

# FIS BENEFITS MANUAL – GHMI, GPA, GTLI & EDLI POLICY (2022-23)





# **GROUP HEALTH INSURANCE (GHMI) 2022-23**

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# INTRODUCTION TO MODULAR FLEX INSURANCE PLAN 2022-23



## WHAT IS MODULAR FLEX INSURANCE PLAN?

Modular Flex Insurance Plan is a Flexible Benefits Program, launched as part of our employee health and benefits offering. Traditional plans have fixed benefits package and do not take into account different lifestyles and family circumstances. Whereas Modular Flex Insurance Plan gives one greater flexibility, choice and enables you to decide what you want and how to design your benefits package best suited to your needs.

**POLICY PERIOD** - 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023

**Your benefits program provides :**

**DEFAULT COVERAGE** - These are mandatory/minimum level of coverage provided by the company to every eligible full time employees of FIS.

**OPTIONAL BENEFITS**- This Insurance Benefit consist of voluntary plan enhancement (Modular Top-up plans) to be purchased additionally by the employee.

- More flexibility and choice
- Easy online enrollment - Monthly enrolment window for new joiners from 2<sup>nd</sup> to 12<sup>th</sup> /13<sup>th</sup> /14<sup>th</sup> of every month
- Higher SI options to choose from and enables you to select the desired coverage level

**The following core benefits are included under default coverage:**

### a) MEDICAL INSURANCE (GHMI)

- ☑ INR 500,000 for all Employees, sponsored by the company (All FTE's including ESIC employees)
- ☑ Modular Top-up options Silver, Gold, Diamond and Platinum plans (Differential Premium to be paid by employee)
- ☑ Additional Flex plus rider (Premium to be paid by employee)

### b) PERSONAL ACCIDENT INSURANCE (GPA)

- 3 times of annual Total Compensation (TC) or minimum cover of INR 10 Lacs whichever is higher, sponsored by the company (All FTE's including ESIC employees)
- Additional Top-up ranging from INR 500,000 to INR 5,000,000 (Premium to be paid by employee) for self and spouse



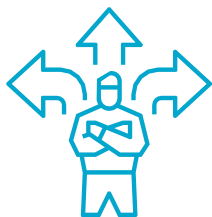
# GROUP HEALTH INSURANCE (GHMI) - MODULAR FLEX PLAN

MODULAR FLEX PLAN						
BENEFITS	BENEFITS	BASE +	SILVER	GOLD	DIAMOND	PLATINUM
Sum Insured	Sum Insured	500,000	700,000	1,000,000	1,500,000	2,000,000
Co-pay	ESC	15%	15%	10%	5%	5%
	Parents	25%	25%	15%	10%	10%
	OPD	10%	10%	10%	7.5%	7.5%
Maternity Benefit	Normal	50,000	60,000	65,000	75,000	75,000
	LSCS	60,000	70,000	75,000	90,000	90,000
Room Rent	Normal	5,000	7,000	10,000	12,000	15,000
	ICU	10,000	14,000	20,000	24,000	30,000
Infertility Cover	Infertility Cover	NIL	40,000	50,000	75,000	90,000
Well baby expenses	Well baby expenses	3000	4000	5,000	10,000	12,000
Accidental SI	Accidental SI	Up to Family SI	Up to Family SI	15% Auto restoration	25% Auto restoration	25% Auto restoration
OPD Limit	OPD Limit	16,000	23,000	33,000	49,000	66,000
OPD Sub Limit	Covid Vaccination (Kindly refer note below for coverage clarity )	Payable as per govt. rates	Payable as per govt. rates	Payable as per govt. rates	Payable as per govt. rates	Payable as per govt. rates
	Health checkup (E)	5000	6000	7000	9000	12000
	Optical	5000	6000	7000	9000	12000
	Dental	5000	6000	7000	9000	12000
Premium	Net Premium	28,226	37,292	57,094	82,863	109,302
	Premium with GST*	33,307	44,005	67,371	97,778	128,976

**Family definition:** Employee + 5 dependents (Spouse, 2 children, both parents & option to substitute Parent-in-Laws in case of both male and female employees. The 3<sup>rd</sup> & 4<sup>th</sup> child can also be covered by replacing both Parents /Parent-in-Laws.

**Please note:**

1. Any Mid term enrolment of dependents due to marriage or newborn baby will have to be done in Darwin portal within 30 days from the date of event
2. Covid Vaccination : The policy covers cost for Covid vaccination for employees and all dependents covered under insurance plan with FIS at govt. approved rates. This will include children vaccination and booster/precaution dosages. This will fall under OPD limit



# FLEX PLUS RIDER

You can now choose to make your medical plan more robust by buying the Flex Plus Rider Module. This module will get plugged-in as part of the base+ medical plan under the eligible Sum Insured. Please note that the dependents covered by you under the Medical Insurance Plan will be eligible for these plans.

## ENHANCED BENEFITS

### Rehabilitation services

All expenses related to rehabilitation of an employee following a major illness/ injury/ medical condition as prescribed by the treating doctor- sub limit INR 1 Lac from Sum Insured limit (it includes only nursing and hospitalization expense)

**All forms of cancer treatment** - Hospitalization expenses related to conventional/non-conventional cancer treatments taken on hospitalization/day care basis. Treatments not listed under day care list of insurer are to be included in day care list. - Includes adjuvant/neoadjuvant cancer treatments including but not limited to immunotherapy/hormone therapy/other palliative & supportive treatments. - OPD treatment payable through pre & post hospitalization only.

**Coverage for Keratoconus Treatment** - Progressive thinning of cornea, treatment for same to be covered on day care basis irrespective of etiology- Treatment as prescribed by the treating doctor up to INR 22,000 from Sum Insured Limit

**Sleep Apnea** tests (recommended by the doctor) to be covered at actuals on IPD /OPD basis. It will be covered on IPD basis subject to valid hospitalization. CPAP machine cost restricted to actuals with max cap of INR 100,000.

**Infertility Treatment** covered on IPD and OPD Basis up to INR 50,000 for Base+. For other plans: Infertility treatment as per modular plan or 50K whichever is higher

**Injection Ramicade and derivatives** (These are next generation medicines that are used to treat various inflammatory disorders such as rheumatoid arthritis, psoriatic arthritis, ulcerative colitis, Crohn's disease, ankylosing spondylitis etc.)

**Bariatric surgery** to be covered up to the family sum insured with BMI above 40 (any type of cosmetic surgeries are not payable)

**All types of Stents** including Bio-Degradable and Bio-absorbable stents from Sum Insured Limit

**Net Premium - INR 9,937**  
**Premium Inclusive of GST- INR 11,726**

- You will also be eligible for a Tax rebate under section 80D for the premium portion paid through salary deduction for buying flex plus module.





# GROUP HEALTH INSURANCE (GHMI) - BENEFITS OVERVIEW

Following are the benefits provided under the FIS Group Health Insurance scheme. Please refer to the MOU uploaded on the TPA Portal for complete details and applicable terms & conditions:



Dependents - Employee + 5 dependents (Spouse, 2 children, both parents & option to substitute Parent-in-Laws in case of both male and female employees)



Coverage for LGBTQ+



Pre Existing Diseases covered



No Waiting Period applicable



1st year exclusion Waived off for all members



30 days exclusion Waived off for all members



Day care procedures Covered under Hospitalization



Adopted & Surrogate children covered, cost of delivery within maternity limit



GIPSA Rates Applicable



Ambulance Service Rs.5000 per incidence in case of Emergency



Pre & Post Hospitalization expenses covered for 30 and 60 days respectively



Per Day Room Rent as per the modular plan opted



Co-Pay as per the modular plan opted



COVID 19 Vaccination Covered within OPD Limits



# GROUP HEALTH INSURANCE (GHMI) - BENEFITS OVERVIEW

Following are the benefits provided under the FIS Group Health Insurance scheme. Please refer to the MOU uploaded on the TPA Portal for complete details and applicable terms & conditions:



Mental Health – On IPD basis up to the Sum insured limit and on OPD limits as per the Modular plan opted



No Deduction for employees in case of Accident or Death



Gender reassignment



Advance Medical Treatment



Air Ambulance



Internal & External Congenital



Autism



HIV/AIDS covered



Age Related Macular Degeneration



Portability Option



Artificial Limbs/ Life Support Devices



# BENEFITS IN DETAIL

Plan Features	Cover
Family definition	<ul style="list-style-type: none"><li>- Employee + 5 dependents (Spouse, 2 dependent children (up to the max. age of 25 years), 2 dependent Parents or Parent in laws can be opted by both male and female employees</li><li>- Coverage of LGBTQ+</li><li>- The 3rd, 4th child can also be covered by substituting both Parents /Parent-in-Laws.( Co- Pay for 3rd and 4th child will be as per Parents/in-laws co pay in the opted Modular Flex Plan)</li><li>- Coverage of Adopted, Surrogate children.</li><li>- Coverage for disabled children ( No declaration required for children upto 25 yrs Declaration is mandatory for children above 25 yrs )</li></ul>
Standard Hospitalization	<ul style="list-style-type: none"><li>- Hospitalization requiring greater than 24 hour hospital stay with active line of treatment</li></ul>
Day Care	<ul style="list-style-type: none"><li>- There are few exceptions viz. advanced technology-based surgeries where hospital stay is not necessarily required for 24 hours or more e.g. cataract and few other laser surgeries/procedures and in such cases hospitalization benefit will be extended to the employee.</li></ul>
Maternity benefit & Maternity Complications	<ul style="list-style-type: none"><li>- Maternity coverage is as per Modular Flex Plan opted by the employee subject to a maximum of two living children.</li><li>- Double Maternity claim payout will be up to the maximum expense made by the employee &amp; spouse if both are working in FIS. Maternity limit will be as per their combined individual Modular Flex Plan</li><li>- In case of maternity Complications, the claim will be paid from Family Sum insured and not from the Maternity limit.</li></ul>
Surrogacy Cover	<ul style="list-style-type: none"><li>- Cost of delivery in case of surrogacy shall be covered within overall maternity limits (as per Modular Plan).</li><li>- Pre-&amp; Post hospitalization expense under the policy shall also be covered. A Tripartite Surrogacy contract to be submitted in advance (9 months waiting) by the employee otherwise the claim shall be void, if submitted directly after delivery without prior information &amp; submission of contract</li></ul>
Child Benefits	<ul style="list-style-type: none"><li>- Cochlear Implants for Children up to 10 years shall be covered within overall sum insured limit</li><li>- Autism Treatment in Children Included for upto 10 years of age within overall OPD limits only</li><li>- External Congenital Covered up to 25% of Total SI</li></ul>





# BENEFITS IN DETAIL

Plan Features	Cover
Cervical Cancer	<ul style="list-style-type: none"> <li>- 60% of vaccination charges for Cervical Cancer is covered under the prescription for Women employees subject to a maximum INR 6000/- This will be over and above the OPD &amp; Hospitalization benefit without any Copay</li> </ul>
Air Ambulance	<ul style="list-style-type: none"> <li>- Covered up to INR 5 lakhs for one incidence per employee during the policy period</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>- All kinds of treatments pertaining to Mental health /Psychiatric treatment are covered for Employees and their enrolled dependents on IPD up to the Sum insured limit and on OPD basis from the OPD limit defined under the Modular plan opted</li> </ul>
Advanced Procedure	<ul style="list-style-type: none"> <li>- Robotic Surgery up to sum insured with a 50% co-pay for all the approved robotic procedures by the Drug</li> <li>- Cyber Knife covered up to sum insured with a 50% co-pay for the approved robotic radiation</li> <li>- Uterine Artery Embolization and HIFU</li> <li>- Balloon Sinuplasty</li> <li>- Deep Brain stimulation</li> <li>- Intra vitreal injections</li> <li>- Stereotactic radio surgeries</li> <li>- Bronchical Thermoplasty</li> <li>- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</li> <li>- Stem Cell Treatment shall be covered within overall sum insured limits</li> </ul>
Other Benefits	<ul style="list-style-type: none"> <li>- No Copay deduction in case of accident or death during hospitalization for employees</li> <li>- Coverage for HIV/ AIDS treatment and related complications</li> <li>- Avastin &amp; Lucentis Injections in case of Age-related macular degeneration</li> <li>- Gender Reassignment surgeries. Pre-post surgical expenses are also Covered; A certificate must be submitted from a certified clinical psychologist/ psychiatrist. Coverage for surgery subject to medical necessity and not cosmetic in nature. Mandatory advance notification to be given to TPA/insurer before initiating surgery. Maximum 3 cases in a year and 5 lacs per claim</li> </ul>
Family Protection Plan	<ul style="list-style-type: none"> <li>- Deceased employee dependents will be given continuous coverage for 3 years. No addition of new dependents is allowed except for new born( Subject to spouse being pregnant at the time of demise of employee) From next policy year the plan considered for coverage will be base+ only ( INR 5 Lacs Sum insured )</li> </ul>
Artificial life/limb support	<ul style="list-style-type: none"> <li>- Expensive items like pacemaker, artificial limbs etc. will be covered by the scheme. Expenses of such items would be reimbursed at actuals subject to the available limit under Hospitalization (Sum Insured limit)</li> </ul>



# GROUP HEALTH INSURANCE (GHMI) - MATERNITY BENEFITS

Following are the benefits provided under the FIS Group Health Insurance scheme. Please refer to the MOU uploaded on the TPA Portal for complete details and applicable terms & conditions:

- Maternity coverage as per the modular plan opted
- Maternity coverage for Surrogacy Cost of delivery in case of surrogacy shall be covered within overall maternity
- Maternity 9 month waiting period waived off for all the employees and dependent Spouse
- Maternity Complications covered from Family Sum Insured
- Pre and Post Natal expenses covered within overall Maternity Limits (any amount) on IPD and OPD expenses, over and above exhausted maternity limit to be covered from OPD limit on consent of the employees
- New Born Baby covered from day one
- Baby coverage from day 1 (provided member registers the new born baby with TPA immediately after birth)
- Well Baby Expenses as per the modular plan opted
- Mother room charges to be covered when baby up to 7 years is hospitalized as attendant benefits within overall IPD limit
- Double Maternity claim payout will be up to the maximum expense made by the employee & spouse if both are working in FIS. Maternity limit will be as per their combined individual Modular Flex Plan

## Please Note:

GIPSA rates/charges apply to all hospitalization claims whether availed from PPN Network Hospital or a Non-network hospital as per GIPSA list available in TPA portal. GIPSA list are subject to change from time to time. Please refer GIPSA PPT in PSD portal, TPA Portal & Darwin

# FIS MEDICAL INSURANCE COVERS TO NAVIGATE COVID



COVID Test if positive



PPE Kits in  
COVID +ve



Hospitalization  
expenses



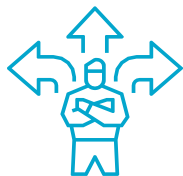
Quarantine  
expenses



Home care

## COVID RELATED ELEMENTS

Hospitalization	Test	Cost of COVID-19 Test under pre-hospitalization
	Protective gear	PPE kits covered in COVID positive cases as per reasonable and customary charges
	Room rent	As per the Modular Flex Plan opted
	Ambulance	Ambulance charges up to INR 5,000 (Per Incidence)
OPD	Test	All Testing costs , irrespective of the test results even if negative can be claimed
	Self Home care	Positive tests cases if not followed by hospitalization and are in home quarantine, expenses can be claimed provided original bills are submitted to the TPA as per claim reimbursement guideline.
	Covid Vaccination	Covered under the OPD Limit
	Assisted Home Care	In case, the employee purchases a home quarantine from hospital, which is ranging from INR 300 to 400 per day for 7 days / as per home isolation guidelines by MOHFW. The costs ranges from INR 2100 to 2800 only which can be covered from your OPD limit.
Practo Tele Medicine	Covered under OPD	All bills for consultation from PRACTO can be reimbursed from your OPD limit provided original bills are submitted to the TPA as per claim reimbursement guideline.



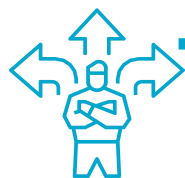
# MODULAR FLEX PLAN RULES - Base + Plan

- ❖ All employees will have a default Base+ plan with Sum Insured of INR 500,000. There will be NO option for Employees to opt-out of this default cover.
- ❖ The company shall sponsor 100% of the premium for the default plan
- ❖ Employees can decide to choose any of the Modular plans (Silver/Gold/Diamond/Platinum) basis their individual needs by paying the differential premium as mentioned in the below table.
- ❖ Employee can also choose additional **Flex Plus Rider** with any of the Modular Flex plan (Base+/Silver/Gold/ Diamond/Platinum) by paying differential premium.
- ❖ Differential premium against such voluntary coverage bought by the employee will be deducted from salary in equal monthly instalments from the policy start date. For new joiners the policy start date will be their DOJ.
- ❖ When an employee opts for a higher plan Silver/Gold/Diamond/Platinum, all the benefits including the sum insured will be as per opted plan only.
- ❖ Premium table shown below for better clarity

## Premium table shown below for better clarity

Plan Options -->	Base + (Default)	Silver	Gold	Diamond	Platinum
Sum Insured (INR)	500,000	700,000	1,000,000	1,500,000	2,000,000
Premium Rates (INR) *	28,226	37,292	57,094	82,863	109,302
Company Paid premium (INR) *	28,226	28,226	28,226	28,226	28,226
Employee Contribution (INR) *	0	9066	28,868	54,637	81,076
Flex Plus rider *		Employee contribution (INR)			
		9937			

\* GST @ 18% is applicable extra



# Tax Benefits – In opting Modular Flex Insurance Plans

## Illustration (For Base + Plan)

Plan Design	( Default Cover ) Base+	Silver	Gold	Diamond	Platinum
Sum Insured	500,000	700,000	1,000,000	1,500,000	2,000,000
Premium	28,226	37,292	57,094	82,863	109,302
Differential Premium contribution	0	9,066	28,868	54,637	81,076
<a href="#">GST@18%</a>	0	1,632	5,196	9,835	14,594
Total employee Payable contribution	<b>0</b>	10,698	34,064	64,472	95,670

- Total employee Payable contribution shall be deducted from salary in equal monthly instalments from the policy start date for purchase of higher plans & additional plans over & above the default coverage. For new joiners the policy start date will be their DOJ.
- Tax eligibility – The differential premium amount deducted from the salary will appear in Form 16 towards income tax benefits under section 80D.

Benefit deductions	Tax treatment
Medical Insurance – Premium paid for opting Modular	80D
Flex Plans/ Flex plus Rider	80D



# ENROLMENT THROUGH DARWIN

- Login into the **Darwin Portal**



- Click on **“Benefits Tab”** in the menu bar and Select **“Annual Enrolment-2022 (FBP/Insurance Benefits)”**. You will be redirected to dependents page.
- **Add new dependents or verify/modify existing details.** Click on confirm and you will be redirected to benefits page.
- Click on **“Medical Benefits Card”** to select appropriate family plan, select desired modular flex plan and assign dependents on cover
- Click on **“Add to Cart”**, Checkout to review your selection/differential premium and click on Confirm selection

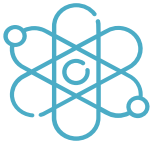
**Please refer to the Benefit Manual for details about your plans, coverages and more!**

- It is important for all employees to login into the portal once during the enrollment period.
- Take the time to add & verify your dependent details for the year.
- If not done, you will be unable to make changes until the next renewal period (April 2023)



Please note: Any Mid term enrolment of dependents due to marriage or newborn baby will have to be done in Darwin portal within 30 days from the date of event.





## **PORTABILITY (Policy Carry Forward Option)**

**Coverage:** Employees are provided an option to continue the benefit to retail policy upon exit from the policy

- Employees can cover his family and parents under one single coverage. All insured members as per the current policy need to opt for this product & no anti-selection allowed
- **The application for Policy carry forward is to be made 30 days in advance with National Insurance prior to the Date of Leaving**
- Maximum sum insured available up to 20 lac.
- The standard benefits of retail medical plan will apply. The waiting periods for pre-existing and time-bound ailments will be reduced or removed based upon your tenure at FIS. Employees who have been with FIS for 4 or more years will not have any waiting periods applicable in the retail plan for the same sum insured.
- If higher sum insured is chosen upon portability, waiting periods and medical underwriting will be applicable on the higher sum insured.
- No medical test required for portability for same sum insured as covered in group policy (including parents)
- Day Care procedures covered

**Please Note : If you are interested in Portability please write to the below mail IDs 30 Days in advance from your Date of Leaving**

Email ID : [fis.ghmiquery@marsh.com](mailto:fis.ghmiquery@marsh.com)



# **GROUP HEALTH INSURANCE (GHMI) GIPSA GUIDELINES**

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# WHAT IS GIPSA?

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An agreement between 4 public sector insurance company (National Insurance Company Ltd., New India Assurance Company Ltd., Oriental Insurance Company Ltd., and United India Insurance Company Ltd ) and the hospitals (known as PPN-Preferred Provider Network) - to provide a standard rate of fee charged for various procedures and treatments in an all inclusive package.

Important Aspects to be know-

- List of surgical procedures/treatments is identified, this is a dynamic list
- Growing PPN empanelment with hospitals
- Control growing medical costs
- At par medical care/service with reduced cost

Example : In a reputed Hospital if the maternity package (normal delivery) is Rs.30000 under GIPSA, it will be near about 38000+ extra cost head wise in case of Open billing (market rate). The saving in terms of money is approx. 8000/- plus, which is not deducted from your sum insured limit when you chose the GIPSA package. So, here the GIPSA option enables you to save cost & also your Sum Insured (SI limit) which can be utilized in case of any other medical emergency in future.

# WHAT HAPPENS IF THE EMPLOYEE HAS OPTED A NON PPN HOSPITAL?

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1. If the employee goes for a treatment, that is a part of the PPN rate, in a Non PPN Hospital then the claim would be settled as per the PPN rate chart. The PPN rate for that particular Non PPN hospital would be considered as per the similar category of PPN Hospital in that particular region. The employee will have to borne the additional charges if the PPN rate is less than the actual cost of the treatment in that particular Non PPN hospital.
2. The above rule is applicable for a cashless or a Non Cashless claim.

Please note: Any claim deduction/ Additional payment from the employee that comes as an impact of PPN rates is further non-reviewable

# Why should employee avail GIPSA/PPN Cashless?

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- List of surgical procedures/treatments is identified, this is a dynamic list
- Growing PPN empanelment with hospitals
- Control growing medical costs
- At par medical care/service with reduced cost

## How to take benefit of GIPSA negotiated rates?

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We all part of a generation that wants to plan everything right from education, marriage to job and retirement plans, even medical treatments/hospitalization can be planned barring the emergency hospitalization.

- PPN hospital list is available on the portal of TPA
- Feel free to contact your TPA-SPOC to know the category of the hospitals you have shortlisted
- Fill up the Pre-Authorization form in advance at the hospital
- You will get a partial amount confirmation of the via SMS/Email from the TPA
- As per schedule, the hospitalization takes place and on the day of discharge, the final billing is done
- Non-Payables are identified by the TPA other the PPN package cost
- Employees pays the needful and procedure is completed.

Please note: Any claim deduction/ Additional payment from the employee that comes as an impact of PPN rates is further non-reviewable

# GIPSA Surgical List – (subject to change)

CARDIOLOGY	
<ul style="list-style-type: none"> <li>• Angiography ( includes cost of the dye) with Angioplasty/ Primary Angioplasty</li> <li>• Angiography (includes cost of the dye)</li> <li>• Angioplasty/Primary Angioplasty</li> <li>• CABG</li> <li>• DVR-Double Valve Replacement</li> <li>• EPS and RFA</li> <li>• Permanent Pacemaker Implantation</li> <li>• Temporary Pacemaker Implantation</li> <li>• Valve Replacement</li> </ul>	<ul style="list-style-type: none"> <li>• ERCP-EPT /STENTING/STONE REMOVAL</li> <li>• Excision of pilonidal sinus with primary closure</li> <li>• Excision of pilonidal sinus with FLAP COVER</li> <li>• Fissurectomy and fissure dilatation</li> <li>• Haemorrhoidectomy (stapler/ tackers included otherwise provided with the invoice.)</li> <li>• Haemorrhoidectomy + fissurectomy (stapler / tackers included otherwise provided with the invoice.)</li> <li>• High end fistulectomy</li> <li>• Hydrocele</li> <li>• Incisional hernioplasty {1}mesh-upto 15cm*15cm included &amp; 2) tackers are included otherwise provided with the invoice.}</li> <li>• Inguinal/ femoral hernioplasty-bilateral {1}mesh-upto 15cm*15cm included &amp; 2) tackers are included otherwise provided with the invoice.}</li> <li>• Inguinal/ femoral hernioplasty-unilateral {1}mesh-upto 15cm*15cm included &amp; 2) tackers are included otherwise provided with the invoice.}</li> <li>• Low end fistulectomy</li> <li>• Mastectomy(radical) or Modified Radical Mastectomy</li> <li>• Mastectomy(simple)</li> <li>• Perianal abscess</li> <li>• Resection and anastomosis of small intestine (single )</li> <li>• Right or left hemi colectomy</li> <li>• Thyroidectomy (Total/Subtotal/Enucleation/Partial/Lingual/Isthmectomy</li> <li>• Umbilicalhernioplasty {1}mesh-upto 15cm*15cm included &amp; 2) tackers are included otherwise provided with the invoice.}</li> </ul>
ENT	
<ul style="list-style-type: none"> <li>• Adenotonsillectomy</li> <li>• Cortical Mastoidectomy with myringoplasty</li> <li>• FESS WITH SEPTOPLASTY &amp; turbinectomy or polypectomy or conchoplasty- bilateral</li> <li>• FESS WITH SEPTOPLASTY &amp; turbinectomy or polypectomy/conchoplasty- unilateral</li> <li>• Mastoidectomy</li> <li>• Mastoidectomy &amp; Tympanoplasty</li> <li>• Microlaryngeal surgeries for cysts and polyps</li> <li>• Myringotomy with grommet insertion</li> <li>• Peritonsillar abscess drainage ( day care)</li> <li>• Tonsillectomy/Adenoidectomy(Unilateral/ Bilateral/ Laser/ Coblation)</li> <li>• Tympanoplasty</li> </ul>	
GENERAL SURGERY	
<ul style="list-style-type: none"> <li>• Appendectomy –LAP</li> <li>• Appendectomy –Open</li> <li>• AV fistula ( day care)</li> <li>• Breast lumpectomy</li> <li>• Cholecystectomy (LAP)</li> <li>• Cholecystectomy (open)</li> <li>• Circumcision ( day care)</li> </ul>	<ul style="list-style-type: none"> <li>• VP shunting</li> </ul>
NEUROSURGERY	
	<ul style="list-style-type: none"> <li>• Craniotomy with evacuation of Haematoma</li> <li>• Decompressive Craniectomy</li> </ul>
OBSTETRICS & GYNE	
	<ul style="list-style-type: none"> <li>• Dilatation and curettage ( D &amp; C ) ( DAY CARE)</li> <li>• Hysterectomy with Pelvic Floor Repair (PFR)</li> <li>• Instrumental delivery with well baby care(single/twins)</li> <li>• LAVH</li> <li>• LSCS with well baby care(single/twins)</li> <li>• Myomectomy (Lap /Open)</li> </ul>

# GIPSA Surgical List – (subject to change)

<ul style="list-style-type: none"> <li>• Normal delivery with well baby care(single/twins)</li> <li>• ovarian cystectomy Lap/ Open</li> <li>• TAH + BSO + ADHESIOLYSIS ( OPEN / LAP)</li> <li>• Vaginal vault prolapse repair</li> </ul>	<ul style="list-style-type: none"> <li>• Carpel tunnel release- bilateral</li> <li>• Carpel tunnel release- unilateral</li> <li>• Close reduction of fractures / dislocations ( day care)</li> <li>• Femur shaft fracture-proximal /middle/distal</li> <li>• Fracture neck femur</li> <li>• Hand or Foot fractures -with plates or screws</li> <li>• Hemiarthroplasty</li> <li>• Hip replacement bilateral</li> <li>• Hip replacement unilateral</li> <li>• Implant removal of large bones</li> <li>• Implant removal of small bones</li> <li>• Implant removal of spine</li> <li>• Laminectomy or disectomy</li> <li>• Large Wound Debridement</li> <li>• MCL reconstruction/repair</li> <li>• Open Reduction and Internal Fixation -fracture of single bone forearm/wrist</li> <li>• Open Reduction and Internal Fixation -fracture of both bones forearm</li> <li>• Open Reduction and Internal Fixation of elbow</li> <li>• Open Reduction and Internal Fixation of shoulder / humerus</li> <li>• Pelvis fracture- external fixation</li> <li>• Reduction of dislocation in GA</li> <li>• Scaphoid fracture fixation</li> <li>• Shoulder-arthroscopy / open- sub acromial decompression</li> <li>• Shoulder-arthroscopy bankart repair</li> <li>• Small Wound Debridement (Day Care)</li> <li>• Stabilization of cervical spine</li> <li>• Tendon Repair Multiple</li> <li>• Tendon Repair Single</li> <li>• Thoraco / lumbar - anterior interbody fixation/bone graft</li> <li>• Thoraco / lumbar global fixation/bone graft</li> </ul>
<b>OPHTHALMOLOGY</b>	
<ul style="list-style-type: none"> <li>• C3R-Corneal Collagen Cross Linking with Riboflavin</li> <li>• Cataract ( including lens)-MICS with unifocal lens</li> <li>• Cataract ( including lens)-Phaco with Unifocal Lens</li> <li>• Retinal Detachment-scleral buckling</li> <li>• Trabeculectomy with MMC / 5Fluorouracil</li> <li>• Trabeculectomy with ologen</li> <li>• Vitrectomy</li> <li>• Vitrectomy (sutureless) +membrane peeling-endolaser-gas/silicone tamponade</li> <li>• Vitrectomy -membrane peeling-endolaser-gas/silicone tamponade</li> <li>• Vitrectomy with gas temponade</li> <li>• Vitrectomy with silicone temponade</li> </ul>	
<b>ORTHOPAEDICS</b>	
<ul style="list-style-type: none"> <li>• Acetabular fracture fixation</li> <li>• ACL &amp; PCL reconstruction /repair</li> <li>• ACL reconstruction /repair</li> <li>• Amputation above elbow/ knee</li> <li>• Amputation below elbow/ knee</li> <li>• Amputation of Digit –multiple</li> <li>• Amputation of Digit –single</li> <li>• Ankle fracture-ORIF/ORIF with screws/TBW</li> <li>• Arthrodesis - wrist/ankle subtalar</li> <li>• Arthroscopic debridement and Sinovectomy</li> <li>• Bone grafting for non union of large bones</li> <li>• Bone grafting for non union of small bones</li> <li>• Calcaneal fracture - with plates</li> </ul>	



# GIPSA Surgical List – (subject to change)

- Tibia fracture proximal Bicondylar-ORIF/ ORIF
- Tibia fracture proximal Unicondylar/middle/distal-ORIF/ ORIF
- Total knee replacement- bilateral
- Total knee replacement- unilateral

## UROLOGY AND NEPHROLOGY

- Cystoscopy urs with DJ stenting unilateral
- Cystoscopy (therapeutic)
- Dialysis (all inclusive, Day Care)
- DJ stent removal (day care)
- ESWL-Extra Corporeal Shock wave lithotripsy ( day care )
- Meatotomy ( day care)
- Nephrectomy Open /Lap
- Nephrolithotomy / pyelolithotomy
- Orchidectomy-bilateral
- Orchidectomy-unilateral
- PCNL bilateral
- PCNL –unilateral
- Prostat removal- HOLMIUM/DIODE
- Prostate removal- OPEN
- Prostate removal- TURP
- Renal transplant surgery (all inclusive, except organ)
- URS /Theapeutic

## VASCULAR SURGERY

- Vericose veins (surgical / laser or Radio frequency Ablation)



# **GROUP HEALTH INSURANCE (GHMI) CLAIM PROCESS 2022-23**

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# GROUP HEALTH INSURANCE (GHMI) - CLAIM PROCESS

A Claim can be made through either a Cashless or a Reimbursement route.



## CASHLESS PROCESS:

Cashless means the TPA may authorize upon a Policyholder's request for direct settlement of eligible services and it's according charges between a Network Hospital and the TPA. Cashless is best suited for planned hospitalizations & is always the preferred mode of seeking hospitalization benefits under the policy.



## REIMBURSEMENT PROCESS:

In a Reimbursement process, you can get the treatment done at your own expense & then submit the bills along with a mandatory set of documents for reimbursement during weekly claims helpdesk to your respective TPA.



## EMERGENCY HOSPITALIZATION:

In case of an unplanned emergency, you may still benefit from a cashless treatment if the right steps are followed.

*Subsequent slides detail the process for each of the above modes of hospitalization*

### Note :

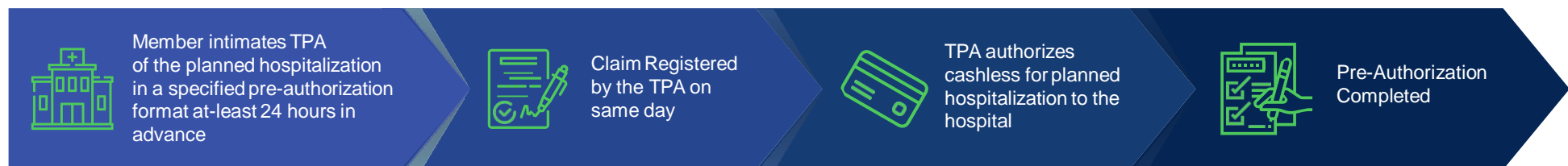
Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses the bills and other required documents needs to submitted separately as part of the claims reimbursement.



# GROUP HEALTH INSURANCE (GHMI) CLAIM PROCESS - CASHLESS HOSPITALIZATION

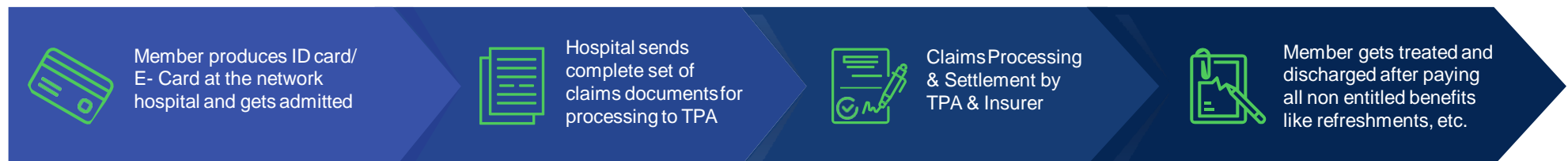
## STEP 1: PRE-AUTHORIZATION

All planned hospitalization instances must be pre-authorized by the TPA, as per the procedure detailed as follows. This is done to ensure that the best healthcare possible, is obtained, and the patient/employee is not inconvenienced when taking admission into a Network Hospital.



## STEP 2: ADMISSION, TREATMENT & DISCHARGE

After your hospitalization has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by TPA to the hospital. Kindly present your ID card/E-Card at the Hospital admission desk. The employee is not required to pay the hospitalization bill in case of a network hospital\*. The bill will be sent directly to, and settled by TPA.



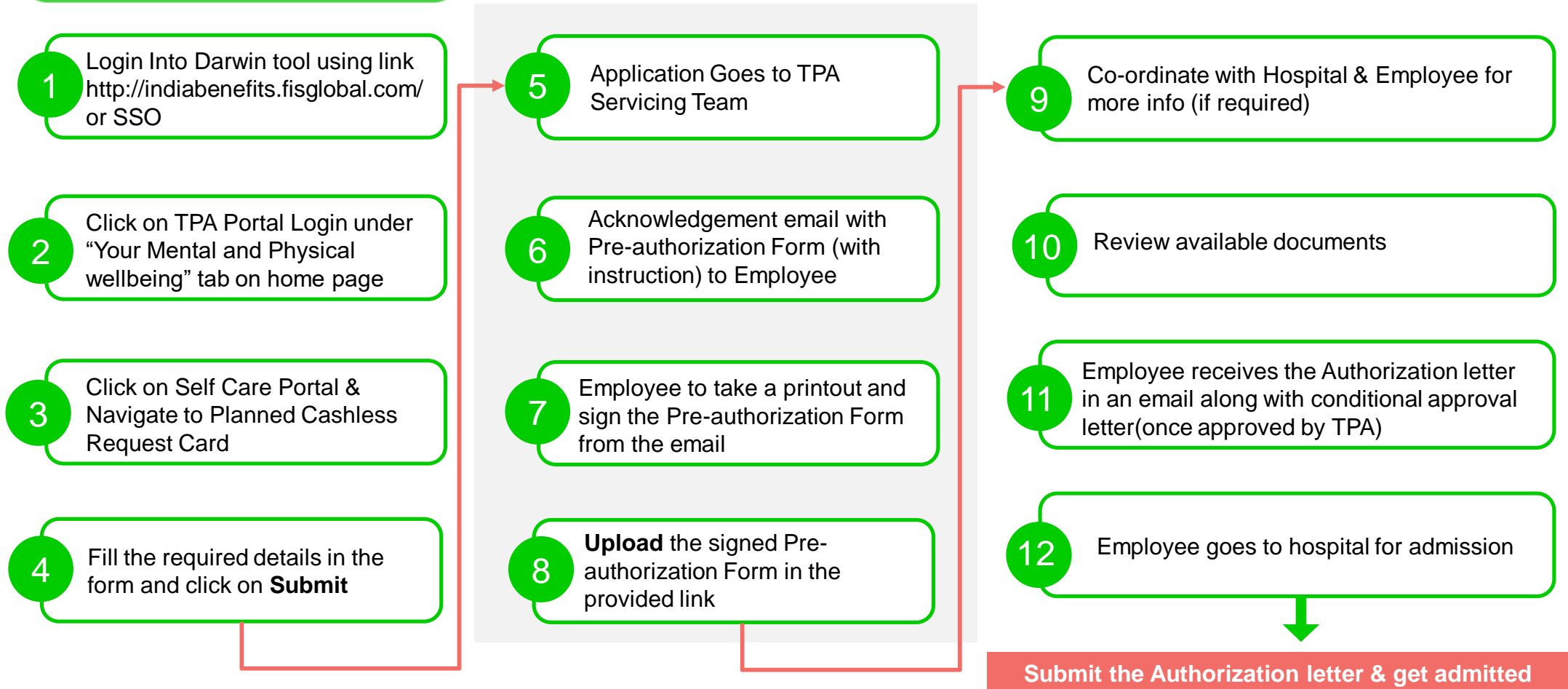
\* Co-Pay & other deductible amounts as applicable to be paid by the member at the time of discharge



# CASHLESS HOSPITALIZATION – PRE-APPROVAL

- ❑ Online Cashless Approval Facility through TPA Portal
- ❑ In case of a planned Hospitalization, you can take pre-authorization in advance, i.e. up to 5 days before the actual date of your treatment.
- ❑ This ensures that on the day of your treatment, you are able to access hassle-free admission, without the need for any paperwork or payments.

## HERE'S WHAT YOU NEED TO DO:





# GROUP HEALTH INSURANCE (GHMI) CLAIM PROCESS - EMERGENCY HOSPITALIZATION

## STEP 1 GET ADMITTED

In cases of emergency, the member should get admitted in the nearest network hospital by showing their ID card/E-Card.

## STEP 2 PRE-AUTHORIZATION BY HOSPITAL

Relatives of admitted member should inform the call centre within 24 hours about the hospitalization & Seek pre authorization. The preauthorization letter would be directly given to the hospital. In case of denial member would be informed directly

## STEP 3 TREATMENT & DISCHARGE

After your hospitalization has been pre-authorized the employee is not required to pay the hospitalization bill in case of a network hospital\*. The bill will be sent directly to, and settled by TPA



Member gets admitted in the hospital in case of emergency by showing his ID Card/E-Card



Member/Hospital applies for pre-authorization to the TPA within 24 hrs of admission



TPA verifies applicability of the claim to be registered and issue pre-authorization



Pre-authorization given by the TPA



Member gets treated and discharged after paying all non medical expenses like refreshments, etc.



Hospital sends complete set of claims documents for processing to the TPA

\* Co-Pay & other deductible amounts as applicable to be paid by the member at the time of discharge





# GROUP HEALTH INSURANCE (GHMI) CLAIM PROCESS - REIMBURSEMENT

## REIMBURSEMENT CLAIM PROCESS



### ADMISSION PROCEDURE

- In case you choose a non-network hospital you will have to liaise directly with the hospital for admission.
- Inform TPA within 24 hours to ensure eligibility for reimbursement of hospitalization expenses.



### DISCHARGE PROCEDURE

- In case of non-network hospital, you will be required to settle the bills in full.
- Please ensure that you collect all necessary documents such as - discharge summary, investigation reports, payment receipts etc.



### SUBMISSION OF HOSPITALIZATION CLAIM

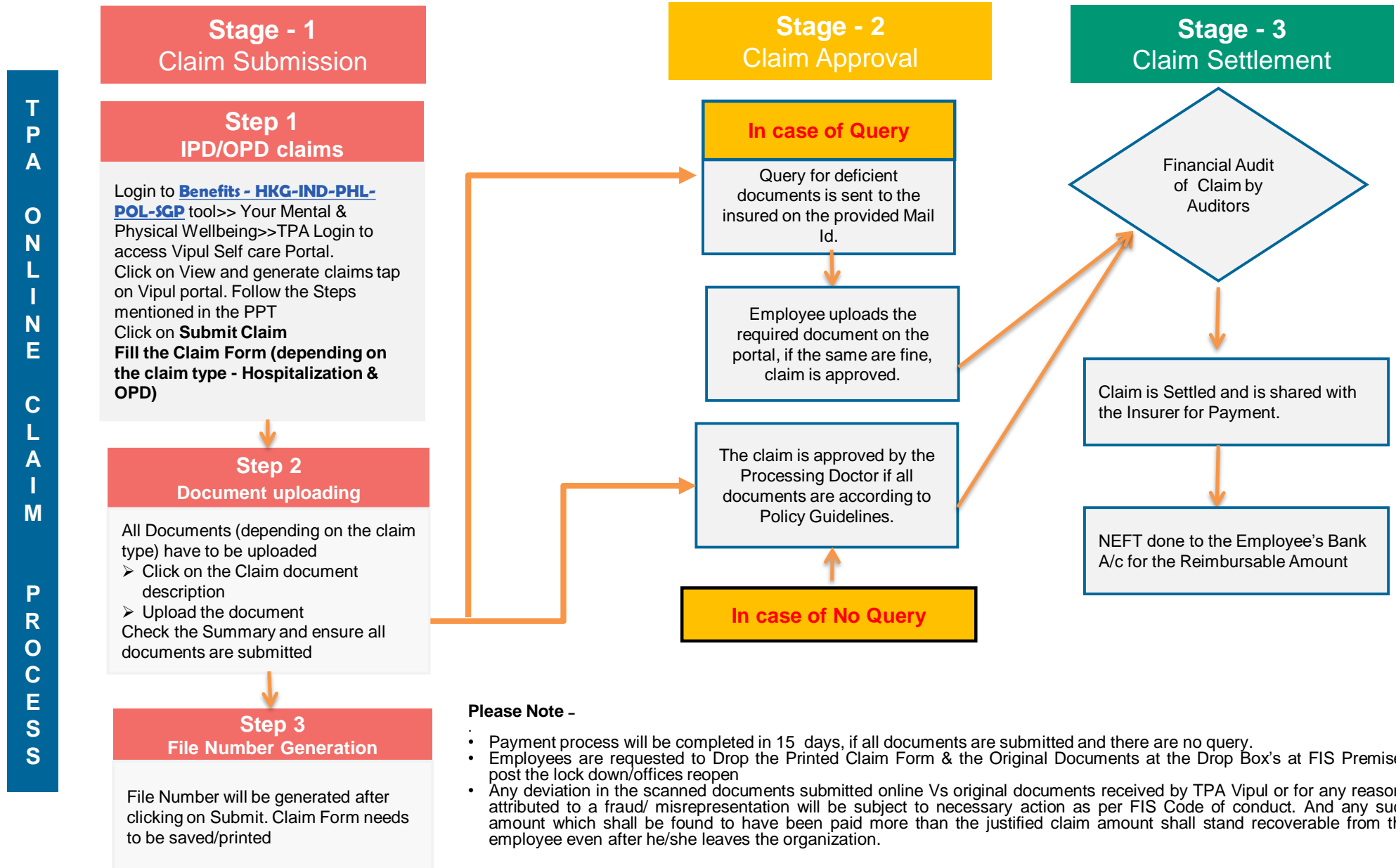
- You must submit the final claim with all relevant documents to TPA within 30 days from date of discharge. Employees may be contacted by the TPA in case of missing / shortfall of documents.

## DOCUMENT CHECKLIST

- ✓ Completed claim form with signature
- ✓ Itemized hospital bills (with signature and stamped by the hospital)
- ✓ Discharge report
- ✓ Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
- ✓ Diagnostic Reports (including X-Ray films), attested copies of bills and receipts for medicines, investigations along with doctors prescription
- ✓ Follow-up advice or letter for line of treatment after discharge from hospital (For Post Hospitalization)
- ✓ Hospital Registration Certificate – Only in case TPA ask for it.

# GROUP HEALTH INSURANCE (GHMI)

## TPA Reimbursement Claim Process – Online Submission





# GROUP HEALTH INSURANCE (GHMI) - CLAIM PROCESS - OPD

OPD Claims can be availed only through reimbursement process. Following are the general guidelines related to submission of claim & settlement of eligible amount -

1. **Submission:** Claims to be submitted online on TPA portal
2. **Documents Required** – Prescription and original bills/invoice (including copy of diagnostics, as applicable) submitted along with the prescribed OPD claim form.
3. **Query response** -In case of any query by TPA, the additional documents/clarification is to be submitted as per the timelines provided by the TPA and usually its 2 weeks.
4. **Timelines:** OPD claims must be submitted for reimbursement within 90 days from the date of bill & in case of Hospitalization claim reimbursement it is 30 days from the date of discharge.

**Claim Reimbursement (IPD/OPD):** Settlement amount is paid by National Insurance directly into your salary account within 15 Days from the date of your claim submission, provided all the documents are duly submitted as per check list in accordance to policy terms and conditions.

*For any further clarity - Please get in touch with TPA/ Marsh contact person as per the touch points and Escalation matrix available in the next slide.*



## GROUP HEALTH INSURANCE (GHMI) - ESCALATION MATRIX

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- All Employee & location People Office SPOCs are requested to please get in touch with the respective contact points for any claims queries/cashless hospitalization/ policy T&C related assistance; or general guidance about the FIS GHMI Benefits.
- Kindly refer to location wise TPA touch points & escalation matrix. In case employee does not get response from TPA Spoc and their escalation points in 24 hours then please feel free to reach out to Marsh team ( Refer to slide no 32 )
- In case of any unsatisfactory solutions/delays in response from the escalation point as mentioned, the People Office SPOCs are required to escalate the matter to FIS Benefits team on behalf of the employees.

**TPA Vipul**

**Location wise SPOCs details are mentioned in the next slide.**



# VIPUL TPA - ESCALATION MATRIX

FIS LOCATION ALLOTTED		HELPDESK			COORDINATOR / ESCALATION		
		Name	Mobile No.	Email ID	Name	Mobile No.	Email ID
1	Chandigarh	Mr. Fakir Chand	7428296553	<a href="mailto:chdcorp@vipulmedcorp.com">chdcorp@vipulmedcorp.com</a>	Mr. Ashwani Kumar	9891236522	<a href="mailto:ashwani@vipulmedcorp.com">ashwani@vipulmedcorp.com</a>
2	Noida	Mr. Sanjay Negi	9599598892	<a href="mailto:hdnoida@vipulmedcorp.com">hdnoida@vipulmedcorp.com</a>	Mr. Ashutosh kumar	9205474298	<a href="mailto:fissupport@vipulmedcorp.com">fissupport@vipulmedcorp.com</a>
3	Gurgaon FIS	Mr. Rahul Parihar	8448898511	<a href="mailto:fis@vipulmedcorp.com">fis@vipulmedcorp.com</a>			
	Gurgaon - FIS – Google Site	Mr. Raghavendra	8448898517	<a href="mailto:corpbackend3@vipulmedcorp.com">corpbackend3@vipulmedcorp.com</a>			
4	Pune	Mr. Sujit Shinde	9205593452	<a href="mailto:opspune@vipulmedcorp.com">opspune@vipulmedcorp.com</a>	Mr. Amit Kamble	93119 86371	<a href="mailto:amitkamble@vipulmedcorp.com">amitkamble@vipulmedcorp.com</a>
5	Mumbai	Mr. Avinash	82879 64461	<a href="mailto:avinash@vipulmedcorp.com">avinash@vipulmedcorp.com</a>	Mr. Arun Yadav	8287964450	<a href="mailto:arunyadav@vipulmedcorp.com">arunyadav@vipulmedcorp.com</a>
6	Bangalore	Ms. Ranjani Nair	8147760903	<a href="mailto:hdbangalore@vipulmedcorp.com">hdbangalore@vipulmedcorp.com</a>	Mr. J.S. Dash	9350990670	<a href="mailto:dash@vipulmedcorp.com">dash@vipulmedcorp.com</a>
7	Chennai	Mr. Ramesh	9566555814	<a href="mailto:hodclaim@vipulmedcorp.com">hodclaim@vipulmedcorp.com</a>	Mr. Madan Kumar	9360082096	<a href="mailto:bachennai@vipulmedcorp.com">bachennai@vipulmedcorp.com</a>
8	Kolkata	Mr. Ayan Mitra	7595087065	<a href="mailto:ayan@vipulmedcorp.com">ayan@vipulmedcorp.com</a>	Dr. Arup Banerjee	9378178895	<a href="mailto:arup@vipulmedcorp.com">arup@vipulmedcorp.com</a>
9	Guwahati	Mr. Tapash Bharadwaj	7595087066	<a href="mailto:tapasbharadwaj@vipulmedcorp.com">tapasbharadwaj@vipulmedcorp.com</a>	Mr. Tapash Bharadwaj	9378178895	<a href="mailto:arup@vipulmedcorp.com">arup@vipulmedcorp.com</a>
10	Indore	Mr. Pawan khare	9329733015	<a href="mailto:indcorp@vipulmedcorp.com">indcorp@vipulmedcorp.com</a>	Mr. Prabhakar Ganjiwale	9329733094	<a href="mailto:prabhakar@vipulmedcorp.com">prabhakar@vipulmedcorp.com</a>

Escalation Level	Name	Designation	Mobile No.	Email ID
SPOC	Mr. Satish Kumar	Relationship Manager	9971006944	<a href="mailto:satish@vipulmedcorp.com">satish@vipulmedcorp.com</a>
Level 1	Mr. J.S.Dash	AVP	9350990670	<a href="mailto:dash@vipulmedcorp.com">dash@vipulmedcorp.com</a>
Level 2	Dr. Faisal Khan	Sr VP	9319932221	<a href="mailto:Faisal.khan@vidalhealthtpa.com">Faisal.khan@vidalhealthtpa.com</a>



## MARSH - ESCALATION MATRIX

Marsh India

Escalation Level	Name	Designation	Mobile No.	Email ID
SPOC	Tejpal Dave	Asst. Manager	7290013818	<a href="mailto:Tejpal.dave@marsh.com">Tejpal.dave@marsh.com</a>
Level 1	Pawan Kumar	Manager	7291861121	<a href="mailto:Pawan.kumar1@marsh.com">Pawan.kumar1@marsh.com</a>
Level 2	Bharat Yadav	Manager	7838555511	<a href="mailto:Bharat.yadav@marsh.com">Bharat.yadav@marsh.com</a>
Level 3	Girish Khosla	E.V.P	9999670886	<a href="mailto:Girish.khosla@marsh.com">Girish.khosla@marsh.com</a>





# **GROUP PERSONAL ACCIDENT BENEFITS OVERVIEW 2022-23**

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# GROUP PERSONAL ACCIDENT (GPA) - BENEFITS CHART

Accident insurance helps protect you from unexpected financial stress if you or a covered family member has an accident. By providing cash benefits in cases of accidental injuries and disability, it supplements your primary medical plan. Benefits are paid regardless of any other insurance plans you may have. You will be able to select coverage for yourself during Open Enrollment regardless of prior health history.

**Sum Insured:** 3 times Total Compensation (TC) or minimum cover of 10 lacs whichever is higher

**Permanent Total Disablement (PTD):** Minimum INR 21 Lacs or 3 X Annual TC whichever is higher

**Insurer :** National Insurance Company Limited



Policy Period - 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023



Eligibility - Employee only



Death due to accident covered



Permanent Total Disability covered



Permanent Partial Disability covered



Accidental medical expenses INR 50,000 on OPD and IPD basis.



Temporary Total Disability 1% of SI to maximum of INR 25000 per week, whichever is less for 104 weeks



Cost of House/Vehicle modification upto INR 50,000



Child Education - INR 100,000 per child for two children from date of death of employee ( Payable only for 1<sup>st</sup> year)



Disability due to snake bite covered



Repatriation of remains INR 25,000



Accidental Burn injury coverage INR 100,000



Funeral Expenses INR 10,000 per incidence

**Note:** Injuries sustained due to terrorism are also covered



# GROUP PERSONAL ACCIDENT (GPA) - BENEFITS CHART

THE DISABLEMENT		COMPENSATION EXPRESSED AS A PERCENTAGE OF TOTAL SUM INSURED
Permanent Total Disablement		100%
Permanent and Incurable Insanity		100%
Permanent Total Loss of two Limbs		100%
Permanent Total Loss of Sight in both eyes		100%
Permanent Total Loss of Sight of one eye and one Limb		100%
Permanent Total Loss of Speech		100%
Complete removal of the lower jaw		100%
Permanent Total Loss of Mastication		100%
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%
Permanent Total Loss of Hearing in both ears		75%
Permanent Total Loss of one Limb		50%
Permanent Total Loss of Sight of one eye		50%
Permanent Total Loss of Hearing in one ear		15%
Permanent Total Loss of the lens in one eye		25%
Permanent Total Loss of use of four fingers and thumb of either hand		40%
Permanent Total Loss of use of four fingers of either hand		20%
Permanent Total Loss of use of one thumb of either hand:	a) Both joints	20%
	b) One joint	10%
Permanent Total Loss of one finger of either hand:	a) Three joints	5%
	b) Two joints	3.5%
	c) One joint	2%



## GROUP PERSONAL ACCIDENT - VOLUNTARY TOP-UP (EMPLOYEE)

Employees can choose to buy additional personal accident cover with Sum insured ranging from INR 500,000 to INR 5,000,000, Not exceeding 5 times of Total compensation (TC) combined in default plan and voluntary Top-up plan

Sum Assured	INR 500,000	INR 1,000,000	INR 1,500,000	INR 2,000,000	INR 2,500,000	INR 3,000,000	INR 3,500,000	INR 4,000,000	INR 4,500,000	INR 5,000,000
Premium	75	150	225	300	375	450	525	600	675	750



## GROUP PERSONAL ACCIDENT - VOLUNTARY TOP-UP (SPOUSE)

Employees can choose to buy additional personal accident cover for their spouse with Sum insured ranging from INR 500,000 to INR 5,000,000, to maximum of 50% of sum insured of the employee.

BENEFIT PLAN	COVERAGE / OPTIONS
Death due to accident	Covered
Permanent Total Disability	Covered
Permanent Partial Disability	Covered

Sum Assured	INR 500,000	INR 1,000,000	INR 1,500,000	INR 2,000,000	INR 2,500,000	INR 3,000,000	INR 3,500,000	INR 4,000,000	INR 4,500,000	INR 5,000,000
Premium	125	250	375	500	625	750	875	1,000	1,125	1,250



## GROUP PERSONAL ACCIDENT (GPA) - CLAIM PROCESS

### STEP 1

- ❑ Employee / Family member should Inform FIS People Office about the incident at the earliest
- ❑ FIS People Office will in turn inform Marsh & Insurer

### STEP 2

- ❑ Submit claim form along with relevant documents to insurer within 30 days of the event or discharge from hospital
- ❑ Insurer will review claim form and investigate the incident

### STEP 3

- ❑ Insurer will process the claim
- ❑ Claim is settled / rejected along with appropriate details
- ❑ Payment is made by the insurance company



# **GROUP TERM LIFE(GTLI) BENEFITS OVERVIEW 2022-23**

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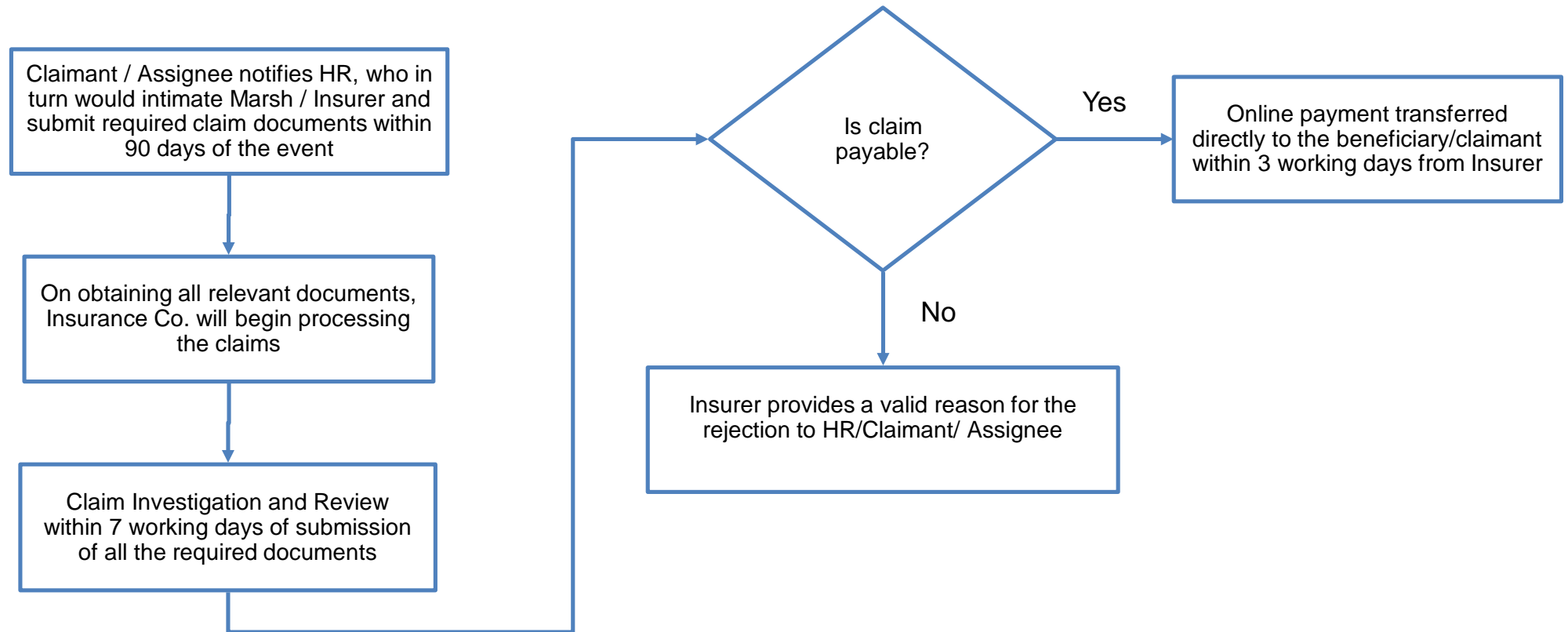
## Group Term Life (GTL) – Benefits Chart

Group Term Life Insurance provides life (term) insurance protection in case of death of an employee. In the event of death of a member from any cause (natural/accidental), provided that this shall occur while the assurance in respect of such member shall be in force, an amount determined in accordance with the Policy Schedule shall be paid

**Sum Insured:** 5 times of Annual Total Compensation (TC) , with min. INR 15 lakhs and max INR 5 crores

Benefit Plan	Coverage / Options
Policy Period	6 <sup>th</sup> May, 2022 to 5 <sup>th</sup> May, 2023
Eligibility	Employee only
Death due to accident	Covered
Natural death	Covered
Suicide coverage from day one	Covered
Terminal Illness	Covered - 100% of BLC subject to maximum of INR 5,000,000

## Group Term Life (GTL) - Claim Process



## Group Term Life (GTL) – Document Checklist

- Death Claim Form by the Employer – Duly filled
- Death Certificate of deceased employee issued by a local government body like Municipal Corporation/Village Panchayat
- Cancelled Cheque of Beneficiary/claimant
- Gov't ID proof of Beneficiary/Claimant –Aadhar & PAN Card both
- Death Summary/Discharge summary of deceased employee from Hospital





# **EMPLOYEE DEPOSIT LINKED INSURANCE (EDLI) BENEFITS OVERVIEW 2022-23**

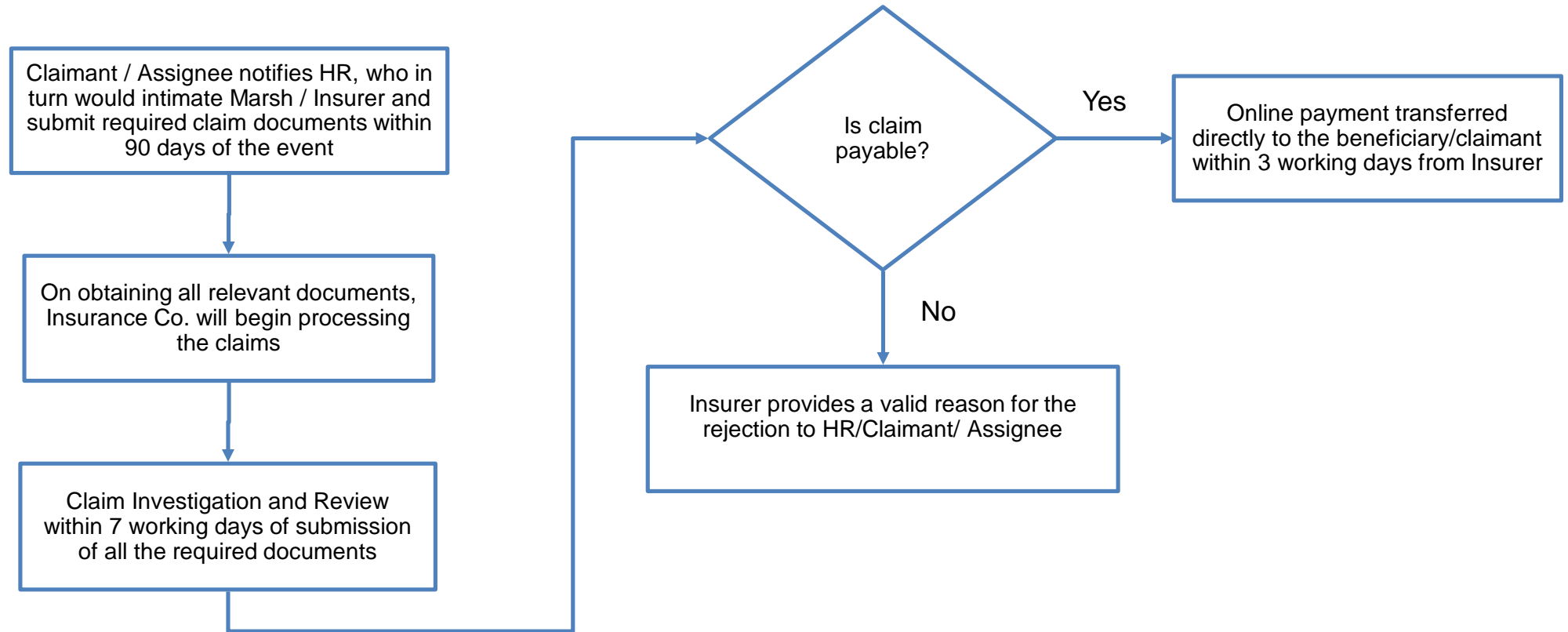
# Employee Deposit Linked Insurance (EDLI) – Benefits Chart

Employee deposit linked Insurance provides life (term) insurance protection in case of death of an employee registered with EPFO. In the event of death of a member from any cause (natural/accidental), provided that this shall occur while the assurance in respect of such member shall be in force, an amount determined in accordance with the Policy Schedule shall be paid.

**Sum Insured:** Flat INR 702,000

Benefit Plan	Coverage / Options
Policy Period	1 <sup>st</sup> March 2022 to 28 <sup>th</sup> February 2023
Eligibility	Employee only
Death due to accident	Covered
Natural death	Covered
Suicide coverage from day one	Covered

# EDLI - Claim Process



## EDLI – Document Checklist

- Death Claim Form by the Employer – Duly filled
- Death Certificate of deceased employee issued by a local government body like Municipal Corporation/Village Panchayat
- Cancelled Cheque of Beneficiary/claimant
- Gov't ID proof of Beneficiary/Claimant –Aadhar & PAN Card both
- Death Summary/Discharge summary of deceased employee from Hospital

# **THANK YOU!**

**FIS wishes you  
A Happy Healthy Life!**