BYELAWS FOR CLAIMING BENEVOLENT FUND

1.	**MEMBERSHIP NORMS**	A. Every IIISLA member below the age of 70 yrs as on 1st April 2016, shall be covered under the scheme after one month of receipt (clearance of cheque) of his subscription B. Every member has to renew his IBF membership each year in time with IIISLA membership before 1st May (Inclusive of the date of cheque clearance) of the financial year. C. In case the membership is not timely renewed, the cover will be treated as a fresh and the benefits of the scheme shall become due after 30 days of receipt of renewal subscription but not before the cheque clearance. D. The said scheme will be effective from 1st April of a financial year and shall remain effective till 31rd March of the same financial year.
2.	**COVERAGE**	A. **In case of critical illness** - In case of critical illness, already envisaged in the scheme, the maximum cumulative limit of indemnity is Rs. 2,00,000.00 (Two Lacs only), in the lifetime of a valid member and can be utilized in parts as well. The due amount under this scheme will be handed over to the member concerned by way of cheque only or advance payment to hospital as the case may be. This is also clarified that the critical illness scheme will be applicable to the member of IIISLA only not to the members of their family. In case member has a mediclaim policy, he/she should be given the choice to prefer claim on his policy or IBS coverage but the maximum limit of cumulative reimbursement by IBS will not be more than 2.00 lacs. The bills claimed for treatment under health policy in the name of member cannot be claimed under IBF.

It is further stated that every member claiming such expenses should submit proper bills / cash memos with receipts of the concerning hospital where treatment has been taken. Further, the claim papers in original should be send to "Administrative body" through the respective unit & chapter and the responsibility of verifying the claim bill shall be on the forwarding unit & chapter.

In case any fabrication/anomaly is noticed in any of the claim papers, appropriate action shall be taken against the member concerned and also unit & chapter as well.

<u>Documents required post hospilization or after treatment</u>

- Claim form duly filled and signed
- Bill, Receipt and Discharge certificate / card from the Hospital.
- Cash memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.
- Receipt and Pathological test reports from Pathologist or images or any other report supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests /or X-ray etc.
- Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt.
- Attending Doctor's / Consultant's / Specialist's / Anaesthetiest's bill and receipt, and certificate regarding diagnosis.
- In case of Domiciliary Hospitalization, receipt from a qualified nurse who attended the patient at his/her residence duly supported by a certificate from attending Medical Practitioner.
- Certificate from attending medical Practitioner giving reasons for allowing treatment at home.
- Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.

All papers duly verified by the respective Unit & Chapter should be sent within a fortnight from the date of discharge.

Documents required for claim pre-hospitalization

Members advised expensive treatment and need fund before hospilization may also claim after submission of following documents:-

- Claim form duly filled and signed
- Prescription of the Doctor advising the admission
- All supporting reports to prove diagnosis of the critical illness (pathological, imaging or any other reports)
- Medical investigation reports.
- Hospital requisition about amount to be deposited before surgery or treatment.

In this case the Fund Administrative Body may choose to recommend for payment directly to the hospital or the member as they deem fit.

Final bills/payment receipt may be submitted afterwards.

All papers duly verified by the respective Unit & Chapter.

B. In case of natural Death :

In case natural death of valid member, an amount of Rs. 5,00,000.00 (Rs. Five Lacs) shall be paid to the nominee of the deceased member by the Benevolent fund as a social security gesture being member of the fund.

Further if any member is willing to nominate more than one member of his family, the name relation and percentage of share to be given to each one should be clearly shown in the admission form and accordingly the payable amount will be reimburses to the nominees of the deceased member.

		In case of claim under this scheme the following papers are required to be submitted. • Claim form duly filled and signed • Death Certificate issued by competent authority • Death Certificate issued by doctor • I.D proof of claimant / nominees, preferably Adhaar Card • Post-mortem report, if applicable (in case suicide) • Cancelled Cheque of the Member or Nominee bank account to make the claim payment through NEFT. • Confirmation from the respective unit & chapter that it was a case of natural death All papers duly verified by the respective Unit & Chapter should be sent within a fortnight from the date of death.

Encl: (1) Claim intimation form

(2) Claim form

IIISLA BENEVOLENT FUND (IBF)

Administrative Office: Flat No. 315, Paras Chambers, Door No. 3-5-890,

Himayat Nagar, Hydrabad - 500029 Ph. 040-66253667

CLAIM FORM

Submission of this form does not amount to admission of any liability under the IBF on the part of IIISLA

Please give the following information correctly and completely to enable us to process your claim promptly.

To be submitted within a fortnight from the date of discharge from the hospital/death on the above address by registered/speed post or by courier with complete enclosures:

1	Name of member					
	Address of correspondence:					
	IIISLA membership No.			Surveyor's license No.		
	Contact No.					
2	I am suffering from under mentioned critical disease (tick whichever is applicable)					
	A. Lever Cirrhosis		B. Cancer		C. Kidney transplant	
	D. Liver transplant		E. Heart bypass surgery		F.	
3	a. Need reimbursement for the treatment undergone					
	b. Need advance payment to the hospital for the treatment					
	(In case advance payment required submit the estimate of treatment from the hospital and the title in whose name cheque is to be prepared)					
4	Are you at present covered under any other similar type of scheme like health insurance policy or policy for critical diseases? If yes, please give the particulars of each					
	A. Type of coverage			B. Policy No.		
	C. Sum Insured		In words			
5	a. Date of Admission			b. Date of discharge		
	c. Date of death			(only natural/suicidal death is covered)		
6	In support of the above claim, I enclose the following original documents for critical ailment (Please indicate by ticking)					
	i	Bill, Receipt and Discharge certificate / card from the Hospital.				
	ii	Cash Memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.				
	iii	Receipt and Pathological test reports from Pathologist or images or any other report supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests/or X-ray etc.				
	iv	Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt.				
	v	Attending Doctor's / Consultant's / Specialist's / Anaesthetist's bill and receipt, and certificate regarding diagnosis.				
	vi	In case of Domiciliary Hospitalization, receipt from a qualified nurse who attended the patient at his/her residence duly supported by a certificate from attending Medical Practitioner.				
	vii	Certificate from attending Medical Practitioner giving reasons for allowing treatment at home.				
	viii	Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.				

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7	In case advance payment is required for hospitilization / surgery following documents are required:	
	i	Prescription of the Doctor advising the admission.
	ii	All supporting reports to prove diagnosis of the critical illness (pathological, imaging or any other reports).
	iii	Medical investigation reports.
	iv	Hospital requisition about amount to be deposited before surgery treatment.
8	In support of the above claim, I enclose the following original/notarized documents for natural/suicidal death claim. (Pease indicate by ticking)	
	i	Death certificate issued by Doctor
	ii	Death certificate issued by competent Authority of Government.
	iii	Post mortem report
	iv	Confirmation from the respective unit & chapter that it was a case of natural suicidal / death.
I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited . I further declare that, in respect of the above treatment, no benefits are admissible under any other Medical Scheme or Insurance.		

Signatures of claimant/ Nominee

Relation with member

Date:

Contact No.

Note: (1) For prompt reimbursement of claim all original document should be certified by Unit co-coordinator / deputy co-coordinator or by Chapter Chairman/ Chapter secretary on their pad and seal.

(2) Duplicate and photocopies of the documents in support of critical illness claim shall not be accepted.

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Himayat Nagar, Hydrabad - 500029 Ph. 040-66253667

CLAIM INTIMATION

To be submitted within a week from the date of commencement of ailment/death on the above address by post or through email, email ID

1	Name of member					
	Address of correspondence					
	IIISLA membership No.		Surveyor's license No.			
	Contact No.					
	Tick whichever is applicable					
2	I am suffering from under mentioned critical disease (tick whichever is applicable)					
	A. Lever Cirrhosis		B. Cancer		C. Kidney transplant	
	D. Liver transplant		E. Heart bypass surgery		F.	
3	a. Need reimbursement for the treatment undergone					
	b. Need advance payment to the hospital for the treatment					
4	Date of treatment started					
5	Expected duration of treatment					
6	Expected expenditure in treatment.					
7	Date of death (only natural/suicidal death is covered)					

Signatures of claimant/ Nominee

Relation with member

Date:

Contact No.