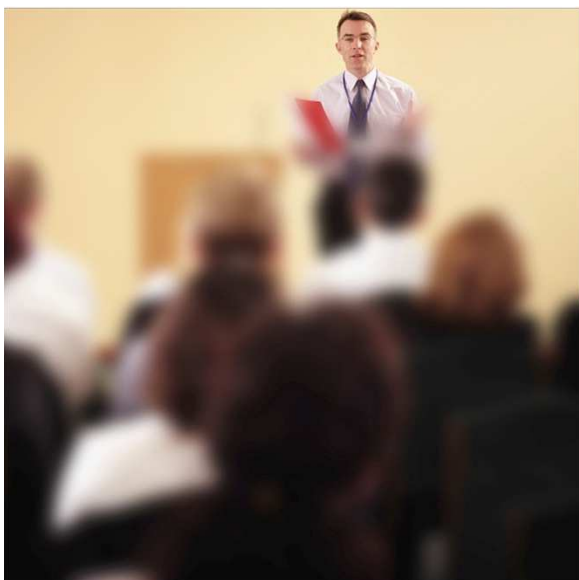


MARSH



Associate Benefits Manual 2015 – 16

Client	Cybage Software Private Limited
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Program Details



Group Medical

Provides insurance coverage to associates for expenses related to hospitalization due to illness, disease or injury.

Group Personal Accident

Provides insurance coverage against the risk of death / injury during the policy period sustained due to an accident caused by violent, visible and external means.



Medical Benefits

Medical Benefit – Coverage Details

Policy Parameter	
➤ Insurer	United India Insurance Co. Ltd.
➤ TPA	MD India Healthcare Services (TPA) Pvt. Ltd.
➤ Policy Start Date	31-Oct-2015
➤ Policy End Date	30-Oct-2016
➤ Coverage Type	Family Floater
➤ Dependent Coverage	Associate + Spouse + Children (max 2 children)
➤ Basic Sum Insured	INR 200,000/-

Benefits / Extensions	Coverage
➤ Standard Hospitalization (24 Hrs)	• Yes
➤ TPA services	• Yes
➤ Pre existing diseases	• Yes
➤ Waiver on Waiting period	• Yes
➤ Maternity benefits	• Yes
➤ Baby cover from Birth	• Yes
➤ Emergency Ambulance Services	• Yes up to INR 3,000/-

Benefits / Extensions	Coverage
➤ Day Care Treatment	• Yes
➤ Domiciliary Hospitalization	• No
➤ Dental	• Restricted to accidental cases
➤ Vision	• Restricted
➤ Pre-Post Hospitalization Exp.	• Yes
➤ Room Rent Restriction (including nursing and RMO charges)	• INR 2,250 Per Day for Normal Room

Medical Benefit – Dependent Coverage

Maximum no of Members insured in a family	1 + 3
Associate	Yes
Spouse	Yes
Children	Yes (for first 2 living Children) upto the age of 25 years
Mid Term enrollment of existing Dependents	Disallowed *
Mid Term enrollment of New Joiners (New Associates + their Dependents)	Allowed
Mid term enrollment of New Dependents (Spouse / Children)	Allowed within 30 days from the date of event

- ***No Individual should be covered as dependent of more than one associate.***

- ***Mid term enrolment of existing dependents is not allowed except in case of marriage or child birth.***

**** The information of the same has to be given within 30 days from the occurrence of the event. The associate would have to drop a mail at amruta.nagpure@marsh.com & cybage@mdindia.com with cc to insurance@cybage.com***

Medical Benefit – Policy Period

Existing Associates + Dependents	
Commencement Date	31-Oct-2015
Termination Date	30-Oct-2016 <i>or date of leaving the organization; whichever comes earlier</i>
New Joiners + Dependents	
Commencement Date	Date of Joining
Termination Date	30-Oct-2016 <i>or date of leaving the organization; whichever comes earlier</i>
New Dependents (due to Marriage / Birth)	
Commencement Date	Date of such event
Termination Date	30-Oct-2016 <i>or date of leaving the organization; whichever comes earlier</i>

Medical Benefit – Limits / Restrictions

Sum Insured	Limits
Basic Sum Insured	INR 200,000/- per Family
Restrictions on Room Rent	Yes Applicable
Dependents	Normal Room up to INR 2,250/- per day
Co-Pay	Yes Applicable
Claim (Employee/ Spouse / Children)	10% Co-payment on all claims upto basic SI except maternity. This is applicable on the admissible claim amount.

Medical Benefit – Standard Coverage

Covers expenses related to

- Room and boarding (including nursing and Resident Medical Officer charges)
- Doctors fees
- Intensive Care Unit
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Physical therapy
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy

A) The expenses are payable provided they are incurred in India and within the policy period.

B) Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments under Day Care i.e. Dialysis, Chemotherapy, Radiotherapy, Cataract , Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalization Benefit.

C) Treatment given by Certified MBBS / MD Doctors would be admissible as per the norms of the policy.

D) The Expenses will be paid depending on the level of room rent eligibility that the associate is entitled to.

Pre & Post Hospitalization Expenses



Pre-hospitalisation Expenses	
Definition	<ul style="list-style-type: none">• If the Insured member is diagnosed with an Illness which results in his / her Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalisation Expenses for up to 30 days prior to his / her Hospitalization.
Covered	<ul style="list-style-type: none">• Yes
Duration	<ul style="list-style-type: none">• 30 Days

Post-hospitalization Expenses	
Definition	<ul style="list-style-type: none">• If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required, the Insurer will reimburse the Insured member's Post-hospitalization Expenses for up to 60 day period.
Covered	<ul style="list-style-type: none">• Yes
Duration	<ul style="list-style-type: none">• 60 Days

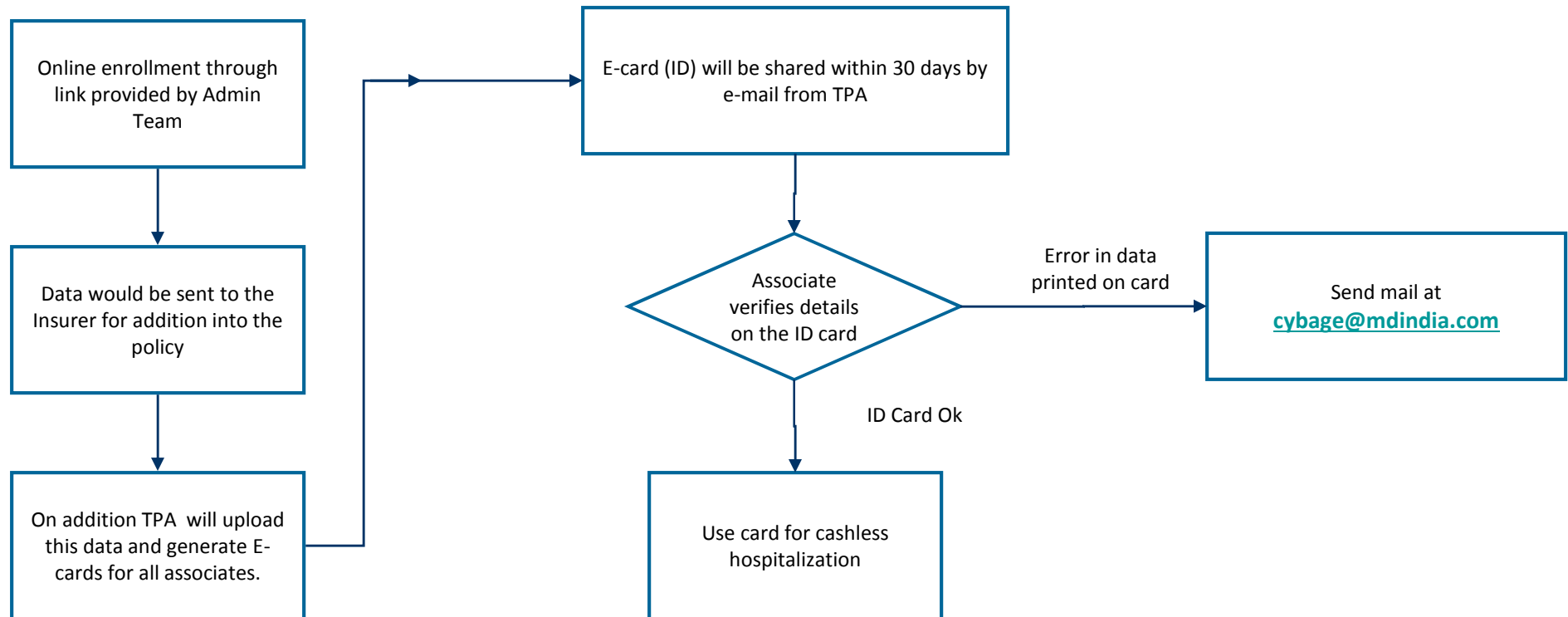
Maternity Benefits

Benefit Details	
Benefit Amount	<ul style="list-style-type: none"> • Normal delivery & C-Section - INR 40,000/-
Restriction on no of children	<ul style="list-style-type: none"> • Maximum of 2 dependent children (upto 25 years of age)
9 Months waiting period	<ul style="list-style-type: none"> • Waived off
Pre-Post Natal	<ul style="list-style-type: none"> • Not Covered
<ul style="list-style-type: none"> • Maternity can be claimed under both Cashless and Reimbursement now. • No Co-Pay is applicable for Maternity claims. • These benefits are admissible in case of hospitalization in India. • Covers first two children only. Those who already have two or more living children will not be eligible for this benefit. • Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered. • Post 12 weeks of pregnancy, the expenses incurred towards medical termination of pregnancy are covered in case it is medically required and advised by a doctor • Baby covered from day 1 subject to specific declaration given within 30 days of birth to Amruta.Nagpure@Marsh.com & cybage@mdindia.com with CC to insurance@cybage.com • For more details login to new portal www.mdindiaonline.com/marshclient/cybage/login.aspx 	

Medical Benefit – Enrollment

- Existing associates are covered under the policy from 31-Oct-2015, please make sure that you enroll your dependents at the inception. If you fail to enroll, the next enrolment can be done only at next year.
- All New joinees must enroll their dependents at the time of joining the company.
- In case of change of status due to marriage or birth of child , enrolment must be done within 30 days of such event.

Sample Workflow



Medical Benefit – Cashless Process

Cashless means the Administrator may authorize upon a Policyholder's request for direct settlement of eligible services and it's according charges between a Network Hospital and the Administrator. In such case the Administrator will directly settle all eligible amounts with the Network Hospital and the Insured may not have to pay any deposits at the commencement of the treatment or bills at the end of treatment to the extent as these services are covered under the Policy.

List of hospitals in the MDIndia network eligible for cashless process

<http://www.mdindiaonline.com/ProviderList.aspx>

For More details contact Relationship Manager –

Name Ms. Bhakti Sandhu

Email ID Cybage@mdindia.com

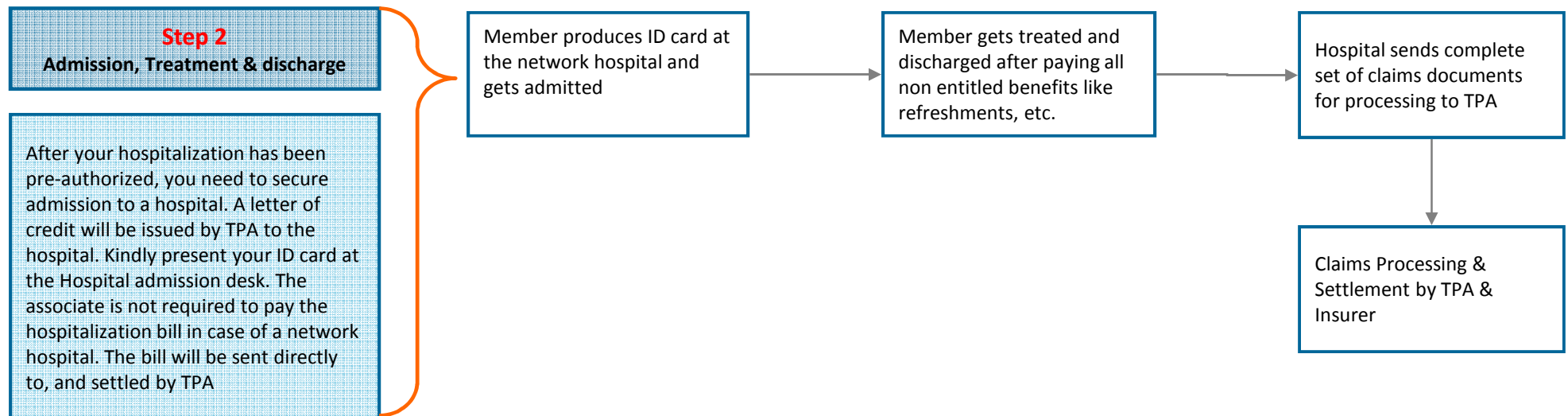
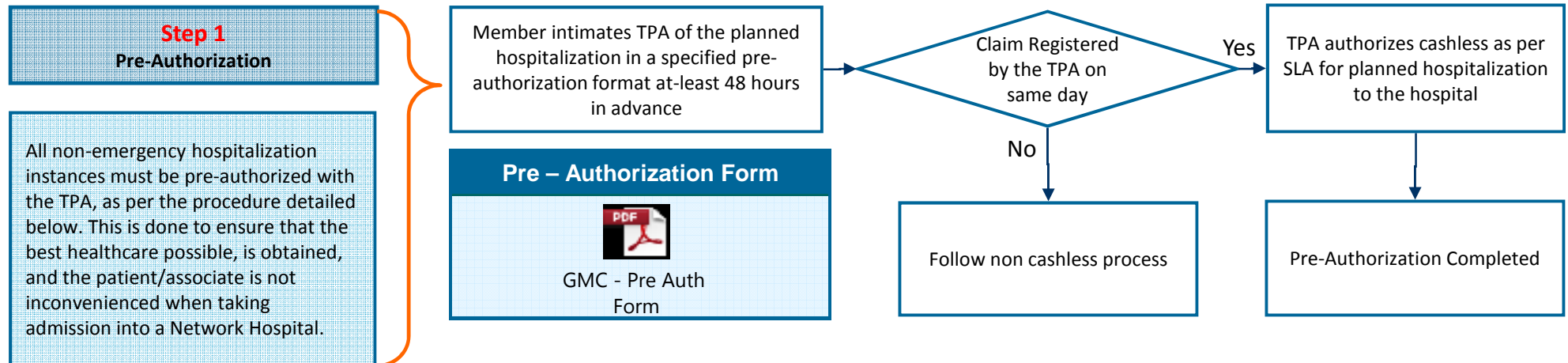
Contact no. +91 9371820312

Planned Hospitalization

Emergency Hospitalization

Note : Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses the bills and other required documents needs to submitted separately as part of the claims reimbursement.

Cashless – Claim Process



Non-Cashless

Admission procedure

- In case you choose a non-network hospital you will have to liaise directly with the hospital for admission & send **intimation to TPA within 48 Hrs.**
- Write to - cybage@mdindia.com
- Or Call TPA - 1800 - 233 – 1166 (Toll Free)
- Intimation can be made by either by employee or by family/friends/peers/manager
- However you are advised to follow the pre authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

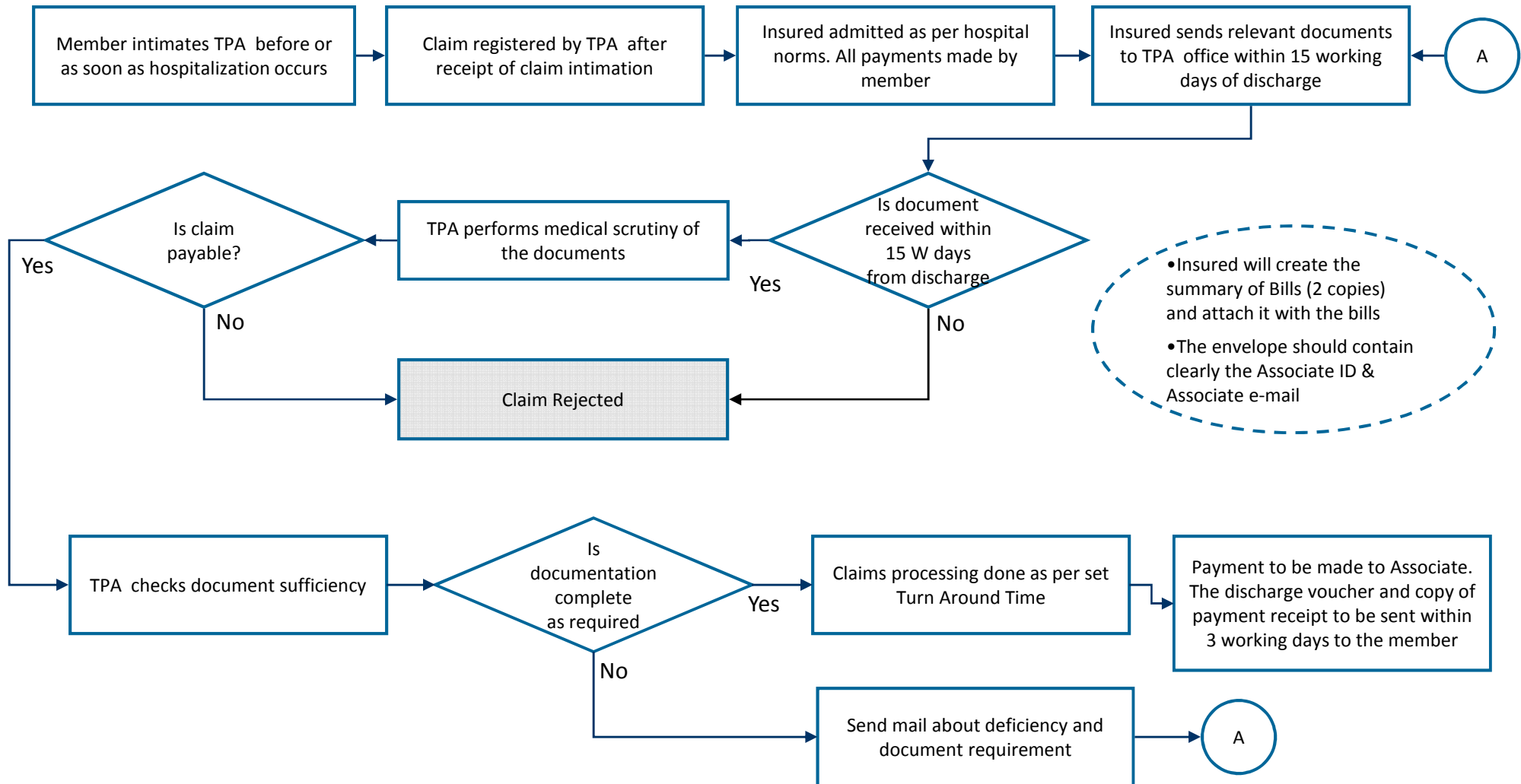
Discharge procedure

- In case of non network hospital, you will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – discharge summary, investigation reports etc. for submitting your claim.

Submission of hospitalization claim

- You must submit the final claim with all relevant documents within **15 working days** from the date of discharge from the hospital.
- **Please note that non-compliance of timelines mentioned above, will lead to rejection of claim.**

Non-Cashless Claims Process



Claims Document List

Completed Claim form with Signature, Cancelled Cheque with Signature.

Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts

Discharge Report (original)

Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)

Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory, Stickers in case of Implants E.g.: Lens (Cataract), Stents (Heart Surgery) etc.

Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.

Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill

In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.

In non- network hospital, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital, if required.

GMC – Claims Form



Claim Form

GMC – Claims Checklist



GMC - Claim
Checklist

GMC – ECS Form



GMC - ECS Form

Non Payable Expenses List



Non Payable
Expenses List

*** Please retain photocopies of all documents submitted**

*** Please note that the TAT for settlement of claim shall be considered from the date of submission of cancelled cheque and all documents.**

*** Bank Account once updated cannot be changed.**

Medical Benefit – General Exclusions



- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- Circumcision unless necessary for treatment of disease
- Congenital external diseases or defects/anomalies/ Genetic Disorders e.g. Zonular Cataract, Cystic Fibrosis, Sickle Cell Anaemia etc.
- HIV and AIDS related treatments
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Venereal diseases
- Injury or disease caused directly or indirectly by nuclear weapons
- All lines except Allopathic treatments
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc
- Cost of spectacles, contact lenses, Multifocal and Toric lens used for Cataract surgeries , hearing aids
- Any kind of advanced treatment such as Robotic Surgery, FEMTO Laser,

PS : The terms mentioned in the presentation is general extract of wordings. In case of any discrepancy, the policy terms would prevail.

Medical Benefit – General Exclusions...contd



- Any cosmetic or plastic surgery except for correction of injury e.g. Lasik Surgery
- Hospitalization for diagnostic tests and observation purpose only
- Vitamins and tonics unless used for treatment of injury or disease
- Infertility treatment, Male Sterility, Family planning, etc related procedures.
- Pre-post hospitalization expenses for maternity claims.
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- Treatment taken from BAMS, BHMS Doctors is excluded.
- Any expenses incurred with regards to room rent or any other associated charges in excess of entitled room rent.
- Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalization.
- Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatments/ therapies. Treatment including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

PS : The terms mentioned in the presentation is general extract of wordings. In case of any discrepancy, the policy terms would prevail.

GMC – Location wise Helpdesk Details

Location	Day		Location	Contact Person	Contact Details
Pune Cybage Tower	Every Monday	05:00 PM To 06:00 PM	Near Reception, Ground Floor Room No. 7190	Mr. Abhijeet Pawar	cybage@mdindia.com
	Every Wednesday	05:00 PM To 06:00 PM			
	Every Friday	05:00 PM To 06:00 PM			
Pune West Avenue	Tuesday	05:00 PM To 06:00 PM	Reception, Ground Floor		
	Thursday	09:00 PM To 10:00 PM			

For employees based out of locations Hyderabad and Gandhinagar, you need to submit the claim documents to the respective Admin POC's.

Medical Benefit – Contact Details

Providers		
TPA: MD India Healthcare Services (TPA) Pvt. Ltd. Website: www.mdindiaonline.com	<u>1st Level Contact</u> Ms. Bhakti Sandhu Cell No. +91 93257 08751 Email ID – cybage@mdindia.com	<u>Alternate Contact</u> Ms. Parvati Gurung Cell No. +91 9372496807 Email ID – cybage@mdindia.com
	<u>Final level of Escalation</u> Mr. Sachin Rawat Cell No. +91 93728 56578 Email ID – srawat@mdindia.com	
Consultant: Marsh India Website: www.marsh.co.in	<u>1st Level Contact</u> Ms. Amruta Nagpure Cell No. +91 91583 78680 Email ID – amruta.nagpure@marsh.com	<u>1st Point of Escalation</u> Ms. Vidula Dharap Cell No. +91 8411076644 Email ID – vidula.dharap@marsh.com
	<u>Final level of Escalation</u> Mr. Yatin Karapurkar - Branch Leader Marsh India, Pune Cell No. +91 99232 09040 Email ID – yatin.karapurkar@marsh.com	

Frequently Asked Questions (FAQs)



Q1 Where do I look for my e-cards and how do I take Print out?

A. Please log on to www.mdindiaonline.com/marshclient/cybage/login.aspx and click on Enrolment tab

Q2 How do you define dependency and in whose case is it applicable?

A. Dependency means a person is financially dependent on the primary insured i.e., they are not engaged in any kind of profession of earning their livelihood or are gainfully employed. They should be dependent on the Employee. Dependency is only applicable in the case of Children and parents/parents-in-law.

Q3. Is dependency relevant in case of Spouse also?

A. No, dependency for spouse is not relevant under Health Insurance.

Q4. What happens if my family status changes during the policy?

A. If the family status changes (by reason of marriage or birth), the employee needs to enroll the details of the new dependent within 30 days from date of marriage or date of birth as may be applicable.

Q5. Will location of dependent family members matter?

A. No. Further, as the policy provides the coverage for treatment taken within India, employee and dependent family member can avail benefit at any registered hospital in India.

Q6. What happens if I and my spouse are working in the same organization?

A. An individual can be covered in the policy only once. In such a case, you are advised not to declare each other under the criteria of family, and may cover your children, if any, only once under any of the two families.

Frequently Asked Questions (FAQs)



Q7. Is the 24 hours rule applicable for all ailments?

- A. Yes, the 24 hours hospitalization is a must. However, this time limit is not applied to specific treatments which do not necessarily require 24 hours due to technological advancement in treatment. Some of these treatments include Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Tonsillectomy taken in the Hospital/Nursing Home.

Q8. Are there any special criteria for seeking admission/ treatment in the hospitals/ nursing homes?

- A. It is generally recommended that you choose a Hospital on the TPA Network. However, you do have the right to choose any other hospital also, subject to the Hospital meeting one of the following minimum criteria as under:
- It should have at least 15 inpatient beds.
 - Fully qualified doctor(s) should be in charge round the clock.
 - Should be registered with the relevant governmental and regulatory authorities. The registration number should be printed on discharge summary and / or receipt of the Hospital.

Further, it necessarily should not be blacklisted with the TPA.

Q9. Does pre-existing disease cover mean that all diseases and medical procedures are covered?

- A. Pre-existing disease benefit helps the member get a complete coverage for all medical emergencies, including ailments that may have been there before the start of this policy. However, it does not cover congenital external disease / illness / defect.

Frequently Asked Questions (FAQs)



Q10. What expenditures will generally be covered under the Pre Hospitalization Clause?

- A. Medical expenses incurred for Laboratory Test, Pathological Test and such similar overheads are usually incurred prior to hospitalization and will be covered under the pre hospitalization clause. Pre Hospitalization expenses are payable only if it is followed by at least 24 hrs. hospitalization within 30 days of expense and there should be an active line of treatment given based on the investigation.

Q11. What expenditures will generally be covered under the Post Hospitalization Clause?

- A. Medical expenses incurred for the treatment subsequent to release from hospitalization and other such similar overheads will be covered under the post hospitalization clause. Post Hospitalization expenses are covered up to 60 days from the date of discharge.

Q12. Is there any limit for reimbursement of expenses incurred in a laboratory or a diagnostic center as part of hospitalization?

- A. No. If the expenses form part of the hospitalization process and if the amount is approved and payable as per the terms and conditions of the policy, then they are reimbursable up to the sum insured amount.

Q13. Will I get my claim papers back?

- A. No, you will not get the claim papers back even after settlement of the claim. You are expected, to keep a photocopy of the same for your future reference, before submitting the papers.

Frequently Asked Questions (FAQs)



Q14. Will my hospitalization be covered under Health Insurance, if I have been admitted under doctor's instructions but no treatment is given?

A. No. Hospitalization not accompanied with active line of treatment is not covered under Health Insurance.

Q15. Is it possible to have cashless approval for Pre and Post Hospitalization?

A. Cashless Facility will not be given for Pre & Post Hospitalization Expenses. Reimbursement of these expenses is possible on submitting of complete, detailed bills and documents relating to the same.

Q16. Is there a time limit within which I am expected to submit the pre and post hospitalization bills?

A. Yes, you are advised to submit bills with respect to Pre Hospitalization and post Hospitalization, within 30 days of discharge from hospital. Post Hospitalization bills must be submitted within 7 days of completion of the treatment or completion of 60 days post discharge, whichever is earlier.

Q17. What if the cost exceeds the sum insured?

A. In such a situation you will be liable to pay the incremental amount, over and above the Sum Insured limit. The TPA will inform the hospital about your balance Sum Insured and the hospital will recover the amount over and above the balance sum insured from you.

Frequently Asked Questions (FAQs)



Q18. Are naturopathy and Ayurvedic expenses covered?

- A. Naturopathy and Ayurvedic expenses are not covered under the policy, irrespective of whether they were incurred in a network hospital or otherwise. Only allopathic treatments are covered in the policy.

Q19. Would an allopathic treatment given by BAMS or BHMS doctor be covered?

- A. No. Any kind of treatment given by any doctor except the one qualified/ holding a degree to give Allopathic Treatment, would not be admissible in the policy.

Q20. What is an Authorization Letter?

- A. Authorization Letter is the communication authorizing extension of cashless hospitalization to the Insured. The same is issued by The TPA subject to admissibility of the claim and availability of balance sum insured for the member.

Q21. How do I know whether my Claim has been admitted for Cashless Reimbursement or not?

- A. Authorization Letter or Denial Letter shall be faxed directly to the Hospital and the Hospital will intimate you about the same.

Q22. Do I need to carry my cashless card when I go to the hospital?

- A. Ideally, you should carry the cashless card with yourself, when getting admitted to the hospital. But, in the event that you do not have the cashless card, you should get in touch with the MDIndia representative who will help to provide card no. It is advisable to carry a valid photo identity proof (Employee ID Card, Driving license, Election card or any card which is approved by Government of India), irrespective of whether you are carrying the cashless card or not.

Frequently Asked Questions (FAQs)



Q23. What if I have not got your cashless card yet? Am I covered? What do I need to do to get cashless treatment?

- A. The claims would be settled without the cards provided the claimant (the employee or the dependent) is endorsed in the policy. You would be entitled to cashless treatment but in such case you are requested to get in touch with Marsh, before the hospitalization.

Q24. If I avail cashless facility, will the Insurer pay the entire amount or will I be required to bear part of the bill at the hospital?

- A. All expenses that are covered under the Insurance Policy will be paid for by the Insurer. However, you will be required to pay for non admissible expenses, if any, such as Registration charges, charges incurred on account of person accompanying you, etc. Further, you will also bear the amount deducted on account of any restriction in the policy like room rent, co-pay, deductible etc.

Q25. Can I file more than one claim in a year?

- A. You can claim as many times you are hospitalized during the period of Insurance but the insurance company's liability in respect of all claims put together shall not exceed the Sum Insured.

Q26. Is Service Tax applicable on Cashless Claims?

- A. As per the applicable norms Service Tax at 10.3% is applicable on all Cashless claims and the same will be deducted from your sum insured in case of cashless treatment.

Frequently Asked Questions (FAQs)



Q27. Will my coverage be treated as continuous if I take an individual policy?

A. No, the coverage will not be treated as continuous, once you leave the organization. If you take an individual policy, it will start as a new policy.

Q28. What if I undergo major hospitalization in 2 different hospitals? Will the policy reimburse expenses incurred?

A. Yes. The expenses are reimbursed up to the limit of sum insured and if they satisfy the terms and conditions of the policy and proper documents required for both the hospitalization (Discharge Summary from both the hospital is must)

Q29. What is meant by a Networked / Empanelled Hospital?

A. The hospitals which have a tie up with the TPA servicing the health policy is called a network / empanelled hospital. An exhaustive list of Network Hospitals is available on your intranet.

Q30. Will policy cover my third child in case of twins?

A. As per the policy condition only up to two live birth will be covered.

Q31. In case the claim amount is higher than my eligibility, would I be able to claim it from other policy?

A. Yes. The original documents would have to be submitted with one of the policies. Based on the terms and conditions of the 1st policy (XYZ), the claim would be settled. The claim settlement letter would have to be procured from the concerned

Frequently Asked Questions (FAQs)



TPA and submitted at Cybage to MDIndia. The remaining payable amount would be settled by MDIndia based on the terms and conditions of the GMC policy existing at Cybage Group. The same process is applicable and accepted across India with all the policies.

For example, in case of a Maternity claim of INR 70,000/-, if the original documents are submitted first under the Mediclaim policy run at your spouse's company and the settlement as per the terms and conditions of that policy is INR 50,000/-. The TPA of that policy would have to be requested to provide the Claim Settlement Letter, which would include the details of settlement breakup. The same Claim Settlement Letter would have to be submitted to MDIndia over the helpdesk. The MDIndia would then settle the remaining INR 20,000/- based on the terms and conditions of Cybage Group's GMC policy.



GPA Benefits

GPA – Benefit Details

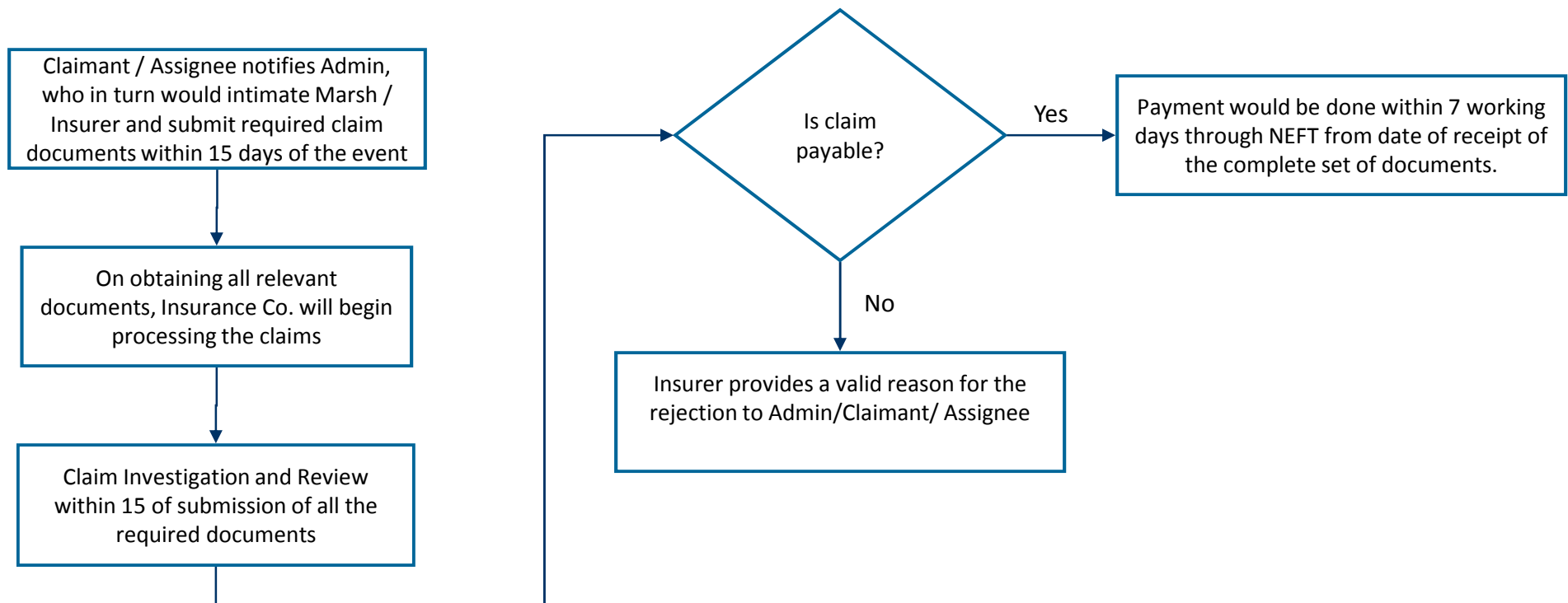
This insurance provides compensation/payment up to a financial limit as assigned by the company, to the insured person or his legal personal representative, if the insured person suffers death or disablement due to an accident. The cover is worldwide but payment of claim can only be made in India and in Indian Rupees.

Policy Parameter	
Insurer	▪ United India Insurance Co. Ltd.
Policy Start Date	• 31-Oct-2015
Policy End Date	• 30-Oct-2016
Sum Insured	• 10 Lakhs
Coverage Details	
Accidental Death	• Yes (100% of Capital Sum Insured)
Loss of both eyes OR 2 limbs OR 1 limb and 1 eye	• Yes (100% of Capital Sum Insured)
Loss of one eye OR 1 limb	• Yes (50% of Capital Sum Insured)
Permanent Total Disablement from injuries other than those named above	• Yes (100% of Capital Sum Insured)
Permanent Partial Disability	• As per the disability chart*
Temporary Total Disability	• Weekly Benefit- 1% of Sum Insured subject to a maximum of INR 5,000 for 104 weeks)
Geographical Limits	• World wide
Terrorism	• Covered
Medical Extension (OPD)	• 10% of SI or 40% of admissible claim or actual whichever is lower

GPA – Details for PPD

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) Permanent Total Disablement	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two Limbs	100%
4) Permanent Total Loss of Sight in both eyes	100%
5) Permanent Total Loss of Sight of one eye and one Limb	100%
6) Permanent Total Loss of Speech	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total Loss of Mastication	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10) Permanent Total Loss of Hearing in both ears	75%
11) Permanent Total Loss of one Limb	50%
12) Permanent Total Loss of Sight of one eye	50%
13) Permanent Total Loss of Hearing in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	20%
a) Both joints	10%
b) One joint	
18) Permanent Total Loss of one finger of either hand:	
a) Three joints	5%
b) Two joints	3.5%
c) One joint	2%

GPA – Claims Process



GPA – Claims Document Checklist

Weekly Benefit Claim

1. Completed Claim form
2. Doctor's Report
3. Disability Certificate from the Doctor, if any
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/discharge card, if hospitalized
6. Employers Leave Certificate & Details of salary

Death Claim

1. Completed claim form
2. Attending Doctor's report
3. Death Certificate
4. Post Mortem/ Coroner's report
5. FIR (First Information Report)
6. Police Inquest report, wherever applicable

Dismemberment / Disablement Claim

1. Completed claim form
2. Doctor's Report
3. Disability Certificate from the Doctor
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/ discharge card, if hospitalized.
6. Police Inquest report, wherever applicable

GPA – Claim Form



GPA Claim Form

GPA – General Exclusions

1. Service on duty with any armed force
2. Insanity
3. Venereal disease
4. AIDS
5. Influence of intoxicating drink or drugs
6. Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world
7. Nuclear radiation or nuclear weapons material
8. Any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military, or usurped power, seizure, capture, arrest,, restraint, detainment's of all kings, princes, and people of whatever nation, conditions and qualities so ever
9. Childbirth, pregnancy or other physical causes peculiar to the female sex
10. While committing any breach of law with criminal intent

GPA – Contact Details

Providers

Consultants:

Marsh India

Website:

www.marsh.co.in

1st Level Contact

Ms. Amruta Nagpure

Marsh India

Cell No. +91 91583 78680

Email ID – amruta.nagpure@marsh.com

2nd Level Contact

Ms. Vidula Dharap

Marsh India

Cell No. +91 84110 76644

Email ID – vidula.dharap@marsh.com

Escalation Point

Mr. Yatin Karapurkar – Branch Leader

Marsh India, Pune

Cell No. +91 99232 09040

Email ID – yatin.karapurkar@marsh.com

Frequently Asked Questions (FAQs)



Q1. Is Personal Accident Cover Only Applicable in India?

A. No. It is a worldwide cover and hence can be availed anywhere in the world.

Q2. What benefit would be payable under Permanent Total Disability ?

A. This is a situation wherein the insured, due to an accidental injury, is in a state of complete permanent incapability to take on, any type of employment, the said policy will compensate the insured with 100% of the Sum Insured.

E.g. The loss of both eyes, both hands, both arms, both feet, or both legs or any combination thereof, the insured would be paid total Sum Insured.

Q3. What benefit would be payable under Permanent Partial Disability ?

A. Permanent Partial Disability is covered & compensated when the insured sustains complete or partial loss of the body part as per the scale of benefits.

E.g. If the Insured loses sight one eye, he will be entitled to 50% of the Sum Insured

Q4. Can I get cashless facility for Personal Accident claims?

A. No. The expenses can be only be reimbursed.

Q5. Is an accidental disability / injury covered when I am not at work?

A. Yes. Provided the claim is admissible in the policy.

Frequently Asked Questions (FAQs)



Q6. If an accident occurs while the person is under the influence of alcohol, will it be covered?

A. No. The claim will fall under the exclusion and hence not payable.

Q7. Are my dependents covered under the policy?

A. The dependents are not covered in the Personal Accident policy.

Q8. What is an inquest Panchanama?

A. Inquest Panchanama includes judicial investigation performed (including medical examination), especially for ascertaining the cause of un-natural death.

Q9. What is a spot Panchanama?

A. Spot Panchanama describes the spot where the dead body was found.

Q10. What benefit would be payable under Temporary Total Disability ?

A. If the employee exhausts his leave balance and still on leave because of temporary disability, in this case weekly compensation is given to the employee which is 1% of Sum Insured subject to a maximum of INR 5,000 for 104 weeks)



Thank You

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Creating and delivering risk solutions and services
that make our clients more successful.