 ವಿಶ್ವಸದ ಪ್ರತೀಕ	ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್ ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬೆಂಕಿ Karnataka Gramin Bank <table border="1" data-bbox="411 275 1394 387"> <tr> <td data-bbox="411 275 847 387"> HEAD OFFICE: BALLARI HR WING : STAFF SECTION </td> <td data-bbox="847 275 1394 387"> Memo No. : 171/2023-24 Index No. : 72/2023-24 Date : 26.10.2023 </td> </tr> </table>	HEAD OFFICE: BALLARI HR WING : STAFF SECTION	Memo No. : 171/2023-24 Index No. : 72/2023-24 Date : 26.10.2023
HEAD OFFICE: BALLARI HR WING : STAFF SECTION	Memo No. : 171/2023-24 Index No. : 72/2023-24 Date : 26.10.2023		

SUB: CHANGE OF TPA, ESCALATION MATRIX IN RESPECT OF GROUP HEALTH INSURANCE POLICY TO RETIREES / SPOUSE OF DECEASED RETIRED STAFF

Bank had announced Group Health Insurance scheme to Retirees and spouse of deceased retired staff members vide our Memo No. 89/2020-21 dated 27.08.2020. The said scheme was implemented and further being renewed for a period of one year.

Said insurance policy is renewed from 04.10.2023 with M/s Reliance General Insurance Co. Ltd who had emerged as L1 bidder in the tender process.

Policy Renewal details are as below:

Insurance Company	M/s Reliance General Insurance Co. Ltd
Insurance Broker	M/s Anand Rathi Insurance Brokers Ltd.
Third Party Administrator (TPA)	R Care
Policy Period	04.10.2023 to 03.10.2024
Policy Terms and Conditions	May refer the Bank's website under "Tenders" column "Retired staff/spouse of deceased retired staff health Insurance RFQ"

Further, we wish to inform below details for the convenience of retired/spouse of deceased retired staff in order to have hassle free claim settlement:

First Point of Contact

SPOC Name - Swetha Dasika
 Contact No. - 7569044394
 Email id - Rgicl.healthclaimsN@relianceada.com
 Address- Reliance General Insurance
 R Care Health
 No 1 - 89 / 3 B / 40 to 42 / KS / 301, 3rd Floor,
 Krishe Block, Krishe Sapphire, Madhapur,
 Hyderabad, Telangana - 500 081.

Escalation Matrix:

	Name of the team Member	Contact number	Email id
Level 1 Escalation	Shahina Anjum	7304962603	Shahina.Anjum@relianceada.com
Level 2 Escalation	Anudev Das	7569148720	anudev.das@relianceada.com

Escalation matrix of the Insurance Broker: M/s Anand Rathi Insurance Brokers Ltd:

Level 1	Level 2	Level 3
Avinash T	Suresha A	Sanath Shetty
avinash@rathi.com	suresha@rathi.com	sanathshetty@rathi.com
97312 59925	99010 04101	97430 00087

The TPA is changed on request of M/s Reliance General Insurance Company Limited and the same is to be noted by all the insured and ignore the TPA and Escalation matrix details communicated vide Memo. No 122/2023-24 dated 12.09.2023.

Detailed claim process is enumerated in Annexure I.

Health Claim form of RGICL is also attached with this Memo.

The contents of this Memo shall be brought to the notice of all the retirees/spouse of deceased retired staff drawing pension from the respective branches.

ಭಾಗ್ಯರೆಖಾ ಶಿವಕುಮಾರ್ / भाग्यरेखा शिवकुमार / BHAGYAREKHA SHIVAKUMAR

ಪ್ರಧಾನ ವ್ಯವಸ್ಥಾಪಕರು / महाप्रबंधक / GENERAL MANAGER

ANNEXURE - I

The claim process as shared by M/s Reliance General Insurance Company Ltd., is enumerated below:

Claim Assistance



Intimate Claim to US

I with in 24 hours for the emergency Hospitalization/One day prior for Cashless or Reimbursement

 Our Smart App on Google Playstore and iOS AppStore	 Bro Bot – Any time any where reach 24/7 Claim Assistance	 Lagon to www.reliancegeneral.co.in	 Mail us on rgicl.rcarehealth@relianceada.com	 Call us on 1800 3009 (Toll free) or 022 4890 3009 (Paid)
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Claim Status Check

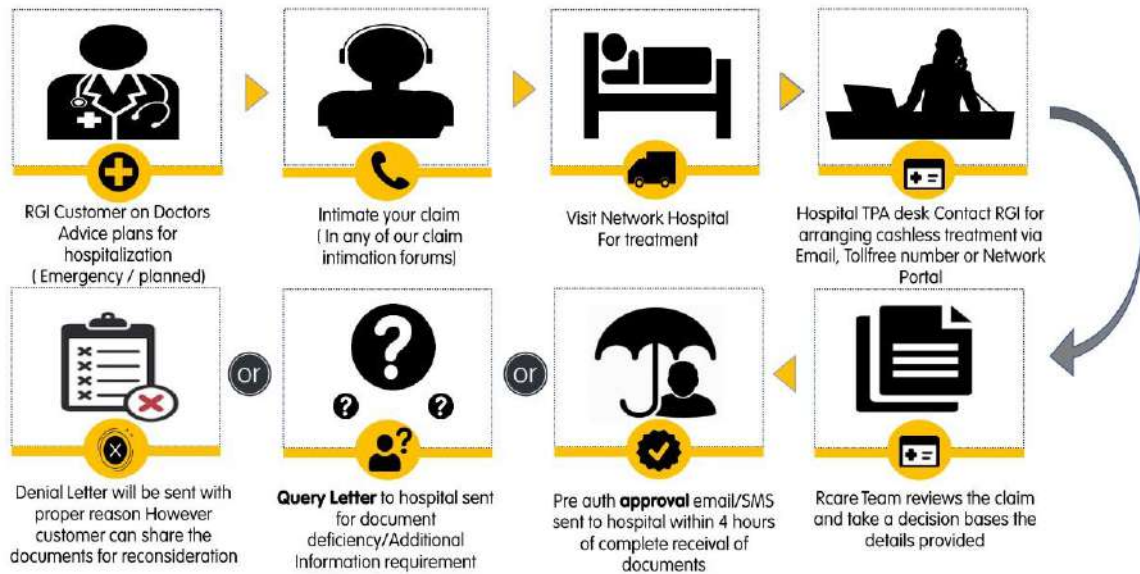


Claim Status Check Through

Self i	Corporate Portal	Call Centre	Email	Website
<ul style="list-style-type: none">▪ Login to Self i Mobile App with your credentials▪ Attach Policy if not done yet▪ Click on to Claim status tab and check your claim status within no time	<ul style="list-style-type: none">▪ Login with Your credentials http://corporate.reliancegeneral.co.in/Login/COEMLLogin▪ Check your claim status by selecting 'Track Claim'.	<ul style="list-style-type: none">▪ Dial Tollfree Number 1800 3009▪ Select The language and enter the claim number following # (or)	<ul style="list-style-type: none">▪ Write to Rgicl.rcarehealth@reliancegeneral.co.in▪ Acknowledgement email followed by Response within 24 hours	<ul style="list-style-type: none">▪ Login to www.reliancegeneral.co.in▪ click on to claims tab and navigate to check your claims status

Claim process – Cashless

RELIANCE GENERAL INSURANCE



List of Documents – Cashless

RELIANCE GENERAL INSURANCE

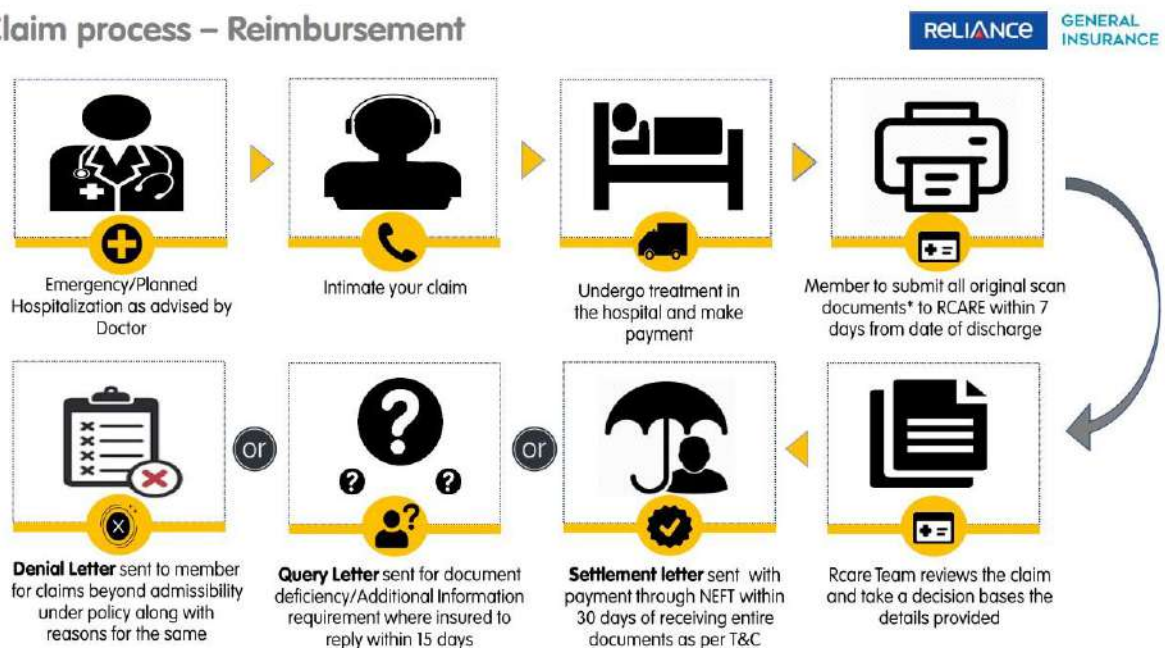
The following documents to be submitted to the hospital cashless team while admission

- ✓ Duly Completed Pre Auth Form
- ✓ Photo Identity proof of the patient
- ✓ Health Card copy
- ✓ NEFT Details (Only applicable for reimbursement of the deposit amount if any)
- ✓ KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- ✓ Pan Card copy of the claimant/Proposer
- ✓ Any other relevant document asked by cashless team at hospital
- ✓ Retain the photocopy of all the hospital bills/documents submitted to cashless team at the hospital for record purpose

In respect of reimbursement claims, all retirees/ spouse of deceased retired staff are requested to send all claim related original documents to below mentioned address for initial scrutiny, which will be forwarded to Central Claim Settlement Team of RGICL located at Hyderabad on successful scrutiny.

Address - **Manager**
Karnataka Gramin Bank
Human Resources Wing (Retirees Health Insurance)
Head Office
32, Sanganakal Road, Gandhinagar, Ballari - 583103.

Claim process – Reimbursement



List of Documents - Reimbursement

- ✓ Duly Completed claim form
- ✓ Photo Identity proof of the patient
- ✓ Insured Person Test Report From the ICMR authorized COVID19 test Centre (Only for Covid)
- ✓ Original Home care prescribed certificate by authorised medical practitioner (Only for Covid)
- ✓ Original bills with itemized break-up
- ✓ Payment receipts
- ✓ Hospital Discharge summary or home quarantine Domiciliary summary(Covid) including complete medical history of the patient along with other details.
- ✓ Any other Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner.
- ✓ NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- ✓ KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- ✓ Pan Card copy mandatory for the claim amount above 1 Lakh
- ✓ Legal heir/succession certificate , wherever applicable
- ✓ Any other relevant document required by Company/TPA for assessment of the claim.

Health Claim form

(The issue of this form is not to be taken as an admission liability- Please give the following information correctly and completely)

Part A (To be filled by Insured) (To be filled in BLOCK LETTERS)

Pre Authorization obtained Yes / No

- Type of Claim: ☐ Hospitalization ☐ Pre & Post Hospitalization ☐ Health Check up
- Policy No. Policy Type: ☐ Individual ☐ Group
Group/Company Name (for Group Health Policies)
Is this a renewal policy ☐ Yes ☐ No If Yes, previous year's policy no
- Details of the Insured Person in respect of whom the claim is made
Name
Present completed age (in years) Gender: ☐ M ☐ F Relationship with the Policy Holder
Card / UHID No. Sum Insured ₹
Current Residential Address
City PIN Code State
Change of the contact Details ☐ Yes, I wish to change my contact details ☐ There is no change in my contact details
Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.
Mobile Number
- Profession/Occupation ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
- Monthly Income ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above
- Aadhaar (UIDAI) No. 7. PAN No.
- Name of the Policy Holder (Self / Main Member)
Email ID
Member ID No. / Employee ID / Client ID
- Does the claimant have health insurance policy with any other insurance company? : Yes / No (If yes, please provide the details)
Name of the Insurance Company
Policy No. Sum Insured ₹
Policy Start Date Policy End Date
Name of the Insured
- Hospitalization Detail -
Date of Admission Date of Discharge
Diagnosis / Nature of disease / illness contracted / injury suffered
- Date of injury sustained or disease / illness first detected
- Details of the Hospital / Nursing Home in which treatment was taken :
Name of the Hospital / Nursing Home
Address of the Hospital / Nursing Home
City PIN Code State
Telephone / Mobile Number Registration Number

13. Name of Treating Physician / Surgeon|_____

Qualification |_____| Registration Number |_____|

Telephone / Mobile Number |_____| Email ID |_____|

14. Details of the amount claimed

A	Bill Heads	Amount /(In ₹)	Bill number	Bill Date	Bills attached (Yes/No.)
B	Room Rent & Nursing Charges				
C	Doctors Consultation/Visit Charges				
D	Investigation Charges(Includes Radiology and Pathology Reports)				
E	Surgeon and Asst. Surgeon Charges				
F	Anesthetist Charges				
G	Operation Theater Charges				
H	Medicine Charges(Includes Ward and OT Medicines and Consumables)				
I	Taxes/Surcharges/Service Charge				
J	Miscellaneous/Other Charges (like Admission, Registration, etc.)				
K	Pre Hospitalization Bills (If Any)				
L	Post Hospitalization Bills (If Any)				
Total Claimed Amount (Sum of A to L)					

In support of the above claim, I enclose following documents in original (Please indicate by ticking the Yes / No)

Claim form Duly Filled	Yes / No	Investigation Reports/Reports Name	Yes / No
Authorization Form	Yes / No	Medicine/Pharmacy Bills with Doctors Prescription	Yes / No
Discharge Summary	Yes / No	Implant Name and Invoice (If any)	Yes / No
Hospital Bills	Yes / No	Indoor Case Papers (duplicate copy)	Yes / No
Hospital Payment Receipt	Yes / No	Others	Yes / No
Photo Identity Proof	Yes / No		
Total No. of Pages enclosed			

As per the policy terms and conditions, the Company reserves its right to have the Insured examined by a doctor appointed by it for verification of diagnosis.

Policyholder Bank Details

15. Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms. | F | I | R | S | T | | M | I | D | D | L | E | | L | A | S | T |
16. Bank Account No.: |_____| 17. Account: ☐ Saving ☐ Current
18. Name of the Bank |_____|
19. Branch |_____|
20. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) |_____|
21. IFSC Code (11 character code appearing on your cheque leaf) |_____|

I Wish: ☐ Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

Aadhaar based payment (For Reimbursement claims)

Aadhaar Card No.: |_____| (Note: Self attested Aadhaar card copy to be submitted)

☐ I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form and am willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

Place: _____

Date: | d | d | | m | m | | y | y | y | y |

(Signature of Claimant)

Part B - To be filled by the Treating Doctor (This section is mandatory only if your health policy was not provided by your employer)

A) Date of First Consultation (Prior to Hospitalization)	
B) With what complaints was the patient admitted for	
C) Detail history of past illness with duration	
D) Whether the present ailment is a compilation of Pre-Existing disease ?	
E) If, yes please specify the disease (OR) complication of any previous surgery done ?	
F) If yes please specify the details	
G) Whether the disease / disorder is congenital in nature ?	
H) Nature of surgery / treatment given for present ailment	
I) Number of in-patient beds in the hospital (including ICU)	

Date: | d | d | m | m | y | y | y | y |

(Doctor's Seal and Signature)

Terms and Conditions for Payments through RTGS/NEFT

- The details provided by the Customers in the Mandate form shall be considered as final and Reliance General Insurance Company Ltd. Shall not be responsible for cross verification of any of the details provided therein.
- The RTGS/NEFT facility shall be effective for the respective customer(s) within 15 days of the receipt of the Mandate form by Reliance General Insurance Company Ltd. and/or within such period as may be reasonably required by Reliance General Insurance Company Ltd. to activate the RTGS/NEFT facility.
- The Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the account of customer on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/NEFT facility or due to any other reasons without any fault/inaction/failure on part of Reliance General Insurance Company Ltd or any factor beyond the control of Reliance General Insurance Company Ltd.
- The customer agrees to indemnify, without delay or demur, Reliance General Insurance Company Ltd and its agents and keep Reliance General Insurance Company Ltd and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Reliance General Insurance Company Ltd may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
- The Customer May discontinue or terminate the use of RTGS/NEFT facility by giving a minimum of 15 days prior written notice to Reliance General Insurance Company Ltd. The date of notice will be considered from the date of receipt of such notice by Reliance General Insurance Company Ltd. The notice of, such termination should be given to Reliance General Insurance Company Ltd. only at its corporate address and be addressed at Reliance General Insurance Company Limited, Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055.
- A Confirmation of the receipt of termination notice given by the customer will be acknowledge through a confirmation Letter by Reliance General Insurance Company Ltd. In no case can be the customer construe his termination notice as effective unless a confirmation has been provided by Reliance General Insurance to the customer stating the date of Receipt of such communication by the customer.
- The Customer agrees that transaction(s) through RTGS/NEFT may attract inward RTGS/NEFT charges, which if levied by the customer's bank, shall be borne by the customer.
- Reliance General Insurance has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
- NEFT facility for group policy holder shall be done at the consent of HR.
- Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Reliance General Insurance Company Ltd. website www.reliancegeneral.co.in or by sending them by post to the last address of the Customer.
- These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
- I/We further undertake to refund any excess amount whether demanded by Reliance General Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Reliance General Insurance of such excess credit or such information of excess credit coming to the knowledge of the customer through any other source.
- I/We agree that my/our claim payment will be credited from the date Reliance General Insurance Company Ltd. gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Reliance General Insurance Company Ltd. to its bankers will be valid till such instructions is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Reliance General Insurance Company Ltd. before the expiry if the notice period of the customer.
- As per IRDA any claimed amount above 1lac, PAN card of the insured for corporate reimbursement claim/Proposer for retail reimbursement claim is mandatory, and below 1lac Photo identity proof (for eg- Aadhar card, Driving license, Election card, Passport etc) is mandatory.
- For NEFT settlements to insured/Proposer we require CTS 2010 cheque, CTS 2010 compliant cancelled cheque should have Name of the Account holder, Account number and IFSC code of the bank to be printed on cheque is mandatory.
- Incase of Non CTS 2010 compliant cheque photocopy of the passbook/bank statement with all the required details (Name of the Account holder, Account number and IFSC code of the bank should be printed on passbook/bank statement) should be submitted.

(Signature of the account holder)

This claim form shall be applicable for Reliance HealthWise Policy, Reliance HealthGain Policy and Group Mediclaim.

Email: rgicl.rcarehealth@relianceada.com

IRDAI Registration No. 103.

UIN of Reliance HealthGain Policy: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14.

UIN of Reliance HealthWise Policy : IRDA/NL-HLT/RGI/P-H/V.I/315/13-14.

UIN of Group Mediclaim: UIN: IRDA/NL-HLT/RGI/P-H/V.I/317/13-14.