

BYELAWS FOR CLAIMING BENEVOLENT FUND

1.	<u>MEMBERSHIP NORMS</u>	<p>A. Every IISLA member below the age of 70 yrs as on 1st April 2016, shall be covered under the scheme after one month of receipt of his subscription, subject to clearance of the cheque.</p> <p>B. Every member has to renew his IBF membership each year in time with IISLA membership before 1st May (Inclusive of the date of cheque clearance) of the financial year. or the cheque clearance of annual subscription, whichever, may occur earlier</p> <p>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, subject to cheque clearance.</p> <p>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.</p>
2.	<u>COVERAGE</u>	<p>A. In case of critical illness - In case of critical illness, already envisaged in the scheme, the payment over and above the already covered mediclaim policy (in case the member is having any such policy) the Benevolent fund scheme will be applicable subject to maximum cumulative limit of indemnity is Rs. 2,00,000.00(Two Lacs only). The limit of 2,00,000.00 is the maximum amount to be indemnified in the lifetime of a 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.</p> <p>This is also clarified that the critical illness scheme will be applicable to member of IISLA only not to the members of their family.</p>

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.

This is further to clarify that if any member comes across with a major accidental injury causing heavy expenses, the same may also be considered as special case, but subject to satisfaction of the “Administrative body” of the Benevolent fund .

It is further to be noted 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 should be send to “Administrative body” through the respective unit & chapter and the responsibility of verifying the claim bills shall be solely 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 said unit & chapter as well on the member concerned.

Documents required in Hospitalization

- Claim form duly filled and signed
- Copy Prescription of the Doctor advising the admission
- Copy All supporting reports to prove diagnosis of the critical illness (pathological, imaging or any other reports)
- Copy Discharge card issued by the hospital
- Final hospital bill (in original) and payment receipt
- Medical investigation reports
- Medicine bills with the supporting prescriptions
- Invoice / sticker for implants if used in the surgery

- Other bills or documents related to the treatment
- I.D proof of Member, preferably Adhaar Card
- Medico Legal Certificate (MLC) / FIR in case of road traffic accidents (RTA)
- Cancelled Cheque of the Member's Bank account to make the claim payment through NEFT.

All papers duly verified by the respective Unit & Chapter.

B. In case of natural Death :

In case natural death of valid, 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. It is suggested to the each of the member that the admission form should be properly filled in by every member giving details of nominees / claimant in case of any mishappening to the member.

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.

- Claim form duly filled and signed
- Medical investigation reports
- Medicine bills with the supporting prescriptions; if any illness
- Death Certificate
- I.D proof of claimant / nominees, preferably Adhaar Card
- Medico Legal Certificate (MLC) / FIR in case of road traffic accidents (RTA)
- Cancelled Cheque of the Member or Nominee

		<p>bank account to make the claim payment through NEFT.</p> <ul style="list-style-type: none">• 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) <p>All papers duly verified by the respective Unit & Chapter.</p>
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