DOB, further action will be taken as
  - a. Endorsement – in case of no change in age band due to correction of DOB, else
  - b. Cancellation and rebooking in case of change in premium due to correction of premium.

### Modification in version 6

1. For Tie up sourced cases if there is a mismatch in customer details in policy schedule from id proof /document submitted the policy schedule should be rectified by passing nil endorsement.
  - A. Minor corrections like : Insured Name, Address and DOB
    - a. Branch ops shall generate endorsement request on IT’S and approve the Policy document QC by updating ITS inward number in closing remarks.
    - b. Branch ops shall mention the reason for endorsement while creating endorsement ITS.
    - c. Processing Hub will pass corrective endorsement basis of the documents uploaded for policy.
    - d. In case of any discrepancy the case will be rejected in IT with rejection remarks. Sales shall ensure to resolve discrepancy and close ITS.
  - B. Rest general requests will follow standard process for endorsement and cancellations. Sales shall provide the endorsement request form for correction in policy.

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Ops shall accept the endorsement form shared over email during lock down as per current email confirmation process. The endorsement mail from Customer's employee to be considered for Tie up sourced cases only.

### Modification in version 7

<b>Multiple changes</b>
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1. Midterm "Child" inclusion will be allowed through endorsement in policy with additional premium.
2. Portability MIS to be published on a weekly basis.
3. For document QC at branch level post policy issuance, if Customer Cheque copy against which the policy was issued is not available, Sales can provide cancelled Cheque copy or passbook copy for verification of NEFT details.
4. Addition of New optional cover
  - a. Bonus Booster
  - b. Maternity Benefit
5. Revised Proposal form with optional covers

### Modification in version 8

2. For Policy issued through Agent Portal if there is a mismatch in customer details in policy schedule from id proof /document submitted the policy schedule should be rectified by passing nil endorsement.
  - C. Minor corrections like : Insured Name, Address and DOB
    - a. Branch ops shall generate endorsement request on ITS and approve the Policy document QC by updating ITS inward number in closing remarks.
    - b. Branch ops shall mention the reason for endorsement while creating endorsement ITS.
    - c. Processing Hub will pass corrective endorsement basis the documents uploaded for endorsement in DMS.
    - d. In case of any discrepancy the case will be rejected in ITS with rejection remarks. Sales shall ensure to resolve discrepancy and close ITS.
  - D. Rest general requests will follow standard process for endorsement and cancellations. Sales shall provide the endorsement request form for correction in policy.

Ops shall accept the endorsement form shared over email during lock down as per current email confirmation process. The endorsement mail from Customer's employee to be considered for Tie up sourced cases only.

## **Magma HDI General Insurance Co. Ltd**

### **Modification in version 9**

One Health Add-ons - Hospital Cash & Enhanced Pre-Post Hospitalization are added and accordingly Renewal document check list updated.

### **Modification in version 10**

1. Employer Employee policy issuance Process in GC.
2. Add on option UW approval requirement changed- Applicable for Policy with Nil claim

### **Modification in version 11**

1. Updation in KYC requirement as per KYC circular effective 1st January-23

### **Modification in version 12**

2. Portability form can be e verified and hence for e verified proposals, separate Proposal and portability form is not required.
3. Mandate registration related tracking and MIS at Hub
4. A new Endorsement type introduced in GC for cancellation and rebooking which will help to do away with deduction of MER charges.

### **Modification in version 13**

1. TAT for sales to revert the mail of u/w for non-disclosure cancellation request shared by Ops Team is T+3.
2. The Ops team shall cancel the policy post T+15 Days (T is date of Claim Rejection/Intimation letter shared to the customer).
3. As per new development PID/ MR of U/W rejected cases can be reutilize for new policy issuance. Related changes are modified in SOP.
4. Reutilization of Money Receipt- PID should be reutilized within T+3 days (T is date of removal from health refund module).
5. Branch Ops and Hub Ops to check the changes in first Enrolment date during any modification in insured member details.
6. Individual policies to be ported as individual policies only and in case of any deviation U/W approval is required.
7. Nominee details is mandatory for new, renewal and rollover business (effective from 1st April 2024).

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### 14. Modification in version 14

1. Free look period has been allowed up to 30 days from the date of policy dispatch to customer.
2. Cancellation due to non-payment of instalment premium (post system development). The grace period of instalment payment has been changed as per instalment type
- 3- The Refund TAT has been changed to T+1 Day
- 4- Reason for cancellation is non-mandatory in cancellation request form
- 5- The short -term refund scale is not applicable as per new master circular of IRDAI
- 6- Proposal document required for renewal cases is updated in SOP and document checklist
- 7- The Process of uploading Portability cases in Health Portability Application (IIB) along with the TAT is updated.
- 8- Letter Generated and Dispatched by Operations for pre intimation cancellation and instalment cancellation letter are added in the SOP

### 4 Process Check Points: Metrics being tracked and there review forums with screen shots of metrics

Below metrics are followed to track the effectiveness of Process

1. Daily discrepancy report shared with discrepancy remark.
2. Monthly TAT report
3. Portability MIS.

### 5 Review: When, who and what will be reviewed in this process

Activities as per laid SOP to be reviewed yearly by activity owners within the team.

In this meeting, following points to be evaluated:

- Process adherence and updation required if any.
- Scope of automation
- Risk arising out of the current process and its mitigation measures.
- Any breach of compliance framework

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### 6 Risk and Mitigation identified in the process:

S.no	Risk Identified	Risk Type	Mitigation Plan
1	Incorrect data entry resulting to wrong policy document	Operational Risk	Maker Checker process implemented in system
2	Policy document not reaching to customer within 15 days as per PHP	Operational Risk	Auto Email functionality to customer email for Policy Cancellation, Issuance, Counter Offer letter etc.

### 7 Compliance framework:

S.no	Regulatory Reference	Act Impacting	Compliance Status
1	Protection of Policyholders' Interest Policy	Policy should be issued and reached to customer within 15 days of policy issuance.	Complied

## Magma HDI General Insurance Co. Ltd

### 8 Forms, Formats & Annexures: **Mention all the required data & attachments**

1. Document Checklist
2. Health Endorsement List
3. Mandate registration form guidelines
4. Internal Employee Lead Flow



Annexure 1  
Document Checklist



Annexure 3 Health  
Endorsement List



Mandate Form  
Guidelines.xlsx



Internal Employee  
Lead Flow.pdf

#### Points to Know

- 1- For Gujarat location (Pin code wise blocking is done in GC hence restricted location like Vapi, Valsad, Surat, Bharuch) cannot be sourced.
- 2- SI limit is increased from 15 Lacs to 50 lacs for Gujarat Location.
- 3- For Fresh cases age limit is 60 years while for port cases age limit is 55. 56 and above not allowed for Portability for Gujarat Location.
- 4- PPMC, VMER will be configured in GC as per the location, SI and Plan by UW.
- 5- For North and West Zone portability cases SI of 5 lac and 7.5 lac also allowed from 09th February 2024.
- 6- Few mandatories Add on covers are added specified for 5 lac SI for portability cases of North and West Zone.
- 7- Customer can opt for any additional Add on other than mandatory Add on by paying additional amount.
- 8- In case mandatory add on are not opted in proposal, case to be rejected from QC and new proposal to be created for North and West zone.
- 9- No Mandatory add on specified for 7.5 Lac SI for North and West Zone.
- 10- For GC (offline Issuance) Issuer to ensure that all mandatory add on are opted for North and West Zone.