

SUB RULES FOR IIISLA BENEVOLENT FUND (2020-21)

<p><u>MEMBERSHIP NORMS</u></p>	<p>A. Every new IIISLA member, who opts for the IBF, shall be covered under the IBF scheme after one month (clear 30 days) of receipt of his application IBF contribution & IIISLA subscription on or before 15.6.2020</p> <p>B. It is suggested to each of the member that the prescribed admission form of IBF scheme should be properly filled in, giving details of nominee /nominees / claimant to whom claim is to be paid in case of any mis-happening. Incorrect & incomplete form may be rejected or kept on 'Hold'. Proof of online payment or Draft in favor of the institute payable at Hyderabad with valid proof of age as defined & copy of the valid license to be attached with the application. Cheque will not be accepted in any case.</p> <p>C. Existing member of IBF has to renew his IBF membership this year in time with IIISLA membership on or before 15.6.2020 for this financial year (2020-21) by payment of IBF annual subscription as per subscription notice.</p> <p>D. In case the membership of IIISLA & IBF are not timely renewed as per notification(s) of IIISLA, the cover will be treated as a fresh and the benefits of the IBF scheme shall become due after 90 clear days from the receipt of renewal subscription(s) in case of critical illness claim and 30 clear days in case of death claim.</p> <p>E. For new members eligible for IBF membership as on 01.04.2020 but joining after 15.6.2020, all benefits of the scheme shall become due after 90 clear days of receipt of one-time membership fee & annual subscription of IIISLA & IBF and application with documents as mentioned at (B) above.</p> <p>F. Members who become eligible for fund only after 15.6.2020 the benefits of the IBF scheme shall become due only after 30 clear days from the receipt of application & subscription of IIISLA & IBF in this FY.</p> <p>G. Defaulter members since previous financial year (2019-20) can Join the scheme by paying due subscription by 15.06.2020. The benefit of the scheme will become due after 90 clear days after the receipt of IIISLA & IBF subscription in IIISLA office.</p> <p>H. The date of receipt of subscription(s) for all shall be considered (1) date on which online payment is credited to prescribed IIISLA bank a/c (2) the date on which draft is delivered at IIISLA administrative / Head Office. The online tracking summery by P&T department or courier co will hold good as a proof for ascertaining the date of receipt of draft at IIISLA administrative / Head office.</p>
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	<p>I. The coverage under IBF will only commence after the receipt of online payment or DD. If payment is not credited due to any reason, coverage will be considered as fresh and benefits will become due only after the non-cover duration assigned in category (D), (E) & (F). But the date of commencement of this non-cover duration will be considered from date of receipt of payment in IIISLA Account as per (H) above.</p>
<p>COVERAGE</p>	<p>A. In case of critical illness - In case of critical illness, already envisaged in the IBF scheme, the payment over and above the already covered Mediclaim Health Insurance policy/policies (in case the member is having any such policy/policies) the Benevolent fund scheme will be applicable subject to maximum cumulative limit of benefit of Rs. 2, 00,000.00 (Two Lacs only). The limit of 2, 00,000.00 is the maximum amount to be reimbursed in the lifetime of an active member and can be utilized in parts as well. The due amount under this scheme will be electronically transferred in members' account.</p> <p>For members who have attained the age of 75 yrs. shall remain only entitled for the 50% benefit due of critical illness as long as his membership is valid and he is professionally active. Other terms/conditions will remain the same.</p> <p>For proof of being active the member has either to submit last income tax return or last six months bank statement including valid license as on date.</p> <p>This is also clarified that the critical illness scheme will be applicable to member of IIISLA only, but not to the members of their family.</p> <p>As per provisions in 7 B) of Rules & Regulation of IBF the administrative body suggests & approves following critical illness in addition to 7B) i) to V) for considering payment(reimbursement not payment) under critical illness benefits as per Rules& Regulation framed therein: -</p> <ol style="list-style-type: none"> 1. Permanent Paralysis of two or more limbs. 2. Coma if prolonged after 30 days. 3. Benign Brain tumor 4. Stroke excluding (TIA) & Traumatic Injury of the brain 5. Open Heart replacement. 6. Brain Surgery 7. Covid-19 and the like Pandemic. <p>IBF body will not cover/consider any other critical illness for reimbursement except for above and as provided for in Rules & Regulation in (7B).</p>

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

Documents required post hospitalization or after treatment

- Claim form duly filled and signed **by member or one of the declared nominee**
- Claim intimation form duly filled
- Copy of prescription of the Doctor advising the admission.
- Copy All supporting reports to prove diagnosis of the critical illness (pathological, imaging or any other reports applicable)
- Copy of Discharge card or summary issued by the hospital
- Final hospital bill (in original) and payment receipts.
- Medicine bills with the supporting prescriptions
- Other bills or documents related to the treatment
- I.D proof of Member, preferably Adhaar Card
- Medico Legal Certificate (MLC)
- Cancelled Cheque of the Member's Bank account to make the claim payment through NEFT.
- If at the time of critical illness claim member has any health insurance policy in force, he should provide copy of the policy along with the details of claim lodged/reimbursed. In case of no such policy the member should provide an undertaking to this effect.

All papers duly verified by the respective **Unit &** Chapter.

Note: - In cases all original documents are filed with TPA or insurance co. for Mediclaim the member should submit self-attested documents duly verified by the concerned **unit/chapter**.

B. In case of natural or suicide Death :

In case natural or suicide death of valid member below 60 years as on the date of death, an amount of Rs. 5,00,000.00 (Rs. Five Lacs) shall be paid to the nominee of the deceased.

For age between 60 and below 70 yrs. as on the date of death, an amount of 3,50,000.00 (Three lacs fifty thousand only) shall be paid to the nominee of the deceased member.

For age between 70 -75 yrs. (as on the date of death) the death benefit will be an amount of 2, 50,000.00 (Two lacs fifty thousand only).

All death benefits will be ceased even for the valid members exceeding age of 75 yrs.

Further if any member is willing to nominate more than a 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.

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| | <ul style="list-style-type: none">• Claim form duly filled and signed• Claim intimation form duly filled in• Death Certificate.• I.D proof of claimant / nominees, preferably Adhaar Card• 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 (as accidental death is separately covered by the group PA policy) |
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(In case Benevolent Fund admission form is not available. Alternatively, affidavit from all legal heirs is to be obtained either in the favor of deceased member wife or % share for each legal heir as mutually agreed.)

All papers duly verified by the respective Unit & Chapter.