



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 handed over to the member concerned by way of cheque only.

For members who have attained the age of 75 yrs. shall remain only entitled for the 50% benefit of critical illness as long as his membership is valid and he is professionally active. Other terms/conditions will remain the same.

For proof of being active the member has either to submit last income tax return or last six months bank statement.

This is also clarified that the critical illness scheme will be applicable to member of IISLA only not to the members of their family.

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 under critical illness benefits as per Rules& Regulation framed therein:-

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

IBF body will not cover any other critical illness except for above and as provided for in Rules & Regulation in (7B).

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 post hospilization or after treatment

- Claim form duly filled and signed
- 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.
- 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.
- If at the time critical illness claim member has any health insurance policy enforce, 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.

Documents required for claim pre-hospitalization

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

- Claim form duly filled and signed
- Claim intimation
- 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)
- Medical investigation reports.
- Medico Legal Certificate (MLC) / FIR in case of road traffic accidents (RTA).
- I.D proof of Member, preferably Adhaar Card.
- 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 or suicide Death :**

In case natural or suicide 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 (below 70 years at the time of death) by the Benevolent fund as a social security gesture being member of the fund.

For age between 70 -75 yrs (as on the date of death) the death benefit will be 50% of total benefit prescribed. All death benefits will be seized even for the valid members exceeding age of 75 yrs.

It is suggested to each of the member that the admission form should be properly filled in by every member giving details of nominees / claimant to whom claim is paid in case of any mishappening.

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
- Claim intimation form duly filled in
- Death Certificate
- I.D proof of claimant / nominees, preferably

	<p>Adhaar Card</p> <ul style="list-style-type: none"><li>• Medico Legal Certificate (MLC) / FIR in case of road traffic accidents (RTA)</li><li>• Cancelled Cheque of the Member or Nominee bank account to make the claim payment through NEFT.</li><li>• Confirmation from the respective unit &amp; chapter that it was a case of natural death (as accidental death is separately covered by the group PA policy)</li></ul> <p>All papers duly verified by the respective Unit &amp; Chapter.</p>
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