



Bhadri Vetry &lt;bhadrivetry95@gmail.com&gt;

**Optional Parental medical insurance, Hospitalization Top-Up and Critical Illness Programs - before 19 Dec 2025 (Do not change the subject line)\_Revised**

3 messages

LOA Benefits Enrollment <LOA\_benefitsenrollment@bofa.com>  
To: LOA Benefits Enrollment <LOA\_benefitsenrollment@bofa.com>  
Cc: LOA Benefits Enrollment <LOA\_benefitsenrollment@bofa.com>

Fri, Nov 28, 2025 at 2:08 PM

Dear Employee,

(Send your enrollments to @ [LOA\\_benefitsenrollment@bofa.com](mailto:LOA_benefitsenrollment@bofa.com) on or before 19 December 2025).

**OPTIONAL INSURANCE PLANS – VOLUNTARY (SELF CONTRIBUTED)**

If you wish to enroll for **Optional Parental Health Insurance** and or enhance the **Self-Medical Coverage** then please help share the details in the attached excel format before due date

1. Open the excel file attached and review the premium
2. Fill the excel file with your details and the coverage required
3. Attach the excel file to the email
4. We would request you to review the excel once, prior to sending
5. Send the email to @ [LOA\\_benefitsenrollment@bofa.com](mailto:LOA_benefitsenrollment@bofa.com)

**Email once sent by you with your selection and confirmation cannot be changed/cancelled.**

**Incomplete / illegible detail will not be considered.**

**Requests received after 19 December 2025 will not be considered.**

**1. Parental medical insurance**

You can elect to purchase parental medical insurance for your parents and in-laws up to age of 95 years. Different coverage options are available based on whether you want to cover one or two parents/parents-in-law. For additional convenience, you can elect to combine options. **Premiums will be deducted from your monthly payroll in six equal installments or you can opt for premium to be adjusted from wellness spending account entitlement. Refer to attached enrollment form for information on the premium**

Coverage	Cover limit	Program Features
Set of parents /parents-in-law	INR 200,000, INR 400,000 or INR 600,000	<ul style="list-style-type: none"><li>• Pre-existing diseases covered</li><li>• No Ailment capping</li><li>• No waiting period</li><li>• Dedicated claims handling</li><li>• 20% co-pay</li></ul>
Single parent /parent-in-law	INR 100,000, INR 200,000, INR 400,000 or INR 600,000	

**2. Hospitalization top-up**

You can elect to increase your hospitalization coverage by purchasing a top-up option of INR 200,000 or INR 500,000 for you and your elected dependents. **Premiums will be deducted from your monthly payroll in three equal installments or you can opt for premium to be adjusted from wellness spending account entitlement. Refer to attached enrolment form for information on the premium**

Top-up options	Annual Premium incl. GST
INR 200,000	INR 4,248
INR 500,000	INR 10,620

**3. Critical illness insurance**

You can elect critical illness coverage of **INR 500,000 & INR 1000,000** for an annual premium of **INR 3540 (incl. GST) & INR 8260 (incl. GST)**. With this coverage, you will be eligible to receive a lump-sum payout to help ease the financial burden if you are diagnosed with one of 22 critical illnesses (as defined by the insurer). Please note that this benefit is only available for employees. **Premiums will be deducted**

**from your monthly payroll in three equal installments or you can opt for premium to be adjusted from wellness spending account entitlement. Refer to attached enrolment form for information on the premium**

**Note:**

**This email process of selection is only applicable to employees on Leave of Absence.**

**Please do not change the subject line while responding back to the email**

Should you have any questions, please do not hesitate to call HRSC @ 1800 313 456789 (toll-free).

Regards

Life Event Services team

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This message, and any attachment(s), is for the intended recipient(s) only, may contain information that is privileged, confidential and/or proprietary and subject to important terms and conditions available at <http://www.bankofamerica.com/electronic-disclaimer>. If you are not the intended recipient, please delete this message. For more information about how Bank of America protects your privacy, including specific rights that may apply, please visit the following pages: <https://business.bofa.com/en-us/content/global-privacy-notice.html> (which includes global privacy notices) and <https://www.bankofamerica.com/security-center/privacy-overview/> (which includes US State specific privacy notices such as the <http://www.bankofamerica.com/ccpa-notice>).

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**2 attachments**

 **TopUP and Critical illness Insurance declaration form 2026.xlsx**  
19K

 **Parental Insurance Enrollment form\_2026.xlsx**  
16K

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**Bhadri Vetri** <bhadrivetri95@gmail.com>

Fri, Nov 28, 2025 at 2:21 PM

To: LOA Benefits Enrollment <LOA\_benefitsenrollment@bofa.com>

Cc: LOA Benefits Enrollment <LOA\_benefitsenrollment@bofa.com>, suresh.ramalingam@bofa.com

Dear Team,

Please find attached my completed enrollment form for the Optional Parental Health Insurance as requested.

I would like to confirm my enrollment for the parental insurance program as per the details filled in the attached Excel file.

**Employee Details:**

- **Employee Name:** Bhadrinath Bhadrinath
- **Person Number:** 25601118
- **Date of Joining:** 22-Jun-2021

I have reviewed the premium details and coverage options and the attachment includes all required information. Kindly process my enrollment.

Please let me know in case any further information is required.

Thank you.

Regards,  
Bhadrinath Bhadrinath

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 **Parental Insurance Enrollment form\_2026.xlsx**  
16K

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**LOA Benefits Enrollment** <LOA\_benefitsenrollment@bofa.com>

Tue, Dec 9, 2025 at 5:03 PM

To: Bhadri Vetri <bhadrivetri95@gmail.com>

Thanks for your email.

We will share your enrollment request to insurer and Ecards will be available in February last week.

Note- In interim, you may reach out to your location insurance SPOC for any claim assistance.

Locations Name Email Id Phone No Gurugram Vivek Gautam [bacigurugram@mediassist.in](mailto:bacigurugram@mediassist.in) 8826044688 Mumbai CH Jigar/Aniket Malsminder [bacimumbai@mediassist.in](mailto:bacimumbai@mediassist.in) 6366569784/ 6364866971 Chennai Vinoth Kumar [bacichennai@mediassist.in](mailto:bacichennai@mediassist.in) 6366569785 Hyderabad 1 Satish Reddy [bacihyderabad1@mediassist.in](mailto:bacihyderabad1@mediassist.in) 6366569787 Hyderabad 2 Jagdish bandla [bacihyderabad2@mediassist.in](mailto:bacihyderabad2@mediassist.in) 6366569788 Gandhinagar Asif [baciguajarat@mediassist.in](mailto:baciguajarat@mediassist.in) 8050636792 Escalation-1(RM) Deepak Telhan [deepak.tehlan@mediassist.in](mailto:deepak.tehlan@mediassist.in) 6366569783

Regards

Team BACI

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