
Group Medical Insurance Policy

Applicability

The following categories of employees will be covered under the Medical Insurance Policy:

1. All employees on regular rolls
2. Fixed-term contract employees
3. Applicable to term employees having consolidated pay which is greater than Rs 21000
4. Assistant Professor (Contractual) (Those on 6 months' contract are not covered)

Those who are eligible & covered under ESIC will not be covered under Group Medical Insurance Policy.

The applicability of the policy will be as under:

1. The policy will cover a maximum of four family members as per details under:
 - i. **Employee**
 - ii. **Spouse:** The spouse, if employed in other establishment, will be required to furnish a certificate that they are not covered under any Mediclaim from the organisation where they are employed.
 - iii. For **employee and spouse** this policy will extend even after retirement until the death of the employee/spouse as per a separate policy for retired employees.
 - iv. **Dependent children** between day one in case addition is intimated within 30 days from the date of birth of the child to the age of 26 years' subject to the following:
 - a. If any dependent child starts working before the age of 26 years, that child shall not be entitled for this facility.
 - b. If the dependant daughter gets married, she too will not be entitled for this facility.
 - v. **Dependent parents** are covered only until attaining the age of 80 years. The parent(s) should not be in employment and are not earning an income of more than Rs. 10,000/- from all known sources of income. The parent may/may not be residing with the employee. In addition, in case where the mother is a widow and/or dependent, then she is not availing a similar hospitalization benefit from another source. If it comes to the notice of the management that this declaration is false, then the employee will be liable for strict disciplinary action
 - vi. The Fixed-term contract staff drawing a salary of less than **Rs. 21, 000/-** will be covered under ESI except for those who are already in the salary bracket **of Rs 15,000/- to Rs 21,000/-** and are covered as of the date of this circular.
2. Coverage will be effective from date of joining of employee subject to the employee submitting the Group Medical Insurance membership form within one week from the date of joining.
3. The maximum coverage will be for 4 members only (as described in para 1 above) and in case the employee wants to add their parents and children in addition to four members, they will have to bear the additional premium amount. The employee will require to fill in **Annexure – XXXVI (Medical Insurance Form)**
4. In case the spouse of the employee is working in another organisation and not covered by their group medical insurance scheme then the employee will need to declare the same to be eligible for TIET Group Medical Insurance. **Annexure – XXXVII (Declaration Form)**

Category-wise limits of the Mediciam Insurance Policy are as under:

Regular Employees	
Level	Hospitalization Limit (Rs. Lacs)
ATS-1 to ATS-4	2.50
ATS-5 to ATS-8	3.30
ATS-8A; ATS-9; PM-10 to PM-14; L-10 – L-14, LAS, LAS-13, LAS-14	6.00

Fixed-term contract Employees	
Level	Hospitalization Limit (Rs. Lacs)
Rs. 15,001 to Rs. 30,000	2.50
Rs. 30,001 to Rs. 60,000	3.30
> Rs. 60,000	6.00

Mediciam Premium for additional members:

Sum Insured	Premium Amount
2.50	Rs. 3,000
3.30	Rs. 3,500
6.00	Rs. 6,000

Benefits

Cashless facility	Available
Cost of Registration / Admission expenses / charges/ fee at the hospital shall be reimbursed under the policy	Not payable
Corporate Floater (CF)	Rs. 25 Lacs Per Family Limit: SI Rs 250000 - CF 250000, SI Rs. 330000 – CF 330000 SI Rs. 600000 – CF Rs. 600000 Note: Use of Corporate Floater will be subject to exhausting the SI limit & prior approval of the Director.
Maternity	Rs. 50,000/-
Maternity 9 month waiting period	Waived off
Pre-existing Disease	First year exclusion waive-off
Claim Intimation time	Within the 7 Days from the date of admission
Claim submission	Within 30 days from the date of discharge. Post Hospitalization bills should be submitted to TPA within seven (7) days after completion of such treatment.

Pre-Hospitalization Expenses

Definition	If the insured person is diagnosed with an illness which results in their hospitalization and for which the Insurer accepts a claim, then the insurer will reimburse the insured person's pre-hospitalization expenses for up to 30 days prior to hospitalization as long as the 30-day period commences and ends within the policy period.
Applicable	Yes.
Duration	30 Days

Post-Hospitalization Expenses

Definition	Oral treatment is covered for 60 days' post for the main hospitalization.
Applicable	Yes
Documents submission deadline	60 days from date of discharge
Duration	60 days

Note: Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred to a maximum of 10% of the Sum Insured. Hospitalization means admission in a Hospital/Nursing home for a minimum of 24 consecutive hours of inpatient care.

Claims Process**Cashless**

1. Cashless facility can be availed or granted when the hospital is registered as network hospital of TPA
2. Planned hospitalization: When the cashless request process is completed in advance.
3. Unplanned/Emergency hospitalization. When the request for cashless is given at the time of admission only.

Non Cashless Hospitalization Process

1. At the time of discharge, collect all bills (stamped and signed), supporting investigation reports, medical bills, original discharge card, etc., from hospital.
2. Within 30 days of discharge, submit the claim form along with documents (in original) to office.
3. The employee should keep a copy of the documents for further reference.

Reimbursement

Reimbursement facility is generally availed if the hospital is not in network list of TPA or due to unclear requests cashless is not granted by TPA or if the insured voluntarily does not opt for cashless facility.

The Institute has the right to change the terms & conditions of this policy during its renewal every year.

Medical Insurance: Retired Employees

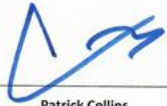
Retired employees will be covered under the Group Medical Insurance Scheme as under:

SN	Category of Employment: Regular Employees	
	Period	Conditions
1	Joined before February 2020	<ul style="list-style-type: none"> Till superannuation/resignation: No premium to be paid. After superannuation and till attaining the age of 80 years: 25% of the premium prevailing at that time to be shared by the employee subject to condition that such employee must have completed 15 years of continuous service at TIET and superannuated from TIET After the age of 80 years: 100% of the premium prevailing at that time to be paid by the employee. <p><i>Note: An employee resigning before the superannuation age will not be entitled to any medical insurance benefit after their resignation even if served TIET for 15 or more years.</i></p>
2	Joined after February 2020	<ul style="list-style-type: none"> Till superannuation/resignation: No premium to be paid. After superannuation: 100% of the premium prevailing at that time to be shared by the employee interested in availing medical insurance. Such an employee must have served TIET for 15 years prior to their superannuation. <p><i>Note: An employee resigning before the superannuation age will not be entitled to any medical insurance benefit after their resignation even if served TIET for 15 or more years.</i></p>

All previous policies on the said subject will be null and void. In case a retired employee drops out from the policy, they cannot re-join in the subsequent year(s). The policy for retired employees does not include a ‘Corporate Floater’ and Maternity benefits.

The premium payable by the retired employee for the year 2020-21 is as under:

Sum Insured	Payable by Retired Employee (Rs.)
2.5 Lacs	625
3.3 Lacs	775
6.0 Lac	1700

Signature : 

Name : Patrick Collins

Designation : Chief Human Resources Officer

Medical Insurance Form

Name of Employee : _____ Employee ID : _____
 Designation : _____ Department/Section : _____
 Date of Joining : _____ Nature of employment : _____
 Mobile Number : _____

I, Dr./Mr./Ms. _____ hereby declare that my parents/children as under are fully dependent on me.

Details of Employee and members to be covered (Refer Institute Circular)

SN	Name of the Employee & Members to be Covered	Date of Birth (DD/MM/YY)	Age as on 29.06.20	Gender (M/F)	Occupation	Relationship with Employee
1						
2						
3						
4						

Additional members to be covered on a payment basis (Refer Institute Circular)

SN	Additional Members to be Covered	Date of Birth (DD/MM/YY)	Age as on 29.06.20	Gender (M/F)	Occupation	Relationship with Employee
1						
2						

Residential Address _____

Family Doctor _____
 (Name, Mobile Number)

I would like to cover them under the **Thapar Institute Group Medical Insurance Policy** for the period from _____ to _____.

I fully understand that as per the policy coverage my parents are covered only till attaining the age of 80 years. I further declare that my parents are not in employment and are not earning an income of more than Rs. 10,000/- from all known sources of income. The parent may / may not be residing with the employee. Also in case my mother is a widow and/or dependent, then she is not availing a similar hospitalization benefit from another source. I also understand that if it comes to the notice of the management that this declaration is false, then the i will be liable for strict disciplinary action.

I further state that none of the children mentioned above (both under premium borne by Institute and by me) are above the age of 26 years as on 29th June 20_____.

I also understand that only a total of 4 members can be covered under this policy and if this number is exceeded, then I will bear the additional premium as will be decided by the Institute.

I understand that on the basis of the information provided by me, this insurance is guaranteed. If after the insurance commences, it is found that the particulars are incorrect or untrue in any respect, the institute shall have no liability under this Insurance in respect of myself and my family members proposed for insurance.

Date : _____

Signature : _____

Place : _____

Name : _____

Declaration Form
To Whomsoever It May Concern

This is to certify that Dr./Mr./Ms. _____
spouse of Dr./Mr./Ms. _____ is working in our
organization (Name of Organization: _____) since
_____ (dd/mm/yy) as _____.

This is to further certify that he/she is covered/not covered under the Institute Group Medical
Insurance Scheme.

Name: _____
Designation: _____
Date: _____