

Introducing Employee Friendly Insurance Benefit



Fareast Islami Life Insurance Company Limited

Effective from 14th May, 2024

Insurance Coverage Area



Group Life

- Natural Death-Assured Amount
- Accidental Death-2X of Assured Amount
- Permanent & Total Disability
- Permanent & Partial Disability



In-Patient

- Hospitalized at least 24 hours or more
- Pre-hospitalization (15Days): Investigation/Test
- Post-hospitalization (15Days): Medicine



Out-Patient

- Doctor Consultation
- Diagnosis
- Prescribed Medicine

Group Life & Health Insurance Cover Limit Class Wise

Class Name	Organization Designation	Group Life Insurance	In Patient Coverage	Out Patient Coverage
Class I	MD/CXO/DCXO/Director/DD	BDT. 500,000.00	BDT. 500,000.00	BDT. 20,000.00
Class II	GM/DGM/AGM/Manager	BDT. 400,000.00	BDT. 200,000.00	BDT. 15,000.00
Class III	DM/AM/SO/Officer	BDT. 300,000.00	BDT. 100,000.00	BDT. 10,000.00
Class IV	Support Staff(Messenger, Driver & Technician)	BDT. 200,000.00	BDT. 50,000.00	BDT. 5,000.00
Details		(2X in Accidental Death)	40% Bed(6.25% maximum/day) + 60% Other(Medicine and Others)	Consultation 30% (Maximum BDT. 800/visit) Diagnosis 40% Prescribed Medicine 30%

Note: All calculations are based on a yearly basis.

Eligibility and Non-Eligibility



Eligible

- Full-Time Employee
- Age 18 - 59 Years
- Overseas Treatment
- Covid-19



Non-Eligible

(Exclude coverage)

- Maternity
- Pre existing disease
- Dependent
- Dental
- Optical
- Psychiatric
- AIDs/HIV
- Suicidal Instances
- Committing a Felony
- AIDS, Alcoholism, Drug Addiction

Guidelines

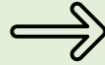


- Claim after release from hospital or consultation
- Use your NID/Insurance Card name while visiting doctor/hospital
- Medicines must be prescribed by certified doctor
- In Accidental Death Cases- Postmortem Report & Police F.I.R. required.
- Preserve every documents (Voucher/ cash receipt)

Insurance Claiming Procedure

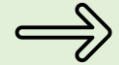


Gather Necessary Documents



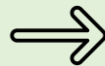
Fill-out the Insurance Claim Form

Use GT Salary Account[IFIC] Number



Email to Insurance Company (Attach form and Documents)

To: arifur.rahman@fareastislamilife.com,
CC: groupinsurance@fareastislamilife.com,
Giga Tech Ltd. HR <hr@gigatechltd.com>



Report to HR after Insurance Claim (Via Email)

Note: Please keep HR for any type of communication with Insurance Company (Fareast Islami Life Insurance Company Limited)

Claim Settlement

Insurance Name	Claim Within	Claim Settlement by Insurance Company	Required Documents (Need to Submit while claiming)
Group Life	20 Working Days	40 Working Days	<ol style="list-style-type: none"> 1. Death certificate authorized by a registered MBBS doctor, specifying the "actual cause of death" apart from cardio-respiratory failure. 2. Original copy of treatment records from the last attending physician. 3. Certificate from your organization stating the period of employment and fixed salary until the date of death. 4. Photocopies of the National ID Card, duly attested. 5. Photocopies of the employee's attendance register from January to June 2024. 6. Death certificate from (a) Union Parishad/Municipality/City Corporation 7. Copy of General Diary (G.D.), FIR, inquest report, and post-mortem report (for accidental death). 8. Communication diagram to reach the family from Dhaka, including contact numbers.
In Patient	10 Working Days	20 Working Days	<ol style="list-style-type: none"> 1. Original consultant's recommendation for hospitalization 2. Original discharge certificate 3. Copy of the patient's file during hospitalization (if available) 4. Money receipt or bill for consultant (physician/surgeon) fees 5. Bill for room charges, investigations, and other applicable services 6. Bill for medicine/drugs 7. Bill for surgical operation charges (operation theater, surgical team, delivery charge, anesthesia, and other applicable charges) 8. Bill for ancillary charges (e.g., ambulance service, oxygen therapy, blood transfusions, etc.)
Out Patient	10 Working Days	14 Working Days	<ol style="list-style-type: none"> 1. Copy of the doctor's prescription 2. Original money receipt or bill for investigations 3. Original money receipt or bill for medicine/drugs 4. Bill for surgical operation charges (operation theater, surgical team, delivery charge, anesthesia, and other applicable charges)

Note: Altered bills, receipts, or documents will not be accepted.



THANKS!

Do you have any questions?

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<https://gigatechltd.com/>