



**(<https://kgidonline.karnataka.gov.in>)**

**Life Insurance New Business**

**USER MANUAL**

**Karnataka Government Insurance Department**

**Government of Karnataka**

Prepared by

Centre for Smart Governance (CSG)

No. 2A, Hayes Road

Bengaluru - 560025

## Karnataka Government Insurance Department Web Page:

- Open the web browser.
- Enter the URL (http://49.206.243.82:92/).

help[dot]kgid[at]karnataka[dot]gov[dot]in | +91 080 2237 3845

Karnataka Government Insurance Department  
Government of Karnataka

Language Option

Motor Insurance..

Login > Agency Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Agency Login | KGID Login | New Employee Login

Username: Enter Username  
Password: Enter Password  
Captcha: 8183 | Enter Captcha  
Login  
Forgot Password?

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# Verification and Scrutiny of New Employee Details

## LOGIN PAGE- DIO:

1. Select the “KGID Login” Tab.

help[dot]kgid[at]karnataka[dot]gov[dot]in | +91 080 2237 3845

Karnataka Government Insurance Department  
Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

Family Insurance..

HOW TO CLAIM LIFE

Login > KGID Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Agency Login ☒ KGID Login New Employee Login

KGID Number

Mobile Number

Click on KGID login Tab

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2. DIO has to enter his “KGID number” and the Mobile number is auto-populated.
3. Click on “Authenticate” Button to get the “OTP”.

help[dot]kgid[at]karnataka[dot]gov[dot]in +91 080 2237 3845 Kannada

**Karnataka Government Insurance Department**  
Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

Life Insurance..

Login > KGID Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Enter the KGID number

Mobile number will retrieve automatically

Agency Login ☒ KGID Login New Employee Login

KGID Number 1123588

Mobile Number 70\*\*\*\*\*65

Authenticate

Click on Authenticate button to get OTP

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4. Enter the “OTP” and “Captcha” and click on “Login” button.

help[dot]kgid[at]karnataka[dot]gov[dot]in +91 080 2237 3845 Kannada

## Karnataka Government Insurance Department

Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

### Life Insurance


Login > KGID Login

Life Insurance

Motor Insurance

Family Insurance

Group Insurance



☐ Agency Login ☒ KGID Login ☐ New Employee Login

KGID Number

1123588

Mobile Number

70\*\*\*\*\*65

Authenticate

OTP

Enter OTP

Captcha

5 8 3 5

Enter Captcha

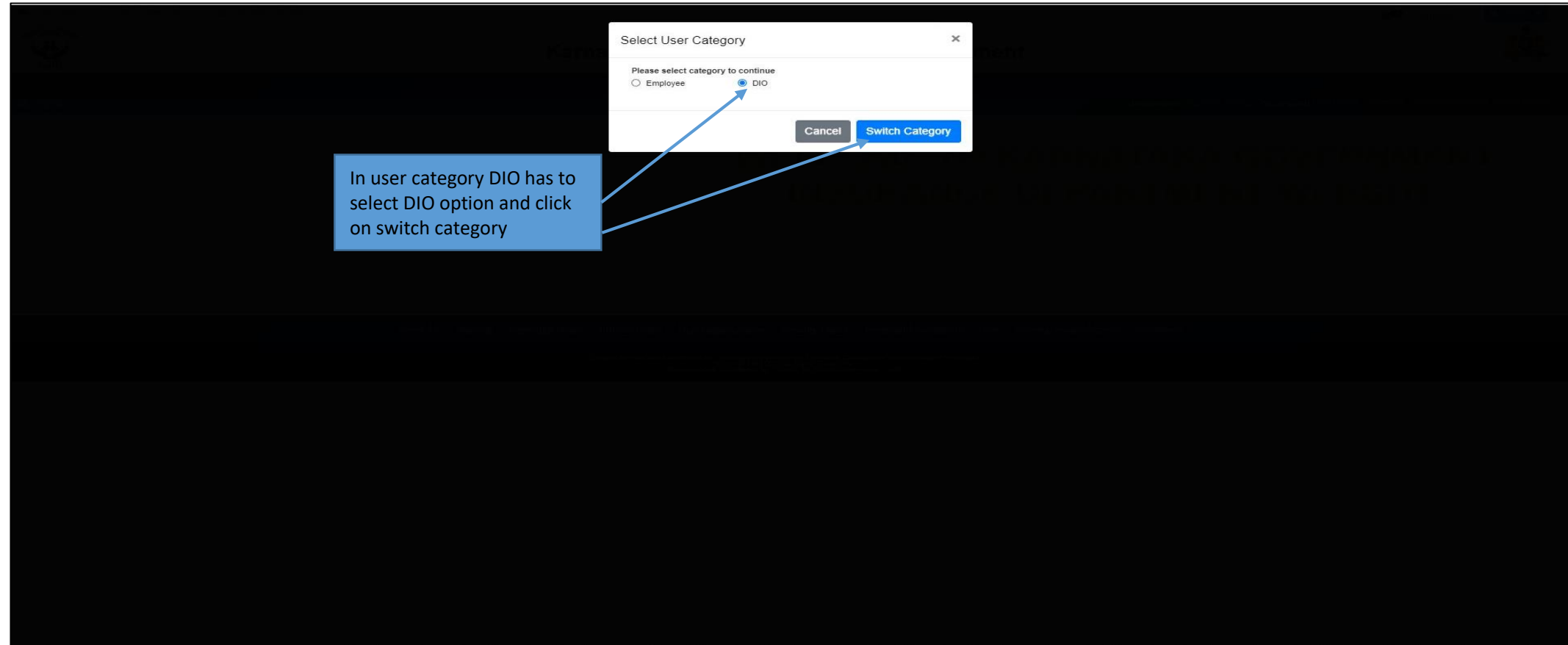
Login

Enter OTP and captcha

Click on login button

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5. After clicking on Login button, the User Category webpage is displayed. Select the **DIO** option.
6. Click on **“Switch Category”**.

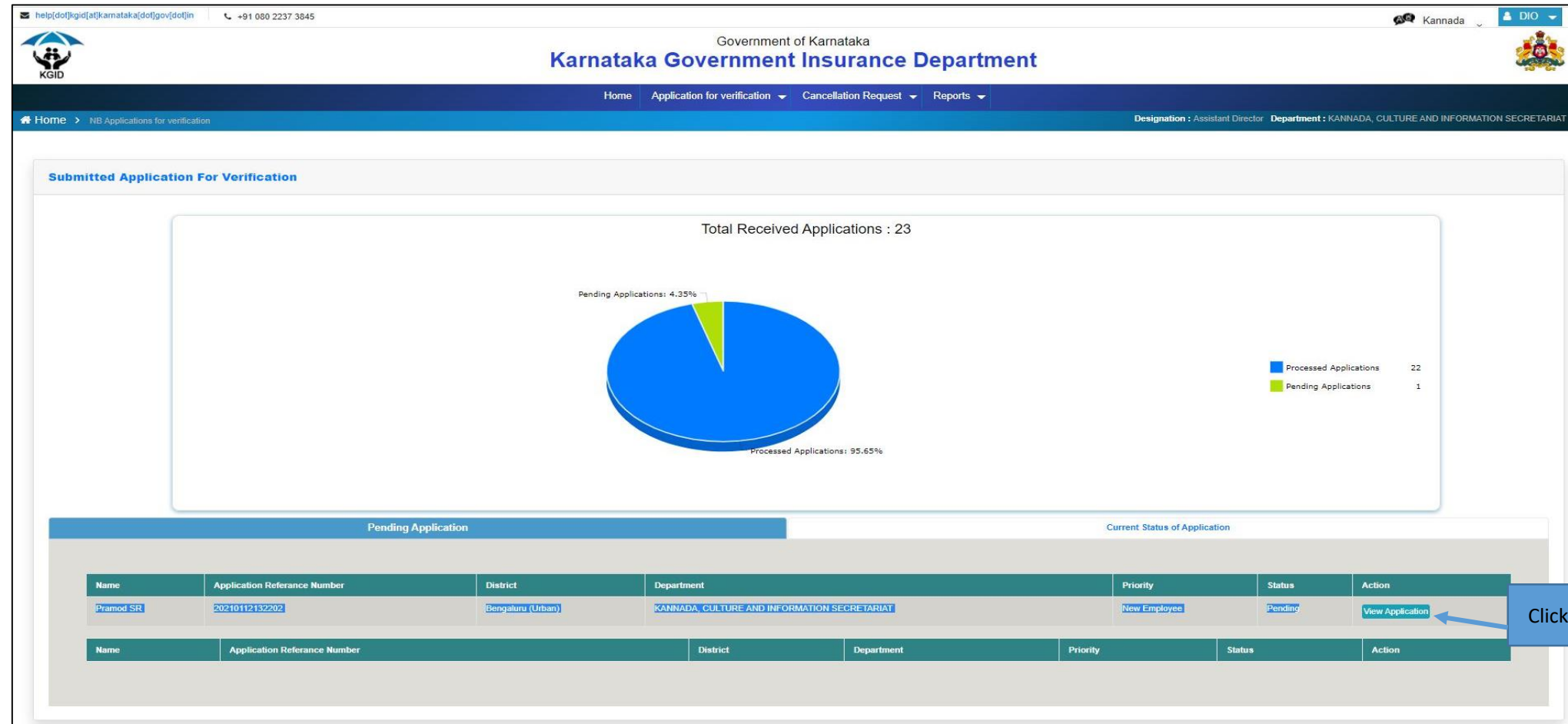


The screenshot shows a dark-themed web interface with a white modal dialog box titled "Select User Category". Inside the dialog, the text "Please select category to continue" is followed by two radio button options: "Employee" and "DIO". The "DIO" option is selected, indicated by a blue dot. At the bottom of the dialog are two buttons: "Cancel" and "Switch Category". A blue callout box on the left contains the text "In user category DIO has to select DIO option and click on switch category". Two blue arrows originate from this box: one points to the "DIO" radio button and the other points to the "Switch Category" button.





8. The dashboard displays a report of Processed Applications and the Pending Applications.
9. Applications submitted by employees for verification are displayed.
10. Click on “**View Application**” to open the application submitted by an employee.



11. Workflow Details of the Applications are displayed.
12. Click on **Next** option to proceed further.

Home >

Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KGID

DIO Verification

Workflow of Application.

Employee Name:Employee 25 Application Reference Number:20210100120000

Workflow Details

Application Form

Scrutiny

Uploaded Documents

Status of Application.

Submitted Date	From	To	Remarks	Comments	Status
21 Jan 2021 15:55:18	DIO				Pending
21 Jan 2021 15:55:18	Superintendent	DIO	No Correction Found	No Correction Found	Forward to DIO
20 Jan 2021 10:51:46	Caseworker	Superintendent	Issue in Application Form	Application correction required	Forward to Superintendent
08 Jan 2021 14:35:05	DDO	Caseworker	No Correction Found	No Correction Found	Forward to Caseworker
05 Jan 2021 12:27:48	Applicant	DDO			Submitted By the Applicant

Click on Next Button.

Next

13. DIO has to verify the following details in the Application form:

- \* Basic & KGID Details
- \* Family Details & Nominee Details
- \* Personal Details
- \* Payment Details
- \* Medical Examination Report

Home > Designation : Trainee Department : KARNATAKA GOVERNMENT INSURANCE DEPARTMENT KG

### DIO Verification

Employee Name:Employee 25 | Application Reference Number:20210105120000

Workflow Details	Application Form	Scrutiny	Uploaded Documents
<div><div>+ View Basic &amp; KGID Details</div><div>+ View Family Details &amp; Nominee Details</div><div>+ View Personal Details</div><div>+ View Payment Details</div><div>+ View Medical Examination Report</div></div> <div>Each of the following details has to be verified by DIO</div>			

Previous Next

14. To verify the “Basic Details” & “KGID Details” tick the check box **verify**.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details Application Form Scrutiny Uploaded Documents

[View Basic & KGID Details](#)

### Basic Details

Proposer Name	:	Pramod SR	Spouse Name	:	
Present Working office	:	DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE	Residential Address	:	Hassan
Father Name	:	Ramesh	Date of Birth	:	01-01-1987
Place of Birth	:	Hassan	Gender	:	Male
Pincode	:	573201	Phone	:	8956472365
Joining Date of Government Service	:	13-12-2020	Permanent / Temporary	:	Permanent
Present Designation	:	Trainee	Present Pay Scale	:	30350.00 - 58250.00
Marital Status	:	Unmarried	Divorce / Remarried	:	N/A
Is spouse government employee?	:	No	Group	:	C
Are you an orphan?	:	No			

### KGID Details

Employee Pay Scale : 30350.00 - 58250.00

KGID Premium Details

KGID Policy Number / Application Ref Number	Sanction Date	KGID Premium
20210208130605		2770
	Total:	2770

☒ Verify [Click on Verify](#)

15. To verify the “Family Details” & “Nominee Details” tick the check box **verify**.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details Application Form Scrutiny Uploaded Documents

+ View Basic & KGID Details

- View Family Details & Nominee Details

### Family Details

Name of family member	Relation	Date of Birth	Age of Family Member	Alive / Dead	Is Sibling Married?	Alive (Health Condition)	Date of Death	Dead (Death Reason)
Latha	Mother	20-05-1965	55	Alive	N/A	GOOD		
Ramesh	Father	25-05-1955	65	Alive	N/A	Good		

Number of Brother's : 0 Number of Sister's : 0

Number of Children's : 0

### Nominee Details

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian
Latha	55	Mother	50		
Ramesh	65	Father	50		

☒ Verify Click on Verify

16. To verify the “Personal Details” tick the check box **verify**.

### Personal Details

Is your health in good condition :

Yes

Height [cms] : 165

Weight [kgs] : 70

Are you married ? If so,

No

#### Details about personal health

Health Details	Comments	Documents(if any)
On what occasion and for what diseases or injuries have you received medical advice, when and by whom?	No	
Has any relative (member of your family) living or, dead, been affected with diabetes, Cancer, Gout, Consumption, epilepsy, Insanity, Apoplexy, Heart failure ? If so, give particulars.	No	
Have you lived in the same house or been associated in any way with a person suffering from consumption or any other infectious diseases within the last two years ? If so, give details.	No	
Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder ?	No	
Have you ever suffered from Sore-throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs ?	No	
Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs ?	No	
Have you ever vomited or passed blood or suffered from Diarrhoea, Dysentery or Stomach ache ? If so, since when, how often and how long each time ?	No	
Have you ever suffered from Rheumatic fever or chronic Rheumatism? If so, what joints were attacked? do you suffer from shortness of breath, giddiness or palpitation of heart? If so, since when how often and how long each time ?	No	
Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?	No	
Have you had any other illnesses considered by you to be important or not? If so, give details.	No	
Do you drink wine, spirits or malt liquors? Are you addicted to the use of any narcotic drugs like opium, cocaine, etc. If so, give particulars. Do you smoke tobacco? If so, to what extent ?	No	
[a] Have you remained absent from your work on grounds of health during the last 3 years? If so, state when, how long and or what ailments?	No	
[b] Were you medically advised to have a change of place for health reasons? If so, give reasons and state when and how long.	No	
Has any proposal on your life been previously made to official Branch or Life Insurance Corporation, or Postal Insurance, or Hyderabad state Life Insurance fund? If so, state.	No	

☒ Verify

Click on Verify

+ View Payment Details



17. To verify the “Payment Details” tick the check box **Verify**.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details Application Form Scrutiny Uploaded Documents

+ View Basic & KGID Details

+ View Family Details & Nominee Details

+ View Personal Details

- View Payment Details

### Payment Details

Initial Amount :	1440	Payment Reference No :	4521027890
Purpose :	KGID Premium	Sub Purpose :	Initial Payment
DDO Code :	120270	HOA :	Revenue Head of Account
Date :	12-02-2020		
<input checked="" type="checkbox"/> Verify			
+ View Medical Examination Report			

Previous Next

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18. To verify the “Medical Examination Report” tick the check box **Verify**. Click on **Next** to proceed further.

View Medical Examination Report

### Physical Details

Proposer's Height [Cm] : 165	Proposer's Weight [Kgs] : 70
Proposer's Pulse Rate [No's/Min] : 54	Proposer's Breathing Rate [No's/MIN] : 72
Proposer's Blood Pressure : 72	Low / Diastolic : 72
HIGH Systolic : 72	Remarks : good

### Other Details

Was Proposer Admitted To Hospital?	No
Has Proposer Met With an Accident?	No
Has Proposer Undergone Test Like Ecg, X-Ray, Laseray?	No
At Present Has Proposer Undergone Any Treatment?	No

### Health Details

4) Is there any symptoms of having illness in chest, heart and lungs?	No
5) Is there any symptoms of disease in teeth,gums,tongue,ear,nose,Throat, eyes?	No
6) Does the Proposer have any deficiency or disability	No
Does the Proposer have Thyroid,lymph node in joint, or have scars from surgery	No
7) Any indication of enlargement of Spleen or Liver	No
8) Is there any abnormality in any part of the Gastrointestinal track	No
9) Does proposer suffer from Hernia?	No
10) Is there any abnormalities found in the urinary tract	No
11) Does the proposer have any indication of having diseases or ailments with respect to the Nervous System	No
12) Does the proposer have any indication of having undergone a surgery	No
13) Does the proposer have any marks of which might have occurred accidentally,or done due to any other reason	No
14) Is there any important adverse symptom in the very nature of the proposer's health	No
Does the Proposer have a good life cycle? If not, please give the specific reason	No

### Doctor Details

<input checked="" type="radio"/> KMC Code : Doctor KGID : Doctor Hospital Name : <input checked="" type="checkbox"/> Verify	<input type="radio"/> Other state doctor -49164 1794429	Doctor Name : Designation :	DR MANJIA NAIK R. SPECIALIST
--	---	--------------------------------	---------------------------------

Click on Verify

Click on Next Button

PreviousNext

19. In Scrutiny DIO has to verify:

- \* Whether applicant details are correct.
- \* Whether applicant has paid initial deposit premium.
- \* Whether applicant signed proposal form.
- \* Whether doctor signed medical report form.
- \* Whether load factor is correct.
- \* Whether medical report is mandatory/ not mandatory.
- \* Whether medical opinion required or not.

20. Tick the check box “Verified”, if the above mentioned details are correct.

Workflow Details

Application Form

Scrutiny

Uploaded Documents

[Verify Basic & KGID Details](#)
☒ Verified

[Verify Family Details & Nominee Details](#)
☒ Verified

[Verify Personal Details](#)
☒ Verified

[Verify Payment Details](#)
☒ Verified

[Verify Medical Examination Report](#)
☒ Verified

[View Facing Sheet](#)

Whether applicant details are correct.

☒ Verified

Whether applicant has paid initial deposit premium.

☒ Verified

Whether applicant signed proposal form.

☒ Verified

Whether doctor signed medical report form.

☒ Verified

Whether load factor is correct.

☒ Verified

Whether medical report is mandatory/ not mandatory.

☒ Verified

Whether medical opinion required or not.

☒ Verified

Click on Verified Boxes

Facing Sheet

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
No data available in table						

Medical Leave

Remarks

Comment

L-3

None

No Correction Found

No Correction Found

Sum Assured

₹ 604540

☐ Forward to Deputy Director

☐ Need DHO Opinion

Accept

Clear

## 21. In Scrutiny DIO can verify the “Medical Leave Details”.

Home
Application for verification
Cancellation Request
Reports

Home
Designation : Assistant Director
Department : KANNADA, CULTURE AND INFORMATION SECRETAR

### DIO Verification

Employee Name:Pramod SR | Application Reference Number:20210112132202

Workflow Details
Application Form
Scrutiny

Verify Basic & KGID Details  
Verify Family Details & Nominee Details  
Verify Personal Details  
Verify Payment Details  
Verify Medical Examination Report

Facing Sheet

Verified	Whether applicant details are correct.	✓ Verified
✓ Verified	Whether applicant has paid initial deposit premium.	✓ Verified
✓ Verified	Whether applicant signed proposal form.	✓ Verified
✓ Verified	Whether doctor signed medical report form.	✓ Verified
✓ Verified	Whether load factor is correct.	✓ Verified
✓ Verified	Whether medical report is mandatory/ not mandatory.	✓ Verified
✓ Verified	Whether medical opinion required or not.	✓ Verified

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		<a href="#">View Document</a>	<a href="#">View Document</a>

Medical Leave  
6

Remarks  
No Correction Found

Comment  
No Correction Found

Load Factor  
L-2
None

Sum Assured  
₹ 573580

☐ Forward to Deputy Director  
☐ Need DHO Opinion  
☐ Accept

Accept Clear

Previous

Click here to view the Facing Sheet

Click here to View the Reimbursed Document

Click here to view the Supporting Document

22. If the Employee is applicable for the “Load Factor”, it is auto-populated.
23. If the Employee is applicable for the “Decrease Lean (DL)”, it can be selected from the drop-down available.

DIO Verification

Employee Name:Pramod SR | Application Reference Number:20210112132202

Workflow Details

Application Form

Scrutiny

[Verify Basic & KGID Details](#)  
[Verify Family Details & Nominee Details](#)  
[Verify Personal Details](#)  
[Verify Payment Details](#)  
[Verify Medical Examination Report](#)

☒ Verified  
☒ Verified  
☐ Verified  
☐ Verified  
☒ Verified  
[View Facing Sheet](#)

Facing Sheet

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		<a href="#">View Document</a>	<a href="#">View Document</a>

Medical Leave

Remarks

Comment

6

No Correction Found

No Correction Found

Load Factor

Sum Assured

Forward to Deputy Director

Need DHO Opinion

Accept

None

DL Rs 250 for 2 years

DL Rs 300 for 3 years

DL Rs 450 for 3 years

DL Rs 450 for 5 years

DL Rs 500 for 5 years

DL Rs 750 for 5 years

DL Rs 350 for 7 years

DL Rs 700 for 7 years

Select the DL

Accept

Clear

Previous

24. After verification, if no corrections are required, DIO can accept the application by clicking on **Accept** button.
25. If DIO wants DHO Opinion then they can select **“Need DHO Opinion”** and it will move to Caseworker Login.
26. If Sum Assured Value is more than 15 Lakhs, DIO has to select **“Forward to Deputy Director”** option.

Workflow Details

Application Form

Scrutiny

Uploaded Documents

[Verify Basic & KGID Details](#)
☒ Verified

[Verify Family Details & Nominee Details](#)
☒ Verified

[Verify Personal Details](#)
☒ Verified

[Verify Payment Details](#)
☒ Verified

[Verify Medical Examination Report](#)
☒ Verified

[View Facing Sheet](#)

**Facing Sheet**

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)	Action
No data available in table						

**Medical Leave Details**

Medical Leave

Remarks

Comment

OR

None

Sum Assured

₹ 880000

☐ Forward to Deputy Director
 ☐ Need DHO Opinion
 ☒ Accept

Accept

Clear

Remarks Dropdown

Select Accept

Click on Accept Button



27. DIO can click on “**Uploaded Documents**” to View and Download the “**Application Form**” and “**Medical Form**”.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details	Application Form	Scrutiny	Uploaded Documents
Application Form	Click Here	Medical Form	Click Here
Click to Download the Application Form		Click to Download the Application Form	
			Previous

28. DIO has to confirm changes before submitting the application, click on “OK” Button.

**DIO Verification**

Employee Name:Pramod SR | Application Reference Number:20210112132202

**Workflow Details**

Verify Basic & KGID Details ☒ Verified

Verify Family Details & Nominee Details ☒ Verified

Verify Personal Details ☒ Verified

Verify Payment Details ☒ Verified

Verify Medical Examination Report ☒ Verified

Facing Sheet [View Facing Sheet](#)

**Medical Leave Details**

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		<a href="#">View Document</a>	<a href="#">View Document</a>

Medical Leave: 6

Remarks: No Correction Found

Comment: No Correction Found

Load Factor: L-2

DL Rs 300 for

Sum Assured: ₹ 573580

☐ Forward to Deputy Director

☐ Need DHO Opinion

☒ Accept

[Accept](#) [Clear](#)

[Previous](#)

**Confirm changes?**

Are you sure you want to submit the changes?

[OK](#) [CANCEL](#)

Click on OK Button

**Scrutiny**

Whether applicant signed proposal form. ☒ Verified

Whether doctor signed medical report form. ☒ Verified

Whether medical opinion required or not. ☒ Verified

29. “KGID Policy Number” is generated and the employee will get the notification to his registered mobile number & email id.  
30. Employee can download “NB Bond” and “facing sheet” in his login.

DIO Verification

Employee Name:Pramod SR | Application Reference Number:20210112132202

Workflow Details

Verify Basic & KGID Details

Verify Family Details & Nominee Details

Verify Personal Details

Verify Payment Details

Verify Medical Examination Report

Facing Sheet

Verified

Verified

Verified

Verified

Verified

View Facing Sheet

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		<a href="#">View Document</a>	<a href="#">View Document</a>

Medical Leave

Remarks

Comment

6

No Correction Found

No Correction Found

Load Factor

L-2

DL Rs 300 for

Sum Assured

₹ 573580

☐ Forward to Deputy Director

☐ Need DHO Opinion

☒ Accept

AcceptClear

Previous

Scrutiny

Verified

Verified

Verified

Verified

Verified

Verified

Verified


Verified

Policy Generated

Policy has been generated successfully and policy number is BNG12012021897564123810346

OK

KGID Policy number has been generated



**(LIFE INSURANCE)**  
**Bangalore**

Karnataka Govt Insurance Dept

WHEREAS THE DIRECTOR , KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, OFFICIAL BRANCH , BANGLORE , for and on behalf of the governor of Karnataka (hereinafter called the Insurance Department) has received a Proposal and Declaration for assurance , which proposal and declaration with the statements contained and referred to therein, the insured named in the schedule here to has agreed shall be the basis of the assurance, and has received the first premium for the assurance of the amount and the terms stated in the scheduled.

Now this Policy witnessed that in consideration of the premises and on condition that there shall be duly paid to the insurance department the subsequent premiums as .... for in the said schedule , the insurance department will , upon satisfactory proof that that the sum assured has become payable in the term of the said schedule , be subject and liable to pay the amount thereof , to the person or persons mention in the said schedule are entitled.

This contract is made subject to the following proviso, viz. it shall be void and the payment made by the proposer under it shall be forfeited if the statement contained in the aforesaid proposal and declaration be untrue and it's hereby declared that this policy is granted subject to the rules issued by the government Karnataka related to government servants (Compulsory life insurance) Rules 1958.

**SCHEDULE**  
Date of last Detailed Medical Examination: 05-01-2021

Name and Designation: EMPLOYEE 27, CLERK, DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE	Policy No: BNG10022021362541201510306 Date of Risk: 10-02-2021 Admitted Date of Birth: 23-10-1993 Monthly Premium: 1810 Sum Assured: 562910 Month of Final Payment:OCTOBER-2048
---	--

Sum Assured Rs. Five Lakh Sixty Two Thousand Nine Hundred Ten Rupees Only  
Due Date of Subsequent Premium:First day of March and onwards

Event on which sum assured becomes payable : The Insured completing the age of 35 years or at death ,if earlier.

Sl.No	Name	Relationship	Age	Share	GuardianName	Relation
1	FATHER 27	FATHER	37	50	--	--
2	IJU	MOTHER	37	50	--	--

To whom the sum assured is payable : To the insured on his/her completing the age of 55 years or in the event of his/her death earlier to his/her nominee. Nominees registered in the office of director , Government insurance department , and filling such nominees, to the legal heirs of the insured after the production of satisfactory evidence of the death of the insured.  
In witness whereof these presents has been executed on behalf of and under the direction of the government of Karnataka at Bangalore.

Checked by  
Caseworker

Examined By  
supdt

For  
Director