



HEXAGON

Employee Insurance Policy

Employee Group Medical Insurance Policy

Employee Group Medical Top Up Insurance Policy

Employee Group Accident Insurance Policy

Employee Group Term Life Insurance Policy

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Employee Group Medical Insurance Policy

Introduction

Employee group medical insurance coverage is a floater policy and can be used for a single member or across the family.

- Insurance Provider : ICICI Lombard General Insurance
- Third Party Administrator(TPA) : ICICI Lombard General Insurance
- Insurance Broker: Trovity InsureTech Insurance Broking Services Pvt Ltd will assist us on the Policy administration front.
- Policy Period: 20 January 2025 to 19 January 2026

Scope & Eligibility

1.1 Existing employees

All existing full-time employees are eligible for Family Floater Group Medical Insurance.

1.2 Coverage for a New Joiner

- Coverage is applicable from the date of joining.
- The ecards for new joiners will be available within 15 days from date of joining.
- In case of emergency during such period employee is advised to reach to the POC

1.3 Sum Insured as per Band

Band	Floater Sum Insured Amount
9, 8, 7 & 6	INR 3,00,000/-
5, 4, 3 & 2	INR 4,00,000/-
1	INR 5,00,000/-

Definitions

1.4 Family

Family / Dependents in medical insurance coverage is defined as

- Self
- Spouse
- Children (maximum of 3 unmarried) with aged capped at 25 years
- Parents or Parents-in-law
 - Employee can add either one parent or both parents or one in-law or both in-laws but cannot add one parent and one in-law (cross selection not permitted)

1.5 Mid Term Addition

- Addition of dependent between 20 January 2025 and 19 January 2026

1.6 Network Hospital

- Hospital in which ICICI Lombard Insurance is accepted for cashless treatment

Guidelines

All employees can avail the Medical Insurance benefit for self and family. It is a floater policy and can be used for a single member or across the family.

1.7 Dependent Details

Dependent details of employees for Insurance Policy will be taken from HexConnect

- Every employee must update their family details before their joining itself
- Employee must update the dependents details on [HexConnect Portal](#)
HexConnect -> My Employee File -> Emergency Contact & Dependents -> Add Dependent(s)

1.8 Mid Term Additions

- Mid Term addition is restricted to Spouse or Child addition only, other additions will not be considered in middle of policy period i.e., January to December.
- For availing the coverage from day 1
 - For Newborn : addition should be notified within 30days of birth
 - For Spouse : addition should be notified within 30days from the of date of marriage
- The policy is renewed in the month of January every year and employee cannot add any dependent parent or dependent in-laws in mid-term.
- Employee however will be permitted to add the dependent in-laws only if the parents were not covered earlier.
- Employee should update the dependent details on HexConnect (My Employee File -> Emergency Contact & Dependents) and also raise a ticket on the Service Now for addition process to be completed.

1.9 New-Born Addition

- For the child's addition to insurance will be processed within 15days.
Provide below information on the ticket tool -> [Service Now](#)

Employee ID:

Name of Child: (if not yet decided it shall be "Baby of – followed by mother's name which can be changed later)

DOB of child: (coverage will be from day 1 only if ticket is created within 30days of birth of child else will be from date of creation of ticket)

Gender of child:

*Note: - Dependent must be added in HexConnect under 'Emergency Contacts & Dependents' tab in 'My Profile' by the employee

Log out and log in from the app to check for the update 15 days later from closure of the ticket

1.10 Spouse Addition

For the spouse addition to insurance will be processed within 15days and updated in the app.

Provide below information on the ticket tool → [Service Now](#)

Employee ID:

Name of Spouse:

DOB of Spouse:

Date of Wedding: (coverage will be from day 1 i.e., date of wedding only if ticket is created within 30days from date of wedding else will be from date of creation of ticket)

*Note: - Dependent must be added in HexConnect under 'Emergency Contacts & Dependents' tab in 'My Profile' by the employee

Log out and log in from the app to check for the update 15 days later from closure of the ticket.

1.11 Exclusions

- Domiciliary Hospitalization
- Any type of Dental Surgery
- Lasik Surgery (if corrective surgery for Refractive Error less than 7.5 Dioptres)
- Septoplasty
- Infertility & related ailments including male sterility treatment on trial/experimental basis
- Admin/Registration/Service/Misc. Charges
- Expenses on fitting of prosthesis
- Any device/instrument/machine contributing/replacing the function of an organ
- Holter monitoring, laser surgery for any causes is outside the scope of the policy
- Any OPD not followed by any specific line of treatment / surgery shall not be covered
- The medical insurance coverage is restricted within the geographic boundaries of Republic of India only

1.12 Partial Claim:

In case the claim has been partly settled by other Insurance Company, in such case the employee will have to submit the claim for reimbursement and include the settlement letter provided by the other insurance company apart from the other documents as listed as a requirement.

1.13 Other Terms & Conditions

1.13.1.1 Value Capping Condition

1. Room Rent is capped at 2% of sum insured for a normal room and 4% of sum insured for an ICU.
 - a. The sum insured refers to the base sum insured as per band.
 - b. There will be no change to room rent in case top up has been opted for by employee.
2. Maternity Claim Restricted to INR.65,000 for both Normal & Caesarean limited to first 2 children only
 - a. 9 Months waiting period waived off.
 - b. Pre-Post-Maternity Claim restricted to INR.5,000/- within the maternity sublimit
 - c. Newborn covered from Day 1 for first 2 children only.
3. Ambulance Service: Ambulance Charges limited to 'INR.' 2000 Per hospitalization
4. Room Rent: Normal Room = 2% of Sum Insured and ICU = 4% of Sum Insured
 - a. Employee shall be charged on proportionate basis if opting for a room of higher category (Proportionate deduction clause applicable)
5. Liability for Nasal Sinus Surgeries up to 'INR.35,000
6. Cataract restricted to the value of mono-focal lens only
7. 50% Co-pay for cyberknife treatment/Stem Cell Transplantation.
8. Cochlear Implant treatment shall be restricted to 50% of the Base policy coverage of employee.
9. Cataract Surgery covers for only single focal lens for basic type only. Employee opting for higher category of single focal lens will have to pay for the differential of the same.
10. Cataract surgery claim stands rejected in case of opting for multi-focal lens both in case of cashless or reimbursement.

1.13.1.2 Condition Based coverage

11. Waiting Period : Not Applicable
12. Pre-existing diseases expenses covered from day one
13. Minimum 24 hours of hospitalization is needed except for day care treatments. Diagnostic expenses not followed by the active line of treatment for the ailment not covered.
14. Day Care Procedures are covered as per standard list
15. Oral /adjuvant chemotherapy covered on both IPD or OPD basis subject to policy conditions
16. Midterm inclusion of only Parents-in-law will be allowed for employee if getting married during the term of the policy subject to condition that parent(s) is/are not already enrolled.
 - Change of dependents from parents to in-laws or vice versa can be done only after 2 years from 1st year of enrolment.
 - Mid-term inclusion of dependents will be possible only in case of:
 - Spouse (on account of marriage during the policy term)
 - Newborn(s) subject to not more than 3 children being covered under the policy.
17. Psychiatric ailments : Covered for expenses arising out of hospitalization up to sum insured/coverage of employee.
18. Claims pertaining to treatment under Ayurveda shall be admissible by insurance company only upon submission of actual bills or claim documents for any ailments. Pre-advisory cannot be provided on the coverage of the treatment.
19. The value capping and conditions shall remain the same even if opted for a top up policy.
20. The list is not exhaustive hence it advised to reach out / consult the POC to understand any point not covered explicitly in the document.



1.14 Conditions on Co-Pay Applicability

- Refer to below Co-Pay table for the applicability and the respective cases/examples:

Co-Pay Table

Hospital Type	Network Hospital		Non-Network Hospital	
Policy Type/ Claim Type	Cashless (Refer to Point 1.18)	Reimbursement (Refer from Point 1.21 for details)	Cashless (Refer to Point 1.20)	Reimbursement (Refer from Point 1.21 for details)
Base Policy	10%	20%	10%	10%
Top Up Policy	0%	10%	0%	0%

Cashless from Network/Non-Network Hospital

Header	Amount
Actual Bill at hospital	INR. 1,00,000/-
Less: Non-Medical Expenses (A)	INR. 5,000/-
Gross Value	INR. 95,000/-
Less: Co-Pay (10% on Gross Value) (B)	INR. 9,500/-
Net Amount Covered under Insurance	INR. 85,500/-
Amount to be paid by employee (A+B)	INR. 14,500/-

Reimbursement from Network Hospital

Header	Amount
Actual Bill at hospital	INR. 1,00,000/-
Less: Non-Medical Expenses (A)	INR. 5,000/-
Gross Value	INR. 95,000/-
Less: Co-Pay (20% on Gross Value) (B)	INR. 19,000/-
Net Amount Covered under Insurance	INR. 76,000/-
Amount to be paid by employee (A+B)	INR. 24,000/-



○ **Reimbursement from Non-Network Hospital**

Header	Amount
Actual Bill at hospital	INR. 1,00,000/-
Less: Non-Medical Expenses (A)	INR. 5,000/-
Gross Value	INR. 95,000/-
Less: Co-Pay (10% on Gross Value) (B)	INR. 9,500/-
Net Amount Covered under Insurance	INR. 85,500/-
Amount to be paid by employee (A+B)	INR. 14,500/-

- Note: Co-Pay is not applicable on claims pertaining to maternity and other capped ailments as listed in 1.13.1.1.5

1.15 Point of Contact for cashless or reimbursement:

In case of query send email to hccisupport@trovity.com

It is advised you reach out to the POC **before** admission either for cashless or reimbursement process.

1.16 Escalation Matrix Details:

Escalation Level	Team	Name	Email ID	Mobile
Level 1	Trovity POC	Anil Kumar	anil.m@trovity.com	9642961414
Level 2	Trovity Escalation	Mamatha	mamatha@trovity.com	8008400578
Level 3	Hexagon HR POC	Pawan Mogalipuri	pawan.mogalipuri@hexagon.com	7331188851

Procedure

1.17 Procedure to utilize medical insurance

The facility can be availed in two ways – (Reach out to POC before admission or submission of documents for claim)

- Cashless facility with a tie-up / network hospital (or)
- Reimbursement
 - Note: “Co-Pay” applicable in both cases refer to tables mentioned in 1.14

1.18 Cashless facility with a tie up / network hospitals

At these hospitals, no payment* needs to be made by the employee. The insurance company will directly make the payment to the hospital. (*The employee however will have to pay for co-pay [refer to previous example table] non-medical expenses / consumables as per the final settlement / approval letter from insurance company)

*Non-medical expenses / consumables expenses are not covered example sterilized gloves, PPE kits, attendant diet, syringe, equipment like thermometer or airbed and others as defined by the IRDA.

1.18.1 Network Hospital Details:

The hospitals which have direct tie-up arrangements with the Insurance Company for cashless services. To know about such hospital list

Log in on ICICI Lombard – IL Take Care Mobile App / website

1.19 Reimbursement

- The hospitalization expenses are to be paid initially and employee will have to submit the claim form along with documents for reimbursement from the Insurance Company. Refer to the point on reimbursement process.
- There is a 10% “Co-Pay” applicable i.e., an amount of 10% shall be deducted on the eligible amount when reimbursed from Non-Network hospital
- There is a 20% “Co-Pay” applicable i.e., an amount of 20% shall be deducted on the eligible amount when reimbursed from Network hospital
- Refer to tables in point 1.14

Note: It is suggested that employee opts for cashless facility as much as possible in network hospitals for the convenience

1.20 Anywhere Cashless Request

- For any planned surgery opted by employee/dependent in a hospital not in network list of ICICI Lombard, employee is advised to communicate 4 days prior admission to the POC following information:
 - Employee ID; Employee Name; Patient Name; Relationship; Date of Admission; Hospital Name & location
- The POC will coordinate with the ICICI Team which in turn will coordinate with Hospital in arranging for cashless request at Non-Network Hospital
 - Note: This arrangement is subjective and to condition that said hospital agrees for such arrangement. This is not a guarantee of coverage.

1.21 Reimbursement Process

For reimbursement facility the following procedure is to be followed.

- Fill the checklist for submission of reimbursement claim and hospitalization form.
- Submit the duly filled [Mediclaim form](#)
- Mediclaim Forms, bills, and reports as per checklist should be uploaded in the IL Take Care App only. Original bills are to be retained by employee and sent to ICICI Lombard Insurance company only in case the uploaded documents are unclear on the address specified in the IL Take Care App

1.22 Claim Document Submission:

- Within 30 days from the date of completion of treatment / discharge.
- In case of delay in submission of the documents, the processing of reimbursement claim shall be at the discretion of the Insurance company.

1.23 Specific Claim Process

1.23.1 Maternity Claim Process

All the documents are to be uploaded on ICICI – IL Take care mobile app. Kindly ensure to scan and upload clear documents to avoid any rejection / delay in processing of claims.
Refer to below table for documents to be submitted.

Documents required for Maternity Claim	Documents required for Child's Hospitalization Claim
Claim Form = Part-A and Part-C to be filled by employee; Part-B to be filled and signed by Hospital	Claim Form = Part-A and Part-C to be filled by employee; Part-B to be filled and signed by Hospital
Final Detailed Bill - along with detailed break up	Final Detailed Bill - along with detailed break up
Discharge Summary	Discharge Summary
Payment Receipts	Payment Receipts
Prescriptions & Pharmacy Bills	Prescriptions & Pharmacy Bills
Trimester scan report	Investigation Reports (if any)
Doctor's prescriptions (latest)	
Antenatal - abdomen report (latest)	

Note:

1. Child put under observation or neo natal care without any specific diagnosis termed as medical management will not qualify for coverage under cashless or reimbursement.
2. In case of child's claim for specific diagnosis separate claim form should be filled and submitted under child's ecard for reimbursement.
3. Maternity limit is capped at INR.65,000/-. The capping is same for c-section / caesarean or normal delivery.
4. The pre-post-natal expenses are capped at INR.5,000/- and is within the sublimit of maternity expenses.
E.g. (a) If the actual maternity claim is INR.45,000/- then the employee would be eligible to claim for pre-post-natal expenses up to INR.5,000/- only.
(b) If the actual maternity claim is INR.75,000/- then the employee would be eligible for maternity claim for INR.65,000 and will not be eligible to claim for pre-post-natal expenses
5. The **claim form** for pre-post expenses is same and only Part-A and Part-C of the form is applicable.
All other terms of standard exclusions shall apply, and claim shall be settled by the insurance company accordingly.

1.23.2 Reimbursement for Any other surgery

All the documents are to be uploaded on ICICI – IL Take care mobile app. Kindly ensure to scan and upload clear documents to avoid any rejection / delay in processing of claims.

Refer to below table for documents to be submitted.

Claim Documents
Claim Form = Part-A and Part-C to be filled by employee; Part-B to be filled and signed by Hospital
Final Detailed Bill - along with detailed break up
Discharge Summary
In-door case sheet/Case Summary
Payment Receipts
Prescriptions & Pharmacy Bills
All scans and reports as applicable
Doctor's prescriptions
Settlement letter from other insurance company (in case of partial claim being made)

Note:

1. Any case of 'under observation' or 'care without any specific diagnosis' termed as 'medical management' will not qualify for coverage under cashless or reimbursement.
2. All other terms of standard exclusions shall apply, and claim shall be settled by the insurance company accordingly.

1.24 Pre- & Post Hospitalization Coverage:

- 30 days pre-hospitalization (30 days before the date of admission)
- 60 days post hospitalization (60 days from the date of discharge)

1.25 Pre & Post Hospitalization Expenses Claim

All the documents are to be uploaded on ICICI – IL Take care mobile app. Kindly ensure to scan and upload clear documents to avoid any rejection / delay in processing of claims.

Refer to below table for documents to be submitted.

Claim Documents
Claim Form = Part-A and Part-C to be filled by employee; Part-B not to be filled
Discharge Summary
Payment Receipts
Prescriptions & Pharmacy Bills
All scans and reports as applicable
Doctor's prescriptions

Policy Administration & Exceptions

Human Resources Department shall be responsible for the administration of this policy.

Employee Group Top Up Medical Insurance Policy

Introduction

Employee group top up medical insurance coverage is a floater policy and can be used for a single member or across the family.

- Insurance Provider : ICICI Lombard General Insurance
- Third Party Administrator(TPA) : ICICI Lombard General Insurance
- Insurance Broker: Trovity InsureTech Insurance Broking Services Pvt Ltd will assist us on the Policy administration front.
- Policy Period: 20 January 2025 to 19 January 2026

Guidelines

The terms and conditions shall remain the same as that in the 'Employee Medical Insurance Policy' i.e., there shall be no additional modifications to terms of coverage for employees opting top up insurance policy, except for condition of Co-pay. Please refer to same below

Co-Pay Applicability

Co-Pay condition is applicable in case of reimbursement from a network hospital at 10% on final bill as mentioned in point 1.14. Refer to the examples below for cashless scenarios:

- Example 1: If sum insured is available in base policy and both Base along with Top-up are being used at same time/for single instance/Hospital bill exceeds coverage under base policy

Header	Amount
Coverage under Base Policy	INR.3,00,000/-
Coverage under Top Up Policy	INR.2,00,000/-
Actual Bill at hospital	INR.5,50,000/-
Less: Non-Medical Expenses (A)	INR.30,000/-
Gross Value	INR.5,20,000/-
Less: Co-Pay (10% on Coverage as per Base Policy) (B)	INR.30,000/-
Net Amount Covered under Insurance	INR.4,90,000/-
Balance Sum Insured in Base Policy	INR. 0/-
Balance Sum Insured in Top Up Policy	INR. 10,000/-



- Example 2: If balance under Base policy has been exhausted and Top-up policy is being used

Header	Amount
Balance under Base Policy	INR.0/-
Balance under Top Up Policy	INR.2,00,000/-
Actual Bill at hospital	INR.2,10,000/-
Less: Non-Medical Expenses (A)	INR.30,000/-
Gross Value	INR.1,80,000/-
Less: Co-Pay (10% on Coverage as per Base Policy) (B)	INR.0/-
Net Amount Covered under Insurance	INR.1,80,000/-
Balance Sum Insured in Base Policy	INR. 20,000/-

Procedure

1.1 Opting for Top Up

All full-time employees shall receive a communication on the process along with the premium costs applicable for the year in which such policy is extended by the insurance company.

1.2 Cashless Admission

Employees who have opted for a top up policy alone, during admission in a network hospital will have to submit both base insurance policy ecard and top up policy ecard for processing of the cashless request.

1.3 Reimbursement

Employees who have opted for a top up policy alone, during reimbursement process will have to submit in the claim form both base insurance policy and top up policy details for processing of the reimbursement request.

Policy Administration & Exceptions

Human Resources Department shall be responsible for the administration of this policy.

Employee Group Personal Accident Insurance Policy

1. Introduction

- Insurance Provider : ICICI Lombard General Insurance
- Third Party Administrator(TPA) : ICICI Lombard General Insurance
- Insurance Broker: Trovity InsureTech Insurance Broking Services Pvt Ltd will assist us on the Policy administration front.
- Policy Period: 30 June 2024 to 29 June 2025

Applicability

- Employee group accident insurance coverage is a floater policy and coverage is applicable for employee only.
- All employees shall be covered under Group Personal Accident Insurance Policy for INR 10 Lakhs.
- This policy provides compensation to the nominee in the event of death of an employee or to the employee in the event of injury due to accident only as per policy clauses, which may occur at anytime and anywhere in India or outside as per policy clauses.
- The HCCI provides the GPA Insurance Policy to its employees by paying the necessary premium to the insurance company.

Coverage:

In case of accidental death of employee 100% of sum insured to be paid to nominee/legal heir(s)
Loss of Two Limbs, two eyes or one limb and one eye 100% of sum insured
Loss of One Limb or One Eye 50% of sum insured
Permanent Total Disablement (PTD) from injuries other than those named above 100%
Coverage for Permanent Partial Disablement (PPD) and Temporary Total Disablement (TTD) 3% of S.I. Or INR.20,000/=per week or actual weekly salary whichever is less
Accidental Medical Hospitalisation Expenses are covered upto INR. 2,00,000/- or actual whichever is lower on IPD basis.
OPD Expenses for Accidental Injury are covered upto Rs 10,000/- or actual whichever is lower subject to INR.1,000/- deductibles
Repatriation of mortal remains expenses payable upto Rs 5,000/- or actual whichever is less
Ambulance charges up to INR.1,500/- or actual whichever is less
Transportation allowance (Compassionate visit) covered upto INR.5,000/or actual whichever is lower
Carriage of Dead Body 2% of SI subject to max to INR.5,000/-



Children Education fund for dependent children in case of Death or Permanent total disability of Employee will be covered upto INR.10,000/- per child (Restricted to 2 children max 25 Years of age)
Animal bite/Snake Bite/Insect bite is covered except mosquito bite.
Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
The claim should be intimated within the three months of the occurrence of the event, failing to which company shall not be liable to pay the claim

Exclusions:

Suicide, attempt to Suicide or intentionally self-inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress, or depression.
Being under influence of drugs, alcohol, or other intoxicant on or hallucinogens.
Participation in actual or attempted felony or riot or civil commotion or crime misdemeanour or committing any breach of law of land with criminal intent
Death or disablement resulting from Pregnancy or childbirth.
Participation in any kind of motor speed contest
Radioactivity, Nuclear risks, ionizing radiation

Procedure for application of Claim

In case of accident, where the employee is only injured the employee shall be required to fill in the claim form and submit along with the necessary documents such as medical prescriptions, bills, medical report, and certificate etc., to Trovity Team.

Admissibility of claims are subject to the terms and conditions with the Insurance company.

Policy Administration & Exceptions

Human Resources Department shall be responsible for the administration of this policy.

Employee Group Term Life Insurance Policy

1. Introduction

- Insurance Provider : HDFC Life Insurance
- Third Party Administrator(TPA) : HDFC Life Insurance
- Insurance Broker: Trovity InsureTech Insurance Broking Services Pvt Ltd will assist us on the Policy administration front.
- Policy Period: 20 March 2024 to 19 March 2025

2. Applicability

Employee group term life insurance coverage is a floater policy and coverage is applicable for employee only.

- All full time employees shall be covered under Group Term Life Insurance Policy for 2X of their OTE (On Target Earnings – Refer to compensation letter).
- This policy provides compensation to the nominee in the event of death of an employee which may occur at anytime and anywhere in India or outside.
- The company provides the GTL Insurance Policy to its employees by paying the necessary premium to an insurance company.

3. Procedure

- In the event of death of an employee, the Trovity team shall coordinate with the nominee of the employee for documents including the claim form and other necessary documents for claim process.
- Admissibility of claims are subject to the terms and conditions with the Insurance company.

4. Policy Administration & Exceptions

Human Resources Department shall be responsible for the administration of this policy.

Revision History

Rev.	Rev. Date	Reason for Revision	Revised By	Approved By
1.0	17-02-23	New Medical Policy for 2023-2024	Anant Gupta	Nousheen Khan
2.0	16-08-23	New GPA & GTLI Policy for 2023-2024	Anant Gupta	Nousheen Khan
3.0	15-02-24	New Medical Policy for 2024-2025	Anant Gupta	Nousheen Khan
4.0	15-02-25	New Medical Policy for 2025-2026	Anant Gupta	Nousheen Khan