# A GUIDE TO BOB RETIREES & FAMILY MEMBERS - 2025

On

Group Health Insurance Policy, Various Available Benefits, Income Tax

and

**Succession Process to Handle the Financial Assets of a Deceased Person** 



BY

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(Updated upto 01.01.2025)

#### A GUIDE TO BOB RETIREES & FAMILY MEMBERS

#### By R K AGARWAL (9410020033) (ra070464@gmail.com)

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For any clarification/suggestions or any forms, please send message on my whatsapp no.9410020033.

#### **KEY POINTS -- REQUEST FOR**

-Please verify that in your Pension Payment Order (PPO), the name of family pensioner (spouse) is correctly spelt according to his/her Aadhar card.

Please ensure that your Pension account is in joint name with spouse, and nominations of other family members are registered.

Please ensure that all your investments/deposits are in E or S / F or S mode.

Also ensure NOMINATION in all your Savings Bank/Deposit accounts, Locker, Demat account, Mutual funds, Capital Gains etc.

Nomination will be accepted at any of BOB branches (HO:BR:113:34 dt.05.02.21)

Always keep ready the Aadhar cards, PAN cards, Medical Icards, Medical records, Photocopy of Cheque of yourself and spouse in a file and in your mobile.

Please prepare and give your Medical Emergency form to spouse, children (proforma given in the booklet)

Please prepare and give your "WHAT MY FAMILY MUST KNOW" to spouse, children (proforma given in the booklet)

Please prepare your **WILL**, get it registered and give a copy to the beneficiary, if desired so (optional). Proforma of WILL is given in the booklet.

Please make use of HR Connect and BOB WORLD to minimise branch visit.

Please also train or counsel your SPOUSE/LEGAL HEIRS to the procedures for making the claim for bank accounts, how to claim family pension etc. In case of emergency hospitalization what should be done for availing cashless facility etc.

Please also ensure proper and safe upkeep of Password of email ID, ATM and Credit Cards, online profiles, net banking, life insurance, vehicle insurance, Demat trading accounts, Income Tax e-filing etc.

#### PRIMARY WORK AFTER DEATH OF A PERSON:

- 1. To do list for LEGAL HEIRS is given on a later page. Pl refer it.
- 2. Immediately after cremation, obtain a certificate from the cremation place.
- 3. Submit a copy of the certificate from the cremation place along with a copy of Aadhar to the Nagar Nigam (or any other local authority) with the request to register the death and issue a final Death Certificate (generally issued within 14 days of Death.)
- 4. Obtain Death Certificate from local authority (at least in 5-10 copies), submit a copy of which with Affidavit and application to Tehsildar for issuance of Legal Heir Certificate. Get Legal Heir certificate as soon as possible.
- 5. Get a copy of WILL (if executed) and go through it, give a copy of each beneficiary and executor for its proper execution. Try to locate the details of properties and investments, if not available with the Will, to make the claims as detailed in following paragraphs.

#### **IMPORTANT TELEPHONE NUMBERS & E-MAILS OF BOB**

- 1. GM (HR) gm.hrm.bcc@bankofbaroda.com
- 2. DGM (HR) 0265-2316604 dgm.hrm.ho@bankofbaroda.com
- 3. AGM (Staff Welfare) 0265-2316604 <a href="mailto:swel.ho@bankofbaroda.com">swel.ho@bankofbaroda.com</a>
- 4. Pension/Gratuity- 0265- 2316620, 0265-2316640 pension.ho@bankofbaroda.com and gratuity.ho@bankofbaroda.com
- 5. CM Medical Insurance 0265-231-6618 -
- 6. Medical Insurance 0265--231- 6625 medicalinsurance.ho@bankofbaroda.com
- 7. Staff Welfare Deptt 0265- 231-6621/6645- <a href="mailto:swel.ho@bankofbaroda.com">swel.ho@bankofbaroda.com</a>
- 8. HRM HO: <a href="mailto:hrcpc.baroda@bankofbaroda.com">hrcpc.baroda@bankofbaroda.com</a>
- 9. HRM BCC: <a href="mailto:hrm.bcc@bankofbaroda.com">hrm.bcc@bankofbaroda.com</a>
- 10. Taxation Deptt. tax.bcc@bankofbaroda.com
- 11. Helpdesk: retdemp.helpdesk@bankofbaroda.com
- 12. Transfer of Pension account from one branch to another branch: pension.ho@bankofbaroda.com
- 13. Zonal Nodal Officer for Retirees (List given in the booklet)
  Nodal Officers for Medical Claims and Address for submission of Medical bills (List given in the booklet)

#### **MEDICAL INSURANCE:**

#### Intimation of Hospitalisation and Claim enquiry

Toll-free customer care: 18002097777 Toll-free cashless: 19002097800

For Senior Citizens:020 25300 126. WhatsApp:9175455225

**E mail**- <a href="mail-customercare@mdindia.com">customercare@mdindia.com</a> / authorisation@mdindia.com bobretiree@mdindia.com

#### Any other Imp.no.:

Cyber Fraud reporting: 1930 (all India)/https://cybercrime.gov.in/Default.aspx Freez your account online in case of any fraud:

Now account can be frozen / blocked online on internet by customer in case of any fraud 24\*7. Link for the same is:

#### https://apps.bobinside.com/debitfreeze/Home.aspx

Please note that by using this portal only the account number entered by you, will be blocked. For blocking the channel (such as UPI/Debit Card/Mobile Banking/Internet Banking etc.) which is being used for the transaction OR if OTP is not being received kindly contact BOB on toll free number: 18005700

#### **IBA HEALTH INSURANCE SCHEME (FOR RETIRED EMPLOYEES)**

Insurance Company	National Insurance Co. Ltd.
Policy No. For 2024-25	Without domiciliary:- 251100/50/24/10000225 Top up Policy:- 251100/50/24/10000226 For subsequent years, modification can be made above by pasting a slip on above numbers
Period of policy	01.11.2024 to midnight of 31.10.2025
To download Health Insurance e-cards	Visit- <a href="https://mdindiaonline.com/E-cardrequest.aspx">https://mdindiaonline.com/E-cardrequest.aspx</a> Pl. see detail guidelines on next page.
TPA (Third Party Administrator)	Address: MDIndia Health Insurance TPA Pvt. Ltd. S.No.46/1, E-space, A-2 Building, 3rd floor Pune Nagar road, Vadgaonsheri, Pune 411014
- MDIndia Health Insurance TPA Pvt Ltd	Policy Document, in case of need, can be downloaded from Bank's website (Human Resources - Exemployees - Medical Insurance)
Intimation email ID for Hospitalization.	bobret@mdindia.com OR whatsapp 8390839000 with EC no (Self / dependent) claim status:SMS to 8691863863 giving claim no. (FOR existing employees: bobemp@mdindia.com) cashless: authorisation@mdindia.com OR customercare@mdindia.com email for Senior Citizens: seniorcitizen@mdindia.com Tollfree cashless: 19002097800 / 18002097777
Escalation Email ID for any	medicalinsurance.ho@bankofbaroda.com
Approval and claims	Enquiry: 18002665690 (24*7)/18002332707 (10-5)
Nodal Officer and Medical helpdesk of Zones	Please refer the list given on page given below (in case of need)
For Grievances	grievances@mdindia.com OR customer.relations@nic.co.in 033-228311742
Head Office, Baroda—Contact Details	Ph.0265-2316618(CM), Ph. 0265-2316625 /26 (General) Email:medicalinsurance.ho@bankofbaroda.com
Medical HelpDesk @Baroda	Bank of Baroda, HeadOffice, RC Dutta Road 6'hFloor, Alkapuri, Baroda-390007 DGM Ph:0265-2316615 Email:dgm.hrm.ho@bankofbaroda.com
Link to locate the Network	https://mdindiaonline.com/ProviderSearch.aspx
cashless Hospitals List	IC name-NIC-Corporate-State-City-Location-Speciality type (select or leave blank) – Get Hospital list
Notes:	type (Sciect of Icave Marik) Get Hospital list

#### **SUPER TOP UP POLICY**

#### KMD HEALTH INSURANCE SCHEME (FOR RETIRED EMPLOYEES)

Master Policy Holder	Bank of Baroda Retired Offices' Association
Insurance Company (Service Provider)	M/s Go Digit General Insurance Ltd. Corp.Address: Atlantis, 95, 4 <sup>th</sup> B Cross Road, Karamangala Industrial
(33	Layout, 5 <sup>th</sup> Block, Bengaluru – 560095 (Karnataka)
	General Queries Email: <u>hello@godigit.com</u>
	Mob: 8855833599 (8 a.m. to 8 p.m.)
Name of Broker	K M Dastur Reinsurance Brokers Pvt. Ltd.
	RO: Combata Building, 42, Maharshi Karve Road, Mumbai-400020
	e-mail: Shridhar.bhat@kmdastur.com
	Website: kmdastur.com
Dalla. Na	9874185445 mumbai.operation@kmdastur.com
Policy No.	Master Super Top up Policy: D174608957
	(with a deductible of Rs.3 lacs either from base policy or
	cash for which Go Digit will require proof)
Period of policy	01.11.2024 to midnight of 31.10.2025
Helpline	24x7 for Cashless claim: +91-7709996079
·	For claims & policy services: Queries: 18002584242 OR
	send Hi on whatsapp 7026061234
	email: healthclaims@godigit.com
	for seniors: <a href="mailto:seniors@godigit.com">seniors@godigit.com</a>
How to download	Download GoDigit App from playstore
GoDigit Card	Login through mobile no and OTP
	Ignore Corporate email id option
Get it printed and keep in	Click at the bottom on my policy.
records	Click on Policy. Download Ecard option will be shown
	Click it, you will get Ecard
Cashless Hospitalization.	Choose a hospital from their Network Hospital List
	Provide ecard with ID proof at TPA desk in hospital
Escalation Email ID for any	Hospital will coordinate with Digit via portal
Escalation Email ID for any Approval & claims,	1.gautam.tambe@kmdastur.com 8657933261 2.mita.sawant@kmdastur.com 8657406132
Grievances	3.suraj.trivedi@kmdastur.com 8657718282
(to be escalated level wise)	Email: retiree.mediclaim@kmdastur.com
Notes:	There is no disease / ailment capping/ceiling.
110103.	There is no discuse / difficile capping/centing.

#### **HEALTH INSURANCE (BASIC REQUIREMENTS)**

For BOB: IBA Policy: MD India Health Insurance TPA Pvt. Ltd.

(Cir HO:HROPS:116:2646 dt. 21.11.24)

Mobile App: MDI IBA BOB is user friendly.

Please download the above app from playstore or iPhone for smooth

functioning and use of health insurance properly: Login: Click on either EMPLOYEE / RETIREE / HR

Enter your EC no. in Employee ID

Password: Enter your Date of Birth (ddmmyyyy) and click on LOGIN

After Login, you may be asked to enter your email ID and mobile number to update.

Now you will find many options like:

Ecard, Claim Intimation, Cashles Hospital search, Policy Detail, Sum Insured,

Claim History etc.

Ecard: Click and download your family ecards, get these printed and keep on records.

Hospital Network - to search Network Hospitals ->plz Select State, City and

Insurance Co. (National Insurance) and click on SEARCH.

Claim Status - you can track your claim status here.

Forms - you can download Claim forms and check list as also list of non payable charges.

E-cashless - here you can intimate hospitalization of member within 48 hours of admission.

#### <u>Portal – "MD india TPA"</u> Portal url: <u>https://ibabob.mdindia.com</u>

Select Retiree Login – enter Username (E C No.) and Password (DOB in ddmmyyyy) Upon entering the Username and Password, OTP would be generated & popped on Registered mobile no/email id. Retiree needs to enter the OTP whereupon access will be granted.

#### How to download E-card for MDIndia (IBA Policy)

Our new TPA have now uploaded e-Cards in their site. To generate the e- Cards, members need to follow the steps indicated below:

#### Click here - https://MDIndiaonline.com/E-Cardrequest.aspx

IC means Insurance Co. - Select National Insurance Co Ltd

Type of Policy: Select Corporate, Type Policy no:251100/50/24/10000225 or 226 Leave Blank MDID No. Employee ID: Your EC no. (Without any prefix)

Now Click on Search

You will find names of insured persons (both or single as the case may be)

Click on Ecard on the left side, card will be opened, download and get print for record.

All the eCards (for Self and spouse should be saved in your Mobile/Laptop.

#### Download Process for 70+ AB-PMJAY Cards for 5 Lakhs

Enter website: beneficiary.nha.gov.in

Login as Beneficiary, Enter Captcha code - Mobile number - click on verify - enter OTP - Again enter captcha code and Login

See below a BANNER, you will find in Banner CLICK HERE TO ENROLL - click here. Complete eKYC - Aadhar - enter OTP - Verify - consent page will open - click on Allow

Fill OTP - Fill other OTP (mobile) - click on none of the above - Proceed

All your details will be shown with photo, now capture Latest photo by click - Proceed - mobile no - Verify OTP

Click on category SC/ST/OBC/General - PIN code- State - District - Location like tehsil, village etc.

Enter family details for 70+ only- Name, DOB, Aadhaar, relationship etc.

Otherwise click on NO other member - click on 2 certificate and click on SUBMIT - Reference no will be generated, note it. Enrollment process completed.

Card can be generated after 15 minutes by again login - enter your Aadhar number, you will find your name as ENROLLED - click on it- your card will be generated DOWNLOAD Card.

#### The card can be downloaded easily on Laptop instead of mobile (due to RAM)

This card can be utilized in all the authorized hospitals upto Rs.5 lacs in a year.

#### Star Health & Allied Insurance Co. Ltd.

Website: www.starhealth.in E-mail: support @starhealth.in

Toll-free:18004252255 / 18001042277 Fax:044-28319100

Sr Citizens may call: 044-28243923

Grievances: e-mail: grievances@starhealth.in (044-28243921)

Link: https://www.starhealth.in/grievance-redressal

Address for Courier: 1, New Tank Street, Vallurvar Kottam High Road, Nungambakkam,

Chennai 600034

#### Niva Bupa (formerly Max Bupa):

Website: https://www.nivabupa.com

Note: Please check for Unrecognised Hospital List before admission.

Helpline: 1860 500 8888 Fax: 011-41743397

e-mail: customercare@nivabupa.com

Senior Citizens: seniorcitizensupport@nivabupa.com

Grievances Redressal Officers link:

https://www.nivabupa.com/customer-care/health-services/grievance-

redressal.aspx

## Prepare a file for Self and Spouse (seperately) with following papers and keep at a location known to all family members.

Copies of Medical ECARDS and AADHAAR cards or any other identity card (of both). Also in soft copy in your mobile phone and as also in the phones of your spouse / children .

All medical prescriptions and latest Medical reports.

Medical information chart (specimen given at page no. in this booklet)

A list of local Hospitals where cashless treatment is available as per insurer co.

Copies of Claim forms A & B

Copies of cancelled cheque

- 1. Keep the ECARDS and AADHAAR cards (of both SELF and SPOUSE) in soft copy in your mobile phone and as also in the phones of your spouse / children . Also take out photocopies of the same and safe keep them at a place which is easily remembered.
- 2. Please inform your spouse /children, the name, address and contact details of at least two friends, to whom they can contact for guidance and help, in case of emergency.
- 3. Always keep some CASH at home for emergency. In case of emergent need for hospitalization, usually hospitals demand some cash deposits upfront, the amount of which may vary say from a minimum of Rs.10,000 upwards.
- 4. Cash may also be required at the time of discharge from hospital, as deductions may be made by the TPA in the final bill submitted by the hospital. The same may be on account of specific limits/ sub limits set out and admissible amount being less than what is billed by the hospital, under the insurance policy. Generally speaking, for admission under cashless category, about 10% hospital charges may be borne by the insured.
- 5. While taking the room in the hospital, one should be careful about the upper limit for room charges prescribed under the policy. In cases where the room charges are more than the prescribed limits, the deductions will be made not only for the excess room rent over the limit, but also proportionate deduction will be made for charges associated with the room in the same percentage by which room rent is in excess of limit.
- 6. 30 days pre-hospitalization and 90 days post hospitalization charges are payable by submitting the bills (along with test reports and films) on prescribed format for all approved hospitalization (cashless and non-cashless). The bills for pre hospitalization to be submitted within 30days of discharge from hospital while bills for post hospitalization to be submitted within 30 days from completion of 90 days of discharge from hospital.

NOTES:			

#### **Hospitalisation - cashless**

## IT IS ADVISABLE TO ALWAYS AVAIL CASHLESS FACILITY. TPAs have arrangements with hospitals for reduced rates.

- a) Intimation of the hospitalization is MANDATORY. Send an email to the given email ID in the above charts giving ECNO, Name of Patient, Hospital name and place, illness / treatment, admission date within 24 hours of hospitalization.
- b) On reaching the hospital, inform at the admission that you need cashless Hospitalisation. There will be a TPA helpdesk in the hospital who will handle the formalities.
- c) Carry the E-card, any other ID proof and give to the TPA desk.
- d) After the treatment and the discharge is announced, the hospital would prepare final bills and send to the TPA TPA takes about 2 hours to clear the Bill once the hospital sends the details. Sometimes, query is raised for additional details from the hospital, which have to be replied quickly.
- e) Sometimes, there would be certain amounts which are not covered in the policy and hence would be required to be paid by the patient.
- f) In case the amount is beyond the Base Policy, TPA would raise a fresh claim under the TOP-UP policy (if opted) and release the same. NOTE :: if the Base policy is completely utilized, an SMS would be sent stating Base Policy exhausted. DO NOT PANIC . If TOP UP is opted under IBA policy, **automatically** it would get triggered and the balance cleared from the TOP UP, OTHERWISE pay the balance out of pocket and claim reimbursement under Super Top Up policy as Hospitals do not prefer claims under 2 policies.
- g) In total, the cashless discharge takes nearly 4 hours from the time the discharge is decided by the consulting Doctor.

#### In case the TPA desk denies cashless facility, contact the TPA at their toll free number.

#### **Reimbursement claim**

In case the hospital is not covered under the cashless facility, reimbursement claim can be submitted. Submit Hospitalisation bills along with the Pre-hospitalisation bills and then send a consolidated claim for the Post-Hospitalisation.

#### Notification: TPA must be informed within 48 hours of hospitalization.

Even in cashless facility, there may be some bills pre / post hospitalization which may be submitted. Preferably submit a consolidated claim for the same. Just quote the cashless claim number while submitting the reimbursement claim. Only Part A needs to be filled in.

- Use the Prescribed Claim form provided in the booklet.
- -Write the ECNO on the TOP of the form and also on all bills.
- -PART-B needs to be filled in and certified by the Hospital.
- -All the Bills SHOULD have the GST number of the pharmacy.
- -Whenever payments are made to hospital insist on proper receipt and submit the ORIGINAL receipt along with the claim
- -All Bills ,receipts prescriptions and Reports should be submitted in ORIGINAL
- -The Claim can be submitted either to the TPA desk at ANY designated Zonal office or to Head office.

-Claims should be submitted within 30 days of discharge from the hospital. Post hospitalization bills may be submitted in one lot. In case of any query from TPA/Insurance company regarding claims, ex-employee are required to submit clear reply with respect to the specific query alongwith related documents. A copy of documents may be retained for record purpose.

Pre 30 days and Post 90 days Hospitalisation expenses are covered under Base IBA Policy and also under Super Top up Policy of KMD.

Note: The cashless hospitalization / reimbursement shall be limited to exclusively Medical expenses incurred for treatment. There may be some non-admissible expenses like Leggings, Slings, Bed Pan, Gloves, Sanitizers etc, which will have to be borne by the insured, which are listed in Annexure I of the policy and may be referred in case of need. List Non-admissible expenses - Guidelines on Standardization in Health Insurance (IRDA circular IRDA/HLT/CIR/036/02/2013 dt.20.02.13)

#### **Multiple Insurance**

- -Claims can be submitted under Multiple Insurance Policies.
- -It is advisable to claim first from the IBA policy and then from other insurance policy.
- -Once the claim is settled by the First policy, obtain the SANCTION letter duly stamped from the insurance company / TPA.
- -Submit the claim for the difference amounts to the Second Claim Form attaching the Stamped sanction letter. No bills / reports are required to be provided.

Generally hospitals do not prefer/accept claims under multiple policies.

Please note that on the demise of the original policy holder, the remaining spouse continue to be covered under the said policy for the remaining amount available under the said policy during the remaining period of the policy and the remaining spouse can submit his / her claims accordingly to the said to the Insurance Company (through the Medical Insurance Dept., BOB, HO)

The premium for this falls due every year in the month of October for which an ONLINE SUBMISSION OF OPTION IS NECESSARY in the portal "hrconnect.bankofbaroda.in" given by the Bank,

Kindly keep adequate balance in your pension account to enable Bank to recover Premium. If the policy is discontinued on account of non-payment of premium in time, the policy will be lapsed forever.

<u>In case of grievances for settlement of bills, insured may file the case with insurance ombudsman (as per Insurance Ombudsman Rules 2017) per annexure 2 of policy as per their jurisdiction.</u>

Grievances may also be lodged at IRDA Integrated Grievance Management System - https:/ligms.irda.gov.in/

## Details of Helpdesk covering various Zones for Medical Insurance Helpline are given hereunder: (Bank's circular HO:HROPS:116:2646 dated 21.11.2024)

Please do not upload any document on M/s. Family Health Plan Insurance TPA Ltd - App or Portal. Hard copy of the reimbursement application / query reply has to be sent only to the Nodal Office Medical Help Desk as given under:

Nodal Centre	Postal Address	Nodal Officer Zo	nes Covered
Baroda	Medical Insurance Deptt.	Tollfree no. (10 to 5 on working	Head Office,
	Baroda	days only)	Ahmedabad
	6th floor, Baroda Bhawan, Bank	18002332707	Baroda
	of Baroda, HO, Vadodara	Email id:	Rajkot
	390007	bobho@mdindia.com	Jaipur
Mumbai	Medical Insurance Desk,	Mr Prafulla Gavari	BCC
	Mumbai	8799958350	Mumbai
	Bank of Baroda, zonal office,	Email id:	Pune
	Mumbai zone, 3rd floor, 3,	bobmumbai@mdindia.com	
	Walchand Hirachand Marg, near		
	Green Gate, Ballard Pier,		
	Mumbai 400001		
Bangaluru	Medical Insurance Desk,	Mr arun K R	Bengaluru
	Bengaluru	7058034985	Chennai
	Bank of Baroda, Zonal office,	Email id:	Ernakulam
	Vijaya Tower, 41/2, MG Road,	bobbengaluru@mdindia.com	Hyderabad
	14/1, Trinity Circle, Bengaluru		Mangalore
	560001		
New	Medical Insurance Desk, N Delhi	Mr Sudeep Yadav	New Delhi
Delhi	Bank of Baroda, Zonal office, 9th	7058091200	Chandigarh
	floor, Bank of Baroda Building,	Email id:	Bhopal
	16, Sansad Marg, New Delhi	bobdelhi@mdindia.com	Ludhiana
	110001		Raipur
Lucknow	Medical Insurance Desk,	Mr Akash Dwivedi	Lucknow
	Lucknow	6307219195	Bareilly
	Bank of Baroda, Zonal office,	Email id:	
	Eastern UP zone, Baroda House,	boblucknow@mdindia.com	
	3rd floor, V23, Vibhuti Khand,		
	Gomti Nagar Lucknow 226010		
Kolkata	Medical Insurance Desk, Kolkata	Mr Sayan Mukherjee	Kolkata
	Bank of Baroda Zonal office,	9028599271	Patna
	Kolkata Zone, Baroda Tower, 5th	Email id:	Bhubaneshwar
	& 6th floor, Plot no.38/2, Block	bobkolkata@mdindia.com	N E States
	GN, Sector V, Salt Lake City,		
	Kolkata 700091		

Note: Necessary changes/modifications may be made in the chart according to your place of stay, zone/Region

### **Zonal Nodal Officers for Retired Employees:**

(HO:RETD\_EMP:116:2056 dt.10.09.24)

<u>Zone</u>	Zonal Nodal Officer	<u>Scale</u>	<u>Designation</u>	Mobile No.
Ahmedabad	Pranad Chaubal	Ш	Senior Manager	8866392882
Baroda+ HO	Anirudh Kumar	III	Senior Manager	9546992369
Bengaluru	K. Bhavani	II	Manager	7619649921
Bhopal	Garima Pathak	11	Manager	8866781870
Bhubaneswar	Saroj Kumar Mishra	1	Officer	9431620965
Chandigarh	Sweta Umarjeet	11	Manager	8130113022
Chennai	Nandhini Ma	I	Officer	7397285700
Ernakulam	Shaji Juniya K	1	Officer	9495603120
Hyderabad	Paramita Bagchi	II	Manager	9836414601
Jaipur	Gaurav Sekra	II	Manager	9785457358
Kolkata	Rajnigandha Lipsa	II	Manager	9178871356
Lucknow	Apurva Verma	11	Manager	8353928253
Ludhiana	Bhupinder Singh	1	Officer	9781490417
Mangaluru	Sachin S S	1	Officer	9497426610
Meerut	Rashmi Narayan	II	Manager	8477009263
Mumbai + BCC	Suroshe Pradeep Vithal	1	Officer	9702199941
New Delhi	Shilpi Tripathi	II	Manager	9773668956
N E States	Manas Pratim Borah	1	Officer	7002315075
Patna	Monika	П	Manager	9903278474
Pune	Avinash Kumar	П	Manager	8485895116
Raipur	Dey Balaram	1	Officer	8420803315
Rajkot	Dhamde Sanjay Namdeo	III	Senior Manager	9421710114

Note: Zonal Nodal Officers will act as SPOC and be primarily responsible to resolve the grievances of routine nature such as non receipt of PPO, correction in PPO, delay in settlement of medical insurance claim and any other specific matter of any ex-employee presently drawing pension from the branch/staying within Zonal jurisdiction.

Ν	O.	TE	S:
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#### **IMPORTANT MEDICAL INFORMATION:**

1	Name
2	Age
3	Date of Birth
4	Permanent Address
5	Local Address
6	Contact numbers:
a.	Mobile (self)
b.	Spouse's name & number
C.	Son's name & number
d.	Daughter-in-law's name & number
e.	Daughter's name & number
f.	Son-in-law's name & number
g.	Close Friend's
	Name and number
7	Blood Group
8.	Existing Health Issues
9.	Current Medication
10.	Known Allergic Medicines
11.	Family Doctor's Name
	and Contact number
12.	Treating Doctor's Name
	and Contact number

Any other important information:

#### HR CONNECT

1. The Bank has migrated to improved internet based portal for ex-employees christened as "HrConnect". from 1st April 2022. Some of our members have desired to clear the process in simple and brief manner to enable them to do the needful. Given below is the flow chart to access "HrConnect" and some important features of the portal seriatim:

LINK FOR OPERATING HR-CONNECT - https://hrconnect. bankofbaroda.co.in/

- 2. Access HrConnect portal through above web link.
- The screen opens Click here to login is displayed Tap it.
- New screen opens enter User ID (EC no. prefixed by your initials as in CBS platform) or as obtained from ex-employee portal. If not known, please obtain it by sending email to pension.ho@bankofbaroda.com
- New screen opens with the prompt "send OTP on email or phone" indicate your option by tapping the slot / circle before the options.
- You will receive the OTP on email / mobile based on preference indicated by you.
- Enter OTP received and Tap Sign In.

In case mobile no. and/or email are not correct, one should fill up form given in Annexure B of the circular HO:BR:114/58 dated 31.03.2022 and may submit it to nearest branch in person to get the same rectified. The form can also be sent on email to pension paying branch for their doing the needful.

- 3. You are now logged in the Ex-Employee Self Service Dash Board opens, which inter-alia has Icons for Personal Information, Pension, Announcements, Grievance/Feedback, Holiday Homes, HR Claim, Medical insurance and Staff Welfare. The expanded view of the Icons are given below for services available under each item:
- a. **Personal Information** you can see different personal information eg. Personal data, registered mobile no., email, dependent details etc. As also Bank Details on record account number, branch with which account held etc.

[Note: In case anyone wants to change the credentials - please write to pension.ho@bankofbaroda.com

For change of address, you need to attach your self attested latest address proof.

b. Pension – under this Icon following services are available - Pay Slip, IT computation Sheet, PPO (you can download your PPO by clicking Generate PPO), Pension Life Certificate info, Tax Savings Declarations IND, Terminal Benefits Sheets, Family Pension Application, Annual Pay register year wise, Form 16 Part A & B etc.

One can apply for:-

- Life Certificate Apply & updating
- Tax Regime Option & Investment details Apply & approval
- Pension Branch change request

In **Pension Life Certificate** information, you can check status of your life certificate submission in Find an Existing Value. For submission of Life Certificate, click on Add a New Value, then Add, it will show your EC no. and year, fill the details, tick on SUBMIT and SAVE. Visit or make a video call to the branch and request them to verify the Life Certificate.

For submission of Tax Regime Option and Investment Details: Click on Tax Savings Declaration IND,

Investment declaration (for getting benefit of income tax under various sections), of which the window will remain open from 2nd to 25th of April to December every year. Those who have opted new regime, they shall not be entitled for exemptions/deductions. After submission of details of investment (by end of December), please get it verified by branch. The proof to be submitted in Jan. every year to pension paying branch otherwise TDS will be deducted from Jan. to March.

Finance bill proposes to provide for an individual tax payers to apply lower tax rates as per new tax regime. In case taxpayer opts for newer tax regime, certain exemption, deduction and set off of losses will not be considered while computing taxable income. The option to exercise the tax regime will be available only once a year and can not be changed in the same year. For investment declaration, select chapters one by one and fill the details, Save and Submit for each investment and income declaration. You can upload the proofs by attaching the scanned file after investments. You can view/add receipts and see all Chapters by clicking on the relevant sections given at the bottom.

#### **How to download Form 16 and TDS certificate for filling ITR.**

Click on IT COMPUTATION Sheet in Pension. Select 2023 in year and 3-March in month. Now click on Generate IT SHEET. Form16 will be downloaded.

You can also download Pension Register from "View Pension Slip"

For this also select 22-23 in FY and 03-March in month.

You can now file ITR after matching the same with 26AS and AIS of Income tax.

For TDS certificate on FDR INTEREST, go to Request Service in BOB WORLD APP and click on FY 22-23. You will get the TDS certificate on your email. For these purposes you need not go to branch

- c. **Announcement** this section is for circulars & telephone numbers for Retirees.
- d. **Grievances/Feedback** One can submit complaint and give suggestions/ feedback. The categories of issues covered are HRCPC, HRM, Medical insurance, Miscellaneous, Payroll (Arrears related, issuance of form 16, and salary related), Staff Welfare (Abhinandan yojna, Contributory Medical Assistance, Holiday Home and ID card related), and Terminal Benefits (ARB, Gratuity, PF and Pension related)
- e. **Holiday Home** Application for applying for Holiday Home, Availability of rooms, Cancellations, Penalty, Reservation letter and names of Holiday Homes alongwith ID.

#### PROCEDURE FOR APPLYING HOLIDAY HOME:

- Open Holiday Home Calendar.
- Click on Search button Where you will find a list of Holiday Homes select Holiday Home ID where you wish to book.
- Window opens wherein month-wise dates are given the dates in green or yellow means the room is vacant while in red all rooms are full. Select the dates of your choice and Click
- Booking window opens all particulars relating to your booking request are displayed the date of check-in would be displayed as selected by you in the calendar Now select the check out date.
- Enter No. of Rooms needed only 1 room allowed for retirees.
- Select Yes/No in Allow Flexible Booking from dropdown list. If you select Yes, room be allotted as and when available
- Enter Employee Email id, Alternate Contact number, Emergency Contact Name
- Enter Remarks, if any
- Review your booking details, if correct, tap the button for "Confirm Booking" at the bottom.
- Upon confirmation of booking the charges will be debited to your account and approval letter will be received on your email.

#### **VIEW/SEARCH EXISTING HOLIDAY HOME APPLICATION DETAILS:**

Click the menu Holiday Home Booking

Click on Find an Existing Value

Click on Search button

Click on the Booking ID to view complete details of application alongwith status If status of your booking is Partially Approved, that means you have been allotted some rooms as per availability and some rooms are in waitlist.

To download Reservation Letter of Approved Booking, select Booking ID of the application for which you want to generate reservation letter, click on Reservation Letter, it will get open in next tab window. Reservation letter can be generated only for approved or partially approved booking.

#### TO CANCEL ANY EXISTING BOOKING:

Click on the menu Holiday Home Booking

Click on Find an Existing Value

Click on Search button

Select Booking ID of the application which you want to cancel

Click on Cancel Booking button (Note: cancellation penalty charges will be collected as per guidelines mentioned in Circular no.HO:BR:113:182 dated 05.08.2021)

#### HR Claim for submission of TE/DA claim.

Click on Add a New Value

Select TE DA for ex-Employee- Others OR TE for Superannuation, then ADD Fill all the details i.e. Purpose, Journey details, Diem details, Hotel/Lodging expenses, Additional charges, declaration and attach necessary documents and SUBMIT Reimbursement tab is for Service/ Superannuation Milestone.

g. Staff Welfare under this section one can see/apply for following –

- Special Medical Aid- above the age of 70 years can apply.

  To apply for Special Medical Aid, click on Special Medical Aid ESS tab on the menu Click on the Submit for the active year. Details of all due and pending claims given. Please refer the Chapter on the subject separately.
- **Contributory Medical Scheme** to those who retired upto 31.10.2015 & opted for this scheme they can apply for Domiciliary & seek reimbursement under Hospitalization. Please refer the Chapter on Contributory Medical Scheme given hereafter.
- **Medical Subsidy** those who have not taken IBA policy they can apply for subsidy if they are having other policy. Please refer the Chapter on Reimbursement of Medical Subsidy

#### **Group Health Medical Insurance**

Every year in the month of October, this window remain open (also in extended period if time is extended to give option) to facilitate the retirees to give their option for obtaining Group Health Insurance Policy (floated by IBA), the procedure of the same is as under:

Click Ex-Employee GHI Policy Renewal, then click Add a Value, SEARCH

Your details will be displayed, Please verify all particulars. On right hand side you have to update your address. If first field is blank, please start writing address from there as first field is mandatory to update address ad PIN Code also is mandatory.

First time address is to be updated. Once request is submitted system will not allow to update address again. Please click search button for District and State. Insert City Name.

In case employee is Unmarried, he/she has to select Blank in the column, whether SPOUSE ALIVE, by default it is Yes. If SPOUSE is not alive, please select 'NO' and enter Date of Death of spouse, otherwise the premium will be calculated for both the persons and not single. In case the retiree is not alive, please check and verify that type of Pension is Family Pension.

Then select appropriate option of WITH or WITHOUT DOMICILIARY or WANT TO OPT OUT. Then select the amount of Base Policy and if want to also opt Super Top up then select Super Top Up amount.

Submit and verify the correctness and then finally submit.

Two most important points to be noted:

- 1. If anyone wants to exit from policy, he/she has to submit online request.
- 2. If anyone has not even logged in the portal and nothing is done then policy will not be renewed automatically.

Claim form and Baroda pensioner Loan Forms are also available and can be downloaded by clicking Medical Claim Form Download.

For Pensioners, the premium amount will be debited from the Pension account only. The account number and IFSC code will be used for the payment by the Insurance Company.

**NOTES:** 

#### **Mobile Banking (bob WORLD)**

(For details please refer BCC:BR:113:499 dated 03.08.21)

To cater various Banking needs of general public/staff, the BOB has issued bob World application available on android mobiles and i-phones, which has many features and products for customer's benefits and convenience, which include:

My account – Savings, Deposits & Loans

Fund Transfer - Within Bank and to other Bank through IMPS, NEFT and mobile

Recharge - Mobile Recharge & DTH Recharge

**Fixed Deposit / Recurring Deposit**: Open the account, View Receipt and Close Deposit. You can also view Interest rates.

**UPI**: You can pay and collect money by registering your account.

**Bill Pay**: You can pay Mobile, Electricity, Gas, Insurance, Phone, Water, Fast tag, Loan repayment, Tax Credit, BOB Credit card payment and many more bills.

Baroda Fast Tag - You can recharge & Buy fast tag

Insurance & Investment - Baroda Wealth, Apply for PMJJBY PMSBY & APY, Open PPF

**Digital Loan** -- You can apply Loan / Overdraft against Deposit through M-connect (more details are given in Bank's circular BCC:BR:113:307 dated 02.06.2021)

**Passbook-** of your Savings, Current, Deposits, Loan, OD/CC and all other type of accounts **Request Service**:

**Cheque -** Status inquiry of cheque, Stop Cheque & Positive Pay Confirmation

Certificates & Statement - Account Statement, Interest Certificate & TDS Certificate

**Internet Banking** – Registration and Password reset.

**Miscellaneous** - Aadhar Update, Nomination Registration, Request for SB Account transfer, Set Communication Email ID, submit Form 15-G or 15 H & Subscribe/ unsubscribe SMS Alert Card Services - Debit Card Manage, Card Request, Set Pin and Hotlisting.

For any complaint/grievances, please contact mobile banking team at bobworld.mb@bankofbaroda.com or fintech.bcc@bankofbaroda.com

#### **TDS Certificate for Interest Paid**

From bob WORLD app in your mobile, it is easier to know & also to get printout of the certificates of interest paid during full financial year, TDS deducted on your each of S.B. & F.D. accounts individually or all accounts taken together having only one common cust. ID.

For the purpose, you must have your email id registered in BOB. If not done so far,

- 1. Go to Request Services.
- 2. Go to Miscellaneous and then to Set Communication Email ID.
- 3. Register your email id. And come out.

Now, if you want total interest paid + provided for full financial year on individual S.B. & F.D. a/c. separately, go to Certificate & Statement. Go to Interest certificate. Choose a/c. no. & financial year. Information sent to your email.

If you want to get the total interest paid + provided on all accounts taken together under same cust. ID, go to TDS Certificate. Your cust.id will appear. Choose financial year. Information sent to your email. Easy & useful for income tax calculation & income tax returns.

For more additional services like Investments, Baroda Wealth etc., you can log on in Baroda Connect (bobibanking.com) after getting user ID and Password after submission of an application through your branch.

Launch of new features in Mobile Banking Application - Bob World (Please refer Bank's circular BCC:BR:114:293 dated 30.04.2022)

## Reimbursement of Subsidy on Medical Insurance to Retired employees / surviving spouse (Cir. HO:BR:115:267 dated 03.11.2023)

Vide circular no.BCC:BR:107/555 dated 10.11.2015, Bank introduced the scheme for reimbursement of an amount of Rs.3000 on full / pro rata basis per annum to theretirees from the Bank's Staff Welfare Fund, in order to partially offset the financial load of medical insurance premium being paid by the retirees.To claim the subsidy please login in https.//hrconnect.bankofbaroda.co.in .

After login go to Staff Welfare – Medical Subsidy – Add a new value – Select Year - Add – Fill all the details, upload the documents and submit.

To upload the documents, first select the type of document being uploaded from the dropdown Click on the tick box, then Click on Upload tab. A pop up will be opened to upload the documents. Choose any file in .pdf or .jpg format.

After uploading the documents, click on Submit button.

Due to steep increase in the insurance premium over a period of time as also taking into the hardship caused to the retirees on account of COVID 19 pandemic, the Bank has decided to increase the amount of reimbursement to the retirees towards the Medical Insurance Premium for the year i.e. 2023-24, based on pension pay band as under:

Particulars	Amount previously reimbursed	Enhanced for 2023-24
Pension pay upto Rs.25000/-	Rs.8000	Rs.16000
Pension pay from Rs.25001/- to Rs40	0000/- Rs.6000	Rs.12000
Pension pay Rs.40001/- and above	Rs.5000	Rs.10000
PF Optees/Spouse of deceased emp	loyees Rs.6000	Rs.12000
Francis Indian (Decides Decides )		D' - / Dl

For calculation of Pension Pay, the components considered are Basic (Reduced Basic Pension after Commutation) + DA + Additional Pension as on 31<sup>st</sup> Oct. The amount of reimbursement shall be the amount of premium paid or the amount as per the table above, whichever is less.

The amount will be directly credited to the account of beneficiaries who have opted for medical insurance under IBA medical insurance policy or under any other medical insurance policy, subject to their producing the necessary proofs.

To facilitate seamless claiming of the reimbursement to eligible retirees who have taken medical insurance policy from any insurance company other than the insurance through IBA, necessary modifications have been configured in **HRconnect** portal to enable them to submit their claims for the eligible retirees / spouse of the deceased employee and subsidy would be paid ONCE during November-October cycle.

For any queries, please feel free to contact HR department at Head Office by email at swel.ho@bankofbaroda.com

#### **BOB CONTRIBUTORY MEDICAL ASSISTANCE SCHEME**

(Applicable to only BOB retirees upto 31.10.2015) (Bank circular no.HO:BR :92:317 dated 09.11.2000)

The retiree had to submit an application to become the member of the scheme with his onetime contribution equal to 50% of the last pensionable basic pay plus other pay. The scheme envisages reimbursement of medical expenses on account of domiciliary treatment and hospitalization for retired employees and their spouse.

A fixed amount of Rs.2000 (w.e.f.01.01.20) is paid on yearly basis per calendar year. One has to click the following digital link to submit domiciliary claim. Please bear in mind that these expenses are non-cumulative and if not claimed during the calendar year it will not be carried forward.

#### https://hrconnect.bankofbaroda.co.in

After login go to Staff Welfare – Contri Medical Asstt Scheme – Domiciliary Claim ESS – Add a new value -Add – Select the year and submit.

Hospitalization Claim History is also given in the menu with dates of payment.

The reimbursement claim for domiciliary expenses as above is to be submitted ONLINE through the above portal. For detailed guidelines, please go to HRCONNECT Chapter. Hospitalization expenses for treatment of all ailments are reimbursed upto Rs.2 lakhs (upto the rank of AGM) and Rs.2.50 lakhs for DGM & above (for whole life) by submitting all supporting documents viz. Bills/receipts, discharge summary etc in the prescribed proforma given per Annexure.

However, Hospitalization claim for the balance remaining in the Passbook in the respective section, you have to approach your Pension Paying Branch with all original bills/receipt and Passbook. The Pension Paying Branch will enter the details in the URL provided to them and the claim once approved by Regional Office will be credited to the respective account. The Pension Paying Branch will make necessary entry in the passbook.

The medical expenses in respect of diseases covered under the deemed hospitalization (domiciliary treatment) as per BOBOSR e.g. cancer, Cardiac ailments, Diabetes, Kidney ailments etc. are also reimbursable within the overall limit of the scheme. The claims are to be submitted within six weeks of discharge/incurring the expenditure.

On the death of retired employee, the spouse will continue to be covered under the scheme for the annual aid and remaining amount of hospitalization expenses by entering the EC no. od deceased spouse.

#### SPECIAL MEDICAL AID TO RETIREES OF 70-75-80 YEARS and so on :

(Bank's circular no.HO:BR:112:333 & 112/427 dated 07.08.2020 & 02.11.20)

The Bank has extended the above benefit effective from 01.01.2020, the salient features of which are as under:

#### **COVERAGE:**

The scheme is open for the following Ex-employees:

- 1. Retired from Bank's service either on superannuation or Voluntantry Retirement under BOB Employees' Pension Regulation. 1995/ BOBOSR 1979.
- 2. Those who have been allowed to voluntarity retire/ Prematurely Retiring from the Bank's service on medical grounds after due examination of Medical Board.
- 3. Employees who have opted for voluntary retirement from the service of the Bank under BOB(E)VRS 2001

EXCLUSION: The employees, who have been discharged / dismissed / removed from service/ compulsorily retired or their services have been terminated by way of punishment or resigned from the service will not be eligible.

#### **BENEFITS UNDER THE SCHEME:**

Special Medical Aid to retired employees in their 70th, 75th, 80th year and after every 5 years thereafter as below:-

Sub-Staff. 2500
Clerical. 3000
Officer scale I/II/III. 3500
Officer scale IV/V. 4500
Officer scale VI/VII. 5500

#### **MODALITIES:-**

Eligible retired employees have to apply for the special medical aid through the Ex-Employee Portal. The URL for the same is given below:

#### https://hrconnect.bankofbaroda.co.in

After login go to Staff Welfare – Special Medical Aid ESS – Add a new value -Add – Go to the chart - Select the view and submit.

The time frame for making an application is as below:

70th year Between 70th & 71th birthday (both dates inclusive)
75th year Between 75th & 76th birthday (both dates inclusive)

80th year Between 80th & 81th birthday (both dates inclusive) and so on.

The application can be made only once within the age bracket and the application window will be made available to ex-employee between 70-71, 75-76, 80-81, 85-86, 90-91, 95-96 100-101 years and so on.

Please note that, no carry forward facility will be allowed. if the application is not made in any age bracket, it shall lapse.

Payment will be done by HO centrally within a week or in first week of succeeding month.

#### TE/DA Claim of Ex-Employees (including Retired and Dismissed)

(Detailed guidelines given in Bank's circular no.HO:BR:114:21 dated 03.02.2022)

Ex-employees of the Bank including Retired and dismissed employees are eligible for reimbursement of TE/DA at the current rate admissible to the cadre which they were holding at the time of their retirement or leaving the Bank's service under following circumstances:

- 1. When an ex-employee of the Bank is required to appear at the Bank's behest as a management witness in a departmental enquiry conducted by the Bank or against whom the enquiry is being held.
- 2. When an ex-employee is summoned by a court of Law for giving evidence as a prosecution witness as to facts which have come to his/her knowledge in the discharge of duties while in the Bank and where prosecution has been launched at the instance of the Bank or by the Local police / CBI / any investigation authority suo moto, then he/she is eligible for the difference of TE/DA that he/she is eligible to receive from the summoning court concerned and the rate of TE/DA admissible to the post held at the time of retirement or leaving the Bank's service.

As per the extant practices, Regional or Zonal Authority arranges for Timely information, Travel and Stay arrangements of ex-employees. However, if the retired employee incurs any expenses, the same is reimbursed the HRCPC on receipt of the Claim from the retired staff members. For this purpose, the exemployee has to submit following papers to HRCPC by email:

- a. A copy of Authorisation letter / mail from the Bank
- b. If directly summoned by investigating agency, employee need to seek authorization letter from the respective Bank official.
- c. A copy of Attendance certificate issued by investigating agency.
- d. The relevant travel tickets/Hotel bills.

The ex-employee need to submit the scanned copy of TE/DA claim form along with the relevant bills / documents directly to HRCPC via email to hrcpc.baroda@bankofbaroda.com

NOW THE TA/DA CLAIMS CAN BE SUBMITTED ONLINE THROUGH hrconnect.bankofbaroda.co.in (details and procedure given in HR CONNECT chapter).

For Any clarification, ex-employee may contact HRCPC on above email or on 0265-2316692.

#### <u>Brief Guidelines – Booking of HOLIDAY HOMES by Retired Employees.</u>

(HO:BR:113:182 DATED 05.08.2021)

1. **ELIGIBILITY**: Retired employees who have Superannuated OR Opted for Voluntary Retirement. Only self and Spouse are permitted to avail the facility of Holiday Home.

The booking of Holiday Home can be made online by login to:

https://hrconnect.bankofbaroda.co.in

Procedure of booking, enquiry, cancellation etc. are given in the chapter "HR Connect"

2. **ROOMS & PERIOD OF STAY:** Retired Employees: Maximum 1 room for maximum of 7 days. Reservation can be made 3 months before the date of availing the holiday home facility.

Holiday Home Facility is not available for Retirees for the following periods.

Summer vacation (1st May to 30th June)

Winter Vacations (15th December to 05th January)

Diwali/Durga Pooja Holidays (from start of Navratri up to one week after Diwali)

However for the above periods the Holiday Home facility shall be open for booking by the retired employees, 1 week prior to the booking ate, if the room still remain vacant:

3. Holiday Home facility to Retired employees is not available for all days of the Week (including Saturday and Sunday.

The application will be registered in the system even if rooms are not available and such applications will move to waiting list. In cases of cancellation, the same will be approved automatically as per the waitlist number. No change/modification is allowed once the allotment is don. Applicant should ensure to have sufficient balance in account before applying for Holiday Home, otherwise applicacation will be rejected/cancelled.

On approval of the online application for booking of holiday home, for eligible retired employees the reservation letter can also be downloaded through HRCONNECT.

Also SMS will be sent on registered mobile no and letter will be emailed on email id.

4. **CHARGES:** The rent (per day per room) is as under:

For Officers: Rs.100 For Clerical Rs.50 For Substaff: Rs.30 Extra bed, if sought' should be paid directly to the Hotel as per the hotel rules.

- 5. PENALTY: No refund of rent paid by employees is permissible, in any circumstances.
- a. No cancellation charges will be levied if cancellation is done before 15 days.
- b. If the Booking/Reservation is cancelled less than 15 days prior to the date of his booking/reservations which are confirmed the penalty will be -3- times the rent as applicable.
- c. If employee does not cancel the booking which are confirmed and do not visit the Holiday Home, the penalty will be -6- times the rent as applicable.
- No cancellation charges will be levied if waitlisted application is cancelled.
- e. **Very Important:** In case of partial availment, 6 times penalty for entire booking period shall be deducted. Hence employee should make booking accordingly.

The employee should carry he reservation letter alongwith the Bank's ID card and PAN card/Aadhar Card/Driving License etc. while visiting the Holiday Home. Family members may utilize the Holiday Home facility even if the staff member is not accompanying them provided they are carrying employee's Bank's ID with their own ID proof.

#### **Doorstep Banking Services to Retired Staff and family pensioners**

(Bank's Circular no. BCC:BR:112:726 dated 01.12.2020)

The Government of India has come out with Ease Reforms 3.0 to be implemented by all Public Sector Banks in a time bound manner to improve the customer services at the branches and one of the initiative is "Providing Doorstep Banking Services to the Senior Citizens, Physically Challenged, visually impaired & Infirm Persons".

Doorstep banking initiative is envisaged to provide through the universal touch points viz. call center, web portal or mobile app. BOB has engaged BLS International Services Ltd and M/s Integra Microsystem P Ltd, as Service Providers for providing Doorstep Banking through Universal Touch Points facility. The list of such branches is provided in Bank's website.

The PSB Alliance —Doorstep Banking Services is implemented at a total of **2015** designated branches of Bank of Baroda across 100 centers for catering the Doorstep Banking Services. Toll free number is 9152220220

#### **Non-Financial Banking services:**

- 1. Pick up of Negotiable instrument (Cheque/Draft/Pay order etc.), New Cheque Book requisition slip/ 15G & 15 H forms/ IT and GST challans/ Standing Instruction request.
- 2. Delivery of Account statement/ Non Personalized Cheque book, Draft, Pay order/Term Deposit Receipt, Acknowledgement etc./ TDS/ Form 16 certificate issuance/ Pre-Paid Instrument/ Gift Cards
- 3. Submission of Digital Life Certificate

#### **Financial Transactions:**

- 1. Cash Withdrawal
- 2. Fund Transfer facility.

Our bank has implemented all the Non- Financial Services and Financial services except Cash deposit services for which the work is in progress for implementation.

## Complimentary PSB Alliance Doorstep Banking Services to Retired Staff and family pensioners of Bank of Baroda.

Bank has been initiating various staff centric initiatives from time to time. The contribution of Retired staff and family pensioners to the Bank cannot be undermined. Banking services which are majorly used by Retired staff members and family pensioners are as under:

- Monthly withdrawal from their monthly pension/savings account.
- Passbook updation /Statement of Account
   Life Certificate updation
- Booking of Fixed Deposit.
- Submission of Form 15 G/H. TDS Certificate.

Due to issues in mobility related to their age, health these retired staff members at times find it difficult to visit Bank Branch for availing Banking services. With a view to offer convenience to Retired staff members, it has been decided to offer the following Doorstep banking services on complimentary basis as under:

In a Financial year, a total of 12 service request inclusive of submission of Form 15 G/H, Life Certificate and TDS certificate under doorstep Banking will be offered on a complementary basis to Pension Account of Retired Staff members and family pensioners of Bank of Baroda.

Eligible Accounts will be offered this service with a cap of 3 complimentary services per quarter subject to a maximum of 12 complimentary services in a year.

The details about services and identified branches is available in circular number BCC: BR: 112:470 dated 11.08.2020 on Doorstep Banking Services issued by Retail Liabilities Vertical.

As per guidelines issued by IBA, the Doorstep banking services will be available only if the service address requested by the customer is within the radius of 10 KM of any of the identified branch for the PSB Alliance Doorstep Banking service.

Branches are advised to reverse the charges levied towards availment of Doorstep Banking Services to Accounts of retired staff members of Bank of Baroda and family pensioners of the retired staff of Bank of Baroda. The charges are to be reversed from sundry charges others. Before initiating the reversal of charges branches have to be checked the total count of Doorstep Banking services availed by the retired staff members of Bank of Baroda and Family pensioners of the retired staff members of Bank of Baroda

Process: Customer can get registered through either of 4 channels i.e. DSB mobile app / web portal / BOB World app / Call centre.

Once the agent arrives at doorstep of the customer, he will proceed for document handover to Agent only after the service code matches with the one available with the agent. Customer will have "Pay in Slip" duly filled/completed and signed in all respect.

Post this he/she will handover the instrument to agents, which agent shall put in designated envelope and seal before customer. Agent is expected to cross tally instrument detail with the information available in their app and accept only if it tallies.

Multiple instruments can be picked by an agent for single pick up request. However, different instrument types cannot be clubbed for a single request ID.

For more details PIs visit <a href="www.psbdsb.in">www.psbdsb.in</a>
Toll free numbers: 1800 5700, 1800 5000

Web Application Customer URL: <a href="https://dsb.imfast.co.in/doorstep/login">https://dsb.imfast.co.in/doorstep/login</a>

**URL to download the Application:** https://www.doorsteppsba.com/doorstep/customerlogin

NOTES:

#### A to-do List for Legal heirs

After the initial shock of sudden loss of the family member and after the grief period the legal heirs have to accept the reality and should move forward to fulfil the desire of the deceased duly upholding the cherished values of the deceased. The important to do list is as follows

- 1. If the spouse of the deceased is alive, it is the first and foremost duty of the Son/Daughter, Children to give comfort and assurance that they will stand by the parent to take care of their interest
- 2. At any cost, please avoid confrontation or discussion as who has to look after the parent in the changed circumstances. Try to sort out financial issues amicably.
- 3. Get the death certificate of the deceased. Check the name, age and other particulars are correct, try to incorporate Aadhaar number in death certificate if possible. Also, it is better to get the correct cause of death mentioned in the death certificate. Get as many copies of Death Certificates (original) depending upon the need, the number of legal heirs, Investments in the name of the deceased.
- 4. If the parent is capable of handling financial issues, just support him/her to deal with the financial assets left by the deceased.
- 5. In case both parents are not alive, entrust the task of gathering information of financial assets and other documents either to the elder in the family or the heir who is living in the place of deceased and capable of getting things done.
- 6. If there is any Will and it needs to be probated take the help of a legal counsel.
- 7. If there is Vehicle in the name of the deceased-it requires priority in action. Inform Concerned RTO about the death of the vehicle owner.
- 8. Inform the Ex-employer of the deceased.
- 9. Certain organizations reimburse funeral expenses. Check and claim the same.
- 10. Inform the Banks where the deceased was having account. If the deceased took Group Life Insurance linked to Bank account, check and claim the same..
- 11. Also, for accidental deaths, Cover is available in Certain debit and credit cards and Bank account linked group accidental death cover. Check and apply for the same.
- 12. For death occurred due to accident on road or involving Motor Vehicles, make claim under Motor Vehicles Amendment Act. Check the number of insurance policies of the deceased and take action to claim the policy benefits under each policy. Inform the Insurance Companies about the death of the policy holder.
- 13. If the spouse is eligible for family pension, apply for the same on Annexure 3 + 7.
- 14. In case some of the legal heirs are likely to go abroad and may not be available for execution of certain documents it is preferable to get a Registered Power of Attorney favouring the local legal heir. This will help in settling Bank Accounts and other dues.

Make sure to comply with income Tax provisions. For inheritance though the income is exempted, documentary evidence needs to be kept. If the deceased was income assessee take action to comply with Income Tax formalities like remittance of tax and filing ITR on behalf of the deceased.

## Online Deceased Claim Portal in respect of Deceased Depositors, Locker Holders and Safe Deposit Articles (Bank's Cir HO:BR:115:66 dt.29.03.23)

Bank has introduced an online portal for settlement of Deceased Claims through which a claimant can claim for settlement of Deceased Customer's accounts/Lockers/Safe Custody Articles etc. with Bank. This portal will help the claimant for online application submission, hassle free claim settlement and single branch visit for verification of documents.

The claimant will have to login through the Bank's website by registering himself/herself using Mobile Number. OTP will be sent to claimant's Mobile for his/her verification. The requisite information such as Bank's account details, Locker details, Branch details, related documents etc. are to be provided and uploaded by the claimant. On submission of the claim, claimant will receive a unique reference number through which he or she can track the status of the claim on the portal itself. The claimant will also receive SMD ad Email for any query, requirement of additional document raised by branch. On provisional approval of the claim, claimant will receive SMS and Email.

-The path on Bank's website for the online Deceased Claim portal is as under:

#### Bankofbaroda.com>Main Page>Online Deceased Claim Portal

-Access to portal will also be available as under:

#### Bankofbaroda.com>Other Links>Online Deceased Claim Portal

-Once the claim is submitted by the claimant, the claim will be routed to the concerned branch for processing and approval. The claim can be accessed by branch with Admin Portal URL (will be available in FINACLE PCs only):

#### https://apps.bobinside.com/deceasedclaimportal.new

-All users with Active Domain User ID and password can log in to the portal.

The claimant will visit the Branch with the original documents for verification after the claim is provisionally approved in the Portal. Final approval of claim will be done after verification of documents by the branch officials. "The TAT for settlement of deceased claim will be observed from the date when all the required documents are provided by the Claimant."

It is to be noted that the processing of claim at Branch level is to be done as per circular no. HO:BR:111:279 dated 01.10.2019 regarding "Operational procedure/Guidelines for settlement of claoms of Deceased Depositors/Constituents and Return of Articles in Safe Deposit Lockers/Safe Custody articles as per EASE-PSB Reform agenda."

In case, where the claimant requests the branch to upload the claim on the portal, the officials in the branch will provide necessary support to the claimants.

For detailed manual guidelines Bank's circular no.HO:BR:111:279 dt.01.10.2019 be referred.

#### **IMPORTANT POINT**

Upon the death of the sole depositor in the case of deposit in the name of an individual, or upon the death of one or all of the depositors, the deposit cannot be substituted by the name of the nominee. The name of the nominee cannot also be added to the name(s) of the surviving depositor(s). The role of the nominee is only to receive the proceeds of the deposit in the event of death of all the depositor(s).

## Safe Deposit Lockers and Safe Custody Articles Access to Safe Deposit Lockers – (With Survivor/Nominee Clause)-

In case of Sole heir -nominee will have the rights to access the locker of the deceased and liberty to remove the contents of the locker on submission of requisite documents.

In case of locker Joint accounts with joint operations-in the event of death of one of the hirers, the Bank will grant access of locker and liberty to remove the contents jointly to the survivor/s and the nominee(s). Here all the Nominees and the survivors will join together to make a claim In case of Locker Joint accounts with either or survivor, or any one or survivor clause – access of the locker will be given to the survivor(s) according to the survivorship clause on the death of one or more of the locker hirers.

However, in all cases Banks should make it clear to the survivor(s) / nominee(s) that access to locker / safe custody articles is given to them only as a trustee of the legal heirs of the deceased locker hirer i.e., such access given to him shall not affect the right or claim which any person may have against the survivor(s) / nominee(s) to whom the access is given.

Similar procedure will be followed for return of articles placed in the safe custody of the bank.

#### **LOAN TO PENSIONERS / FAMILY PENSIONERS**

( Cir BCC:BR:114/700 dated 17.10.2022) (Scheme Code LA147)

Eligibility: Retired Employees of Bank of Baroda / their family pensioners.

Age: Maximum 75 years. Min, 21 years

Loan Limit:

Pensioners. Family Pensioners

For age up to 70 years: Rs.8.00 lacs. Rs.3.00 lacs For age above 70 years: Rs.5.00 lacs. Rs.1.50 lacs

(Total monthly deductions including proposed EMI should not exceed 60% of monthly pension.)

Repayment Period : For age upto 70 years:. 60 months

For age above 70 years: 36 months

Rate of Interest: BRLLR+SP+0.60% Processing charge: Nil

Note: Undertaking from Legal heirs to play bank's dues in the event of death or default by the pensioner (not to be obtained if wife is alive or personal guarantee of person nominated to receive family pension is obtained as a condition of the sanction) to be obtained.

Other documents as per Bank's circular/guidelines.

#### Various Type of Accounts

Mostly the family of the deceased got confused as how to handle the various type of investments in the name of the deceased depositor before and after its maturity. PPF, Senior Citizen Savings Scheme, PMVVVY etc...

#### I. Senior Citizen Savings Scheme (SCSS)

#### 1. Individual account-Single

On the death of the account holder nominee or legal heirs can claim the amount before maturity or after maturity.

- a. the account shall be closed and deposit refunded along with interest as applicable to this Scheme till the date of the death of the account holder, to the nominee or the legal heirs. (IBA letter no.RB/MBR/SCSS/10161 dated 22.07.2021) on application in form F.
- b. From the date of death till date of claim settlement- interest at the rate applicable on Post Office Savings Account.
- c. If the spouse is sole nominee, she can continue the account till maturity subject to eligibility and Scheme investment ceiling.

#### 2. Joint Account

- a. In case of a joint account, the spouse may continue the account on the same terms and conditions as specified under this Scheme, if the spouse meets eligibility conditions under the Scheme on the date of death of the account holder.
- b. Joint account holder on the death of the First holder will have the option to close the account before maturity or after maturity.
- c. Interest as applicable in 1 a and b..

#### II. Public Provident Fund Scheme (PPF)

#### Closure of account on death of the account holder. -

- (a) In the event of the death of the account holder, the account shall be closed and the nominee or the legal heir shall not be allowed to continue the account.
- (b) The balance in the account of the deceased account holder shall earn interest till the end of the month preceding the month in which the eligible balance is paid to the nominee or the legal heir, as the case may be.
- (c) Important point is that till settlement (up to previous month of settlement) the account will earn interest as applicable to the PPF scheme, irrespective of date of death of the account holder. That is even after the date of death, or maturity, the PPF account would continue to earn higher interest as applicable to PPF Scheme.

Question: In case if there is no Nomination what is the cut off amount up to which hassle free claim settlement can be made? Up to Rs 5 Lakh. Indemnity Bond

Above Rs 5 lakh Succession Certificate is required.

#### Revision of BOB instructions for payment of interest on Overdue Fixed Deposits:

If a deposit remained unrenewed, after maturity, for 14 days, the Bank will pay the interest at the rate of SB or contracted rate, whichever is lower. Hence all are advised to contact the branches of Bank at the time of maturity of deposits for renewal or payment, as desired.

#### **BARODA HEALTH CHECK UP SCHEME for Ex-employees**

(Circular HO:BR:116:165 dated 20.07.2024)

Bank has taken initiatives to ensure health of existing as well as ex-staff members. One of such schemes is the facility of 'Annual Health Check-up' for existing employees, which is facilitated by service provider M/s Arcofemi Health Care Ltd. (also known by its brand name 'Mediwheel') to extend the Health Check-up facility, similar to that of existing employees at their own cost, as these health check-up packages, are substantially subsidized to the Bank due to economies of scale because huge number of employees avail this facility, which otherwise would cost significantly more, if availed individually.

Further, the service provider has also offered a bouquet of additional packages which include health check-up packages with complete 'home sample collection' facility to examine the general health and well-being.

For existing employees, only one health check-up scheme is available as mentioned at SI. No.1 in the table below. However, the health check-up packages for ex-employees are carefully designed looking to the various categories of employees and considering their affordability and requirements. The brief of the various health check-up packages are given below:

#### **HEALTH CHECKUP PACKAGE with Amount**

- 1. Mediwheel Full Body Health Check up Metro. Rs.3600
- 2. Mediwheel Full Body Health Check up non-Metro. Rs.3250
- 3. Mediwheel Smart Check (at All Centres). Rs.2990 4. Mediwheel Active Check Rs.2290
- 5. Mediwheel 60+ Active Check Rs.1990 6. Mediwheel Standard Plus Health check up Rs.1740

#### Offered by Phusorz Tech P. Ltd. (Medibuddy)

Health Check up (Home visit)

Rs.1560

Health Check up for Female (Home visit)

Rs.2400

Health Check up for Women 60+

Rs.2500

Rs.2500

Rs.2500

The complete details of the above packages including the number and types of tests covered, home sampling availability etc are provided in Bank's circular Annexure A & B.

STEPS IN BOOKING APPOINTMENT:

The following are the steps involved in booking appointment for health check-up facilitated by Arcofemi Health Care Ltd. (under the brand name- MediWheel):

- i. The URI. for signing up (for first time registration only) for the exclusive online portal for booking health check-up by the ex-employees is: https://mediwheel.in/bob\_signup\_retiree
- ii. On the Sign Up page, select Corporate User and provide necessary details like: EC Number, Name, Date of Birth, Mobile Number and Email to Sign Up. This will complete the registration process.
- iii. Thereafter, for booking of health check-up service and other purposes (report, payment, grievance, etc.), login using mobile number and password through the URI. <a href="https://mediwheel.in/login">https://mediwheel.in/login</a>
- iv. Select appropriate city/location, hospital/diagnostic centers / health check-up package
- v. Select preferred date and time of health check-up
- vi. Make payment and book appointment.
- vii. Details of spouse can be added in the profile by providing necessary information under 'Add Member' menu.

The detailed step-by-step process involved in booking health check-up is given in Annexure-B of the circular. **ROLE OF THE BANK:** 

- Bank will only be facilitating by providing Arcofemi's platform to retired employees on Ex-Employee Portal.
- The cost of proposed health check-up facility for ex-staff members and/or spouse will be fully borne by the ex-staff members themselves.
- The decision to avail the health check-up facility will be completely the choice of the Ex-employee.
- Grievances/complaints/issues in this regard have to be taken up directly with M/s Arcofemi Health Care Ltd. The exemployees may reach out to M/s Arcofemi Health Care Ltd. for resolution of their grievance through the toll free number 011-41195959 and Email id: grievance@mediwheel.in
- However, if the issues are not resolved even after 7 days, the matter may be taken up with the Zonal Nodal Officers for Retired Employees for expediting the resolution.

#### <u>Introduction of Online Tele/Video Consultation with Doctors.</u>

#### (For details please refer Bank's Circular no.HO:BR:116:162 dated 20.07.2024)

To ensure good health and wellbeing of existing and retired staff members (who have superannuated or opted for VRS) with their max of 6 members, Bank has partnered with Practo to bring healthcare facilities directly to your fingertips/doorstep through above initiative w.e.f. 20.07.2024. The salient features of this scheme are listed below:

- . The service can be availed 24x7 through the "Practo App" of the service provider.
- . Quick Doctor tele-consultation connect with doctor within 180 seconds.
- . Free follow up for 7 days.
- . Consultation available in Hindi, English and some major regional languages.
- . Instant Chat consultation.
- . The interval between two consultations shall be 45-60 minutes for unique ID.
- . Practopedia AI enabled healthcare articles on fitness, diet, skincare, gynaecology etc. will be available based on usage pattern.
- . Access to free Q&A sessions on Practo App.
- . Upto 15% discount on all orders on medicines purchased through app with home delivery
- . Upto 20% discount on all lab tests booked through app.
- . Access to Doctor Network of 1.5 lakh for OPD consultation on self-payment basis (Discount upto 10% on cashles network in face to face consultations.)
- .Monthly customized Health Webinars.

#### The List of Treatments under the scheme:

1.Ayurveda 2.Kidney & Urine 3. Breathing and Chest 4. Neurology 5.Cancer 6. Orthopedic
 7.Cardiology 8.Dental 9.Pediatrics 10.Physiotherapy 11.Dermatology

12.Psyciatry 13.Diabetes 14.Sexology 15.Diet & Nutrition 16.Stomach & Digestion 17.Ear,nose,throat 18. Urinary Problems 19.Nephrology 20.Eye & Vision 21.General Surgery 22.General Physician 23. Gynecology 24. Rheumatology 25. Homeopathy 26.Veterinary Physician

27. Psychological counselling 28. Other Problems.

#### -List of surgeries covered under Practo Assured (on chargeable basis):

General Surgery: Gallstone, Hernia treatment, Lipoma removal, Circumcision, Varicose Veins, Sebaceous cyst,

Varicocele, Hydocele, Appendectomy

Proctology: Anal fissure, Anal Fistula, Piles, Pilonidal Sinus, Perianal Abscess

Urology: Kidney Stone, Renal cyst, Urethrolplasty, TURP

Cosmetic: Phinoplasty, Liposuction, Breast lift, Lump in Breast, Gynaecomastia

**Gynaecology:** MTP, Vaginoplasty, Myomectomy, Hysterectomy, Hysteroscopy, D&C, Ovarian cyst

Ophthalmology: Cataract, Lasik, Glucoma, Squint Eye

Orthopedics: Knee Replacement, Arthroscopy, Carpal Tunnel Syndrome, Lumbar Laminectomy, ACL Repair,

Microdiscectomy, Knee Arthroscopy, Shoulder Arthyroscopy

#### The services can be accessed through PRACTO APP. The link for downloading the app is:

#### Prac.to/get-plus

The detailed features of the scheme are attached as Annexure A and the jobcard for onboarding and availing the services through the PRACTO APP is in Annexue B attached to above circular.

For any queries and clarification in the matter, please email: <a href="mailto:swel.ho@bankofbaroda.com">swel.ho@bankofbaroda.com</a> or cantact on telephone number 0265-2316645/76/21.

#### Availability of Corporate Concierge Desk 24\*7 (Mon.-Sat.) on self payment basis:

Doctor on Call, Home Care Service, App Related Assistance, O2 support, ICU at Home, Appointment Booking, Health Check ups, Any other health plan related queries.

Escalation Matrix: Level 1: Conciege desk: M-8047489888 email: corporateconcierge@practo.com

Level 2: Anirban email: Anirban.chakraborty@practo.com

MPORTANT CIRCULARS	<u>от кы, іва а</u>	IIIU DOB.
Circular no./Ref.	Date	Subject Matter
RBI/2004-05/490	09.06.2005	Deceased Claims -Simplification of Procedure
RBI/2017-18/15	06.07.2017	Customer Protection – Limiting liability of customer in
		authorized electronic banking transactions
RBI/2019-20/142	15.01.2020	Enhancing security of card transactions
RBI/2020-21/41	25.09.2020	Positive Pay system of CTS
RBI/2021-22/86	18.08.2021	Safe Deposit Lockers/articles facility by banks
RBI/2021-22/1630	28.01.2022	Consumer Awareness Cyber Threats & Frauds
		IBA CIRCULARS
HR&IR/G2/BRK/4684	16.03.2018	2 <sup>nd</sup> option of Pension to Compulsorily retirees
HR&IR/MBR/9991	05.06.2021	Stagnation Increment – Clarification -XI BPS
RB/MBR/SCSS/10161	22.07.2021	SCSS Rules 2004-Premature withdrawal in case of death – No penalty
Joint Notes & BPS		Can be obtained from their website
		iba.org.in
IRDAI/HLT/CIR/PRO/84/5/2024	29.05.2024	Master Circular on IRDAI (Insurance Procedure) Regulations
		2024 – Health Insurance.
		BOB CIRCULARS – Salary Revision
BCC:BR:107:308	26.06.2015	10 <sup>th</sup> BPS dt. 25.05.2015
BCC:BR:112:778 & 779	30.12.2020	8 <sup>th</sup> Joint Note for Officers & 11 <sup>th</sup> BPS
HO:BR:114:75	16.04.2022	IBA fitment formula of 8 <sup>th</sup> Joint Note & 11 <sup>th</sup> BPS
		OPERATION & TERM DEPOSIT RELATED
HO:BR:111:279	01.10.2019	Death Claims – Detailed Procedure
HO:BR:113:156	03.07.2021	Continuation of Staff Pension account by family pensioners in
		case of death of first holder
BCC:BR:111:603	14.11.2019	Wealth Management Structure (Baroda Radiance)
BCC:BR:112:613	12.10.2020	Circular on PPF,SCSS,SSA,Ekvp,SGB,NPS & APY
HO:BR:116:02	03.01.2024	Teledirectory of Branches and staff
BCC:BR:113:499	23.08.2021	BOB World (Mobile Banking)
BCC:BR:113:307	02.06.2021	LABOD/ODBOD on Mobile Banking
BCC:BR:114:293	30.04.2022	New features in BOB World
HO:BR:114:158	27.07.2022	New Locker Agreement
HO:BR:113:136	16.06.2021	Continuation of FDR in case of death of Primary/first a/c holder.
		and the second s
HO:BR:106:36	12.02.2014	Staff Rate & Sr Citizens Rates on TD
HO:BR:110:89	02.06.2018	Payment of Staff Rates on TD
HO:BR:108:65	11.05.2016	Payment/Premature Payment of FDRs with EorS/ForS
		clause. Clarifications - Undertaking
BCC:BR:111:154	28.03.2019	Master Circular on Deposit Schemes.
BCC:BR:112:68	07.02.2020	Premature Payment of Term Deposits
BCC:BR:113:796	28.12.2021	Revision of instructions - Payment of Interest on ODFD
HO:BR:113:34	05.02.2021	Nomination at any branch

BCC:BR:114:529	12.08.2022	Baroda Tiranga Deposit Scheme for 444 & 555D
BCC:BR:114:725	31.10.2022	Baroda Tiranga Plus Deposit Scheme for 399 days
HO:BR:115:172	04.07.2023	Clarification for payment of Staff benefits on deposits of Staff,
		Spouse of deceased staff and Union/Association.
		STAFF WELFARE SCHEMES CIRCULARS
HO:HR-OPS:PEN :107:11785	29.12.2013	Medical certificate for Pension to Handicapped Children of ex-staff - Guidelines
HO:BR:112:451	01.12.2020	Compassionate Appointment & payment of ex-gratia to dependant of deceased employees
HO:BR:112:47	05.02.2020	Contributory Medical Aid for Retired Employees
HO:BR:112:208	19.05.2020	TE/DA claims of Ex-staff
HO:BR:114:21	03.02.2022	
HO:BR:112:333	07.06.2020	Special Medical Aid to Retirees of 70-75-80 years
BCC:BR:112:726	01.12.2020	Doorstep Banking Scheme to Retirees
HO:BR:116:165	20.07.2024	Health Checkup facility to ex-employee
HO:BR:116:162	20.07.2024	Introduction of Online Tele/Video Consultation with Doctors.
HO:BR:113:182	05.08.2021	Holiday Home - New Regulations
BCC:BR:114:764	14.11.2022	Financial support to dependant of deceased employees dying in harness

#### **INCOME TAX GUIDELINES (specially for Senior Citizens)**

FOR FY 2024-25 (AY 2025-26) updated on 01.01.2025.

Some key changes notified in the Income Tax Returns (ITR).

From AY 21-22 Old and New Tax Regimes have been introduced, which have to be understood carefully before deciding the regime under which return is to be filed:

Old Regime: No change and all deductions, as earlier, are allowed.

New Regime (u/s 115BAC): New tax slabs introduced and only Standard deductions are allowed.

So, please calculate the tax liability before start of filing the return. Presently Individuals have liberty to change the Regime before filing the return every year.

### Last date for filing IT return is generally 31st July, unless extended specifically . Following persons have to file return compulsorily, even if otherwise not liable to file return:

- 1. House ownership: Individual taxpayers who are joint owners of house property or having more than one property are to file ITR 2 with details in Schedule HP. However, CBDT vide it's notification no.31/2020 dt.29.05.20 has clarified that joint owners of one house property can now file ITR-1 & ITR-4, if they are otherwise eligible for filing their return in ITR-1 & ITR-4.
- 2. Those who spent over Rs.2 Lacs on foreign trip OR put Rs.1 Crore in Current account OR paid over Rs.1Lac as electricity bill come under mandatory IT return filing norms. You need to disclose the actual amount.

#### Which return & By Whom

**ITR-1 (Sahaj)**- For Resident Individuals with income upto 50 lacs from Salaries, one house property, interest income, agricultural income upto 5000

**ITR-2**-for Individuals and HUF not having income from profits and gains of business or profession. **In case of Capital Gain also you have to file ITR 2.** 

ITR-3-for Individuals & HUF having income from profits and gains of business and profession

**ITR-4(Sugam)**-for resident Individuals, HUF & Firms having total income upto 50 lacs from business and profession computed u/s 44AD44ADA,45AE

A Citizen Pensioner (Resident), whose annual income is Pension + Interest on Deposits (with no business/professional income) needs to know the following important points on Income Tax, for the FY 2024-25 onwards. For the sake of simplicity, I have covered only commonly used deductions like 80 C and 80 D etc.:-

Income Tax Slabs for FY 2024-25 (only OLD tax Regime)(in %)

Income Slabs	@ <60 years	60-80 years	>80 years
Upto 250,000	Nil	Nil	nil
2,50,001 to 3,00,000	5	Nil	Nil
3,00,001 to 5,00,000	5	5	NIL
5,00,001 to 10,00,000	20	20	20
Above 10,00,000	30	30	30

Health Surcharge/Cess as applicable @4%

#### **DEDUCTIONS & EXEMPTIONS (under Old tax regime only):**

**Standard Deductions-Sec 16**- for Salary class/Pensioners- Rs. 50,000/-. For Family Pensioners under Sec 57, a deduction of one-third of such income or Rs.25000/-, whichever is less, is allowed.

#### Imp Other Deductions available to save Tax-

80 C- LIC, NSC, Sr Citizen SS, PPF, etc. upto Rs.150000/- + 80CCC&D, if any

**80 D-** Medical Insurance Premium for Self and Spouse (one must be Senior Citizen). In case No health insurance Cover available General Medical Expenditure can be claimed upto Rs.50,000/-

Senior Citizens in addition to the above, can claim for their aged parents, either

health Insurance premium or Medical Expenditure (where there is no insurance cover).

**80 TTA** Interest on SB upto Rs.10000 only for non-Sr citizens.

**80 TTB Interest on Bank, Post Office Deposits\***- -Max Rs 50,000/-(No deduction under 80 TTA is allowed for SB interest)

Long term capital gains from shares are exempted upto Rs.1 lakh upto 22.07.2024, Rs.1.25 lacs after 22.07.24

**Rebate under Sec 87 A-** for Net Income up to Rs 5 Lakh- Maximum-Rs12500/-. In other words, for pensioners with Net annual Income below Rs.5 lakh there is no Income Tax.

#### **Budget 2024 (Changes in Income Tax for FY 2024-25)**

While presenting the budget for 2024, the finance minister has announced following changes in income tax (applicable only to NEW TAX REGIME) for the FY 2024-25. Old tax regime to continue without any change and it is optional.

- -Standard deduction of Rs.75000/- allowed to Salaried/pensioners u/s 16(iii) and Rs.25000/- or 33,1/3% to family pensioners whichever is less u/s 57(iia).
- -14% of the pay as employers' contribution to NPS u/s 80CCD(2) (increase from 10%)
- -Sec. 87A- Rs.25000 or tax liability, whichever is lower with income upto Rs.7 lacs.
- -No deduction under Chapter VI, section 80, House Property, HRA etc. except above.

#### The slabs of Income tax rates also revised (new tax regime only) as under: u/s 115BAC

Upto Rs.3 lacs Nil

Above Rs.3 lacs to Rs.7 lacs 5% (tax rebate u/s 87A)

Above Rs.7 lacs to Rs.10 lacs
Above Rs.10 lacs to Rs.12 lacs
Above Rs.12 lacs to Rs.15 lacs
Above Rs.15 lacs

Health Surcharge/Cess as applicable @4%

ADVICE: Calculate your tax liability under both the regimes and act accordingly. Idea of the Govt. in the long run is to abolish all exemptions and the old tax regime.

### <u>Taxation on Capital Gains on Equities, Equity Oriented Mutual Funds w.e.f. 23.07.2024</u> (Option given to taxpayers for LTCG for Old system (with indexation) or new system)

STCG (Short Term Capital Gain) (u/s 111A)— STCG has been raised to 20% from 15%

LTCG (Long Term Capital Gain)(other than Equities/EOMF u/s 112) – Period of holding reduced to 24 months from earlier 36 months – 12.50% (reduced from 20%) without indexation benefit.

LTCG (Long Term Capital Gain)(on sale of EO MFs or units of business or Equities on a Recognised Stock exchange in India) u/s 112A)- 12.5% (earlier 10%) after exemption of Rs.1,25,000/- (earlier Rs.100000)

**TDS On Pension-**Though Senior Citizens, having pension Income and Interest Income alone, are exempted from payment of Advance Tax, as per Income Tax rules. Hence those who are drawing annual pension above Rs 550000 (under Old Regime) and Rs.775000/- (under New Regime) should furnish to Banks and TO, eligible saving Proofs to avoid TDS. Family Pension Comes under Income from other sources, hence exempted from TDS.

**TDS on Bank Deposits-** Sec 194A-Annual Exemption Limit for Interest on Bank Deposits standing in the name of First named depositor-wef 01.04.2019

Non-senior citizens -Rs 40000. Senior Citizens-Rs 50000.

Senior Citizens whose aggregate annual interest on Bank Deposits, exceeds Rs.50,000/- can furnish 15H at the beginning of the FY to avoid TDS, \*if their tax liability is Zero\*.

#### Exempted Income – That continue unde New Regime also

- -Interest and final payment under PPF, Sukanya Samridhi yojna u/s 10(11)
- -Sum received from LIC u/s 10(10D) New policy afer 01.04.23 limit upto 5 lacs annual premium
- -Payments including withdrawals from NPS u/s 10(12A/12B)

-Gratuity, Commutation of Pension, Leave encashment on retirement, Retrenchment Compensation, Compensation on VRS or separation, Non-monetary perquisite by employer, Interest and withdrawal from recognized Provident Fund, Payment from approved Superannuation Fund

**Advance Tax-**Senior citizens are exempted from requirement of payment of advance tax provided they do not have any income under the head "Profits and Gains of Business or Profession.

#### **How to remit Advance or Self Assessment Tax?**

After calculating Tax Liability, net off TDS if any, Income Tax can be remitted upto 31st July. Tax can be remitted at any Authorised Scheduled Bank or through online e-remittance. While remitting Tax one should be careful in choosing Assessment Year. If Tax is remitted before April, it comes under Advance Tax and after March it is self-assessment Tax.

Alternatively one can remit tax online-e payment) at tin-NSDL portal (www.tin-nsdl.com) by following the steps - Challan Number- ITNS280>IT Major Head--0021>Assessment Year 2025-26>Self Assessment Tax Code-300.(if it is paid on or before March it is Advance Tax code-100).

#### For any clarification/help please dial 9410020033

It is mandatory to file Income Tax returns, under Section 139 of IT Act – In case of Senior Citizens-If annual Income Exceeds Rs 3 lakh even if the Tax liability is Zero. The penalty for Non filing/late filing Income tax returns ranges from Rs.1000/- to Rs. 10,000/-.

Note: Family pension is treated as other income in the income tax and not as Salary.

#### \*Steps for filing Income Tax Returns\*

ITRs have to be filed electronically. (Super Senior Citizens have the option to file it in paper form). For this one has to register at NEW e-portal (www.incometax.gov.in) with simple steps. This can be done at any time and one need not wait till July. Keep a diary for Income Tax and note down the log in ID and password. The Guide to file the ITRs step by step can be downloaded from internet/income tax site. Note: For more details, refer to the instructions to file ITR issued by CBDT for AY 2021-22.

#### ITR 2

For filing ITR 2, in addition to sections applicable to ITR 1, Capital Gain section has also to be selected, which is to be filled as under:

Taxpayers have to select 'General' and click on income schedule. After that tap on 'Schedule Capital Gains' and then choose the type of capital assets from the provided list.

**Fo**r short term capital gain arising from sale of listed equity shares are taxed u/s 111A, data to be filled in sections 111 and 115. Click on Add details and then provide the consolidated amount obtained from sale of short term assets alongwith COA (cost of acquisition)

For Long term capital gain, subject to taxation u/s 112A, received from sale of equity and equity related instruments are taxable. However LTCG is not taxable upto a limit of Rs.1.25 lakh. The data to be filled in section 112 A. For LTCG, individual may have to provide scrip wise details while they file ITR2. This includes ISIN, Sale price per unit, purchase price, date of different transactions and more in case of purchase on or before 31.01.2018. then Click on Add. For purchase after 31.01.2018, consolidated figures are to be given. Quarter wise gains are to be filled in form F given in the chapter.

Note: Before filling data of capital gain in case of sale of shares and mutual funds, please call Capital Gain statement from related depository and AMC or CAMS and KFinkart, so that you may fill data correctly in the ITR2 as per information received from above agencies.

#### What is Form 26 AS\*? How to access it?

It is Annual Tax Statement of the individual given for each Financial Year. It contains Details of Tax Deducted at Source, Income received, (Under Sec 192 and 194A), Details of Interest received, reported by Banks (for declarations in 15G/15H). It can be accessed through e filing portal > view form 26AS( Tax Credit). Also it can be accessed direct through Traces Website or through Internet Banking. One should reconcile the Tax credits in form 26AS with the actual TDS, periodically without waiting for the end of FY, so that corrective action can be taken to get the missing credits, if any.

### What is AIS (Annual Information Statement)?

Income Tax Department had introduced a new statement - AIS (Annual Information Statement) from FY 2020-21. This will give you almost all details about YOUR financial transactions during the year.

You know earlier Income Tax used to give statement 26AS. AIS is a much detailed one - with many more details included - like your Savings Interest, all Mutual Fund txns during the year etc.

Now you can get both 26AS and also AIS

**How to access AIS?** Log in to your Income Tax account -> Go to Services Tab -> Last option in this tab is the AIS option, When u click on the AIS option in the above dropdown it will open a new tab with options -> Left side - Tax Information Summary (TIS) / Right side - AIS

Both are the same. TIS is a summary and AIS is the detailed statement. You can download both. When u download you get a pdf statement (There is json option also, but let's stick to PDF now) PDF will be password protected. Password is ur PAN Number (in small case) + Date of Birth

AIS captures all your financial transactions of last year which need checking:

- a) Interest you got (even of your Savings Account)
- b) Salary or Income
- c) Mutual Fund Transactions and Property transactions (sale and purchase)
- d) Any Dividends or Rent received
- e) FDRs placed with the Bank

After ensuring that all TDS effected and Tax paid as advance Tax, Self assessment Tax are correctly reflected in 26AS/AIS, one can proceed filing Income Tax return. If any credit is found missing or mismatch, the matter should be taken up with the deductor immediately for rectification.

After ensuring all the steps given above now Login to e portal incometax.gov.in and file return.

After submission, Acknowledgement V can be e-verified with the options given. It can be done either based on Aadhaar OTP, or through Internet Banking.

After successful e-verification, this can be viewed under option View Return and Forms> Income Tax Returns. Down load ITR I and ITR V and save it in a folder. After the Assessment is over, the status would be changed to Assessed for the relevant year.

## Taxpayers get 2 years window to revise returns, fix errors:

In the Budget of Central Govt. presented on 01.02.2022, from the FY 2022-23, a provision has been made to allow taxpayers to revise their returns to include any undisclosed or leftout income and pay the tax thereon within 2 years with the undernoted conditions:

- e. The revised return to be submitted before receipt of any notice from Income tax Dept.
- **f.** If return is revised within 12 months of end of assessment year, an addl. Tax of 25%plus interest will be payable and if return is revised between 13 to 24 months of end of assessment year, an addl. Tax of 50% plus interest will have to be paid.

Notwithstanding every care has been taken in compiling above information, the chances for errors/omissions cannot be ruled out. Any discrepancy may be informed to me. Thanks.

In case any friend finds it difficult to file his ITR, he may contact the undersigned with necessary details or contact any CA, so that his return may be got filed in time. For Filing of ITR2 an additional Schedule of Capital Gains is also to be filled in carefully and assessee may seek help of a CA, if he is not conversant with the portal.

## Income Tax Implications on Inheritance and Duty of Legal heirs

#### I. Income Tax implications on Inheritance:

There is no income tax liability on any amount of inheritance. It should be shown as exempted income while filing IT returns. Also, nothing will be charged to income tax including Stamp duty if any, in respect of immovable property received, (on or after 01/10/2009) without any consideration, even if the stamp duty value exceeds Rs.50,000 in the cases of under a will/ by way of inheritance; or in contemplation of death of the payer or donor.

#### II. Income Tax on LIC policy proceeds received by the nominee:

- a. **Income Tax on Policy Amount**: Income is fully exempted on Maturity/Death Claims proceeds under Section 10(10D).
- b. Income Tax Implications on Annuity Receipt:
   Annuity payment after the life of policy holder by the spouse will be taxable as other income.

# III. Income Tax on retirement benefits received by the Nominee of the deceased Employee:

- a. Gratuity payment to a widow or other legal heirs of any employee who dies in active service shall be exempt from income tax.
- b. **Gratuity received by the legal heir after retirement** to be treated as other income. Exemption rules apply as in the case of retiring employees. Fully Exempt for Govt Employees. Other -**Maximum Rs.20 lakhs**.( presently)
- c. **PF amount received by Nominee**-Fully Exempt.
- d. **Leave Encashment**: Leave encashment received by Non-Government employee is exempt up to a maximum of Rs 3 lakh and balance amount if any is taxable as 'income from salary'

## IV. Income Tax Implications on Family Pension:

- a. Family Pension is taxable as other income in the hands of the family pensioner.
- b. Deduction on Family Pension- No standard deduction, but a deduction of a sum equal to 33.1/3% of such income or upto Rs.25000/-, whichever is less.

## V. Filing Income Tax returns on behalf of the deceased:

As per the income-tax rules of India, a deceased person's income-tax returns must be filed for the year in which the person died. According to Section 159 of the Income Tax Act, 1961, if a person dies, the legal representative shall pay the tax due just like the deceased would have file it if he or she was alive.

In case of deceased Tax Payer One of the legal heirs have to register in e filing website of Income Tax India and file on behalf of the deceased person

PAN card has to be surrendered only after completing other tasks like filing returns, closing bank accounts, and transferring other assets. PAN is a key identification document that legal heirs require along with the death certificate for every transaction.

The returns need to be filed in the name of the legal heir and the executor. Legal heir has to pay the income tax liability and file the returns within the due date to claim refund if any.

## **CONSUMER AWARENESS - CYBER THREATS & FRAUDS**

## SAFE DIGITAL BANKING PRACTICES

- Never share your account details such as account number, login ID, password, PIN, UPI-PIN, OTP, ATM / Debit card / credit card details with anyone, not even with bank officials, however genuine they might sound.
- Any phone call / email threatening the blocking of your account on the pretext of non-updation of KYC and suggestion to click link for updating the same is a common modus operandi of fraudsters. Do not respond to offers for getting KYC updated / expedited. Always access the official website of your bank / NBFC / e-wallet provider or contact the branch.
- . Do not attend unknown video calls, which may trap you in Digital arrest. Call 1930 in such cases immediately and report the incidence
- Do not download any unknown app on your phone / device. The app may access your confidential data secretly.
- Transactions involving receipt of money do not require scanning barcodes / QR codes or entering MPIN. Thus, exercise caution if asked to do so.
- Always access the official website of bank / NBFC / e-wallet provider for contact details. Contact numbers on internet search engines may be fraudulent.
- Check URLs and domain names received in emails / SMSs for spelling errors. Use only verified, secured, and trusted websites / apps for online banking, that is, websites starting with "https". In case of suspicion, notify local police / cybercrime branch immediately.
- If you receive an OTP for debiting your account for a transaction not initiated by you, inform your bank / e-wallet provider immediately. If you receive a debit SMS for a transaction not done, inform your bank / e-wallet provider immediately and block all modes of debit, including UPI. If you suspect any fraudulent activity in your account, check for any addition to the beneficiary list enabled for internet / mobile banking.
- Do not share the password of your email linked to your bank / e-wallet account. Do not have common passwords for e-commerce / social media sites and your bank account / email linked to your bank account. Avoid banking through public, open or free networks.
- Do not set your email password as the word "password". The password used for accessing your email, especially if linked with your account, should be unique and used only for email access and not for accessing any other website / application.
- Do not be misled by advices intimating deposit of money on your behalf with RBI for foreign remittances, receipt of commission, or wins of lottery.
- . Secure your cards and set daily limit for transactions. You may also set limits and activate / deactivate for domestic / international use. This can limit loss due to fraud.

Source: RBI PRESS RELEASE dated 28.01.2022.

## Transfer of Title-Immovable and Movable Properties

## I. Immovable Property standing in the name of the deceased:

## How to Transfer the title to one among the legal heir?

It is very important for legal heirs to secure the asset after the death of the person in whose name it is registered. One need to go through legal formalities to obtain ownership of a property. Formalities may differ based on the nature of the property, place of property, individual rights over it, the number of legal heirs and others.

In order to get inherited property transferred in one's name, that person must have substantial proof to claim the rights on the property and inheritance.

In the presence of a Will, the process is relatively simpler; executors are required to administer the property as per the Will.

## Title transfer-When there is no Will

When there is no Will - The plausible and most convenient situation that can arise is that the legal heirs mutually decide amongst themselves and distribute the shares accordingly. The said distribution can be reduced to writing in terms of a family settlement which can be subsequently registered and the shares be divided in such terms. Typically, in the absence of a Will, appropriate succession laws come into effect.

### **Documents Required:**

- 1. Property Documents- title deed, Old Title deeds, Encumbrance Certificate, Patti, Tax Receipts, Electricity Bill, Water Tax, House Plan and Permit etc.
- 2. Will OR Succession or Legal Heirship certificate
- 3. Death Certificate
- 4. Probate where ever applicable (in case of will)
- 5. Affidavit and Consent Letter from Other Legal heirs. (when there is no Will)

#### **MUTUAL FUNDS with Different AMCs:**

The deceased person may have invested his savings into certain Mutual funds, details of which might be available in the proforma "My Family must know" or with the distributor/agent. Obtain a list of investments made by him, obtain claim/transmission forms as per nomination done in mutual funds and submit the same to them along with the copies of death certificate, Will, PAN, KYC & identification proofs of claimants with Bank Mandate and copy of cheque with Bank's attestation of signature of the claimant by Bank Manager. If there is NO nomination, they may demand Bond of indemnity or Legal succession certificate.

#### **SHARES in Demat Account:**

The deceased person may have invested his savings into certain shares also, details of which might be available in the proforma "My Family must know" or with the distributor/agent.

Obtain a list of investments made by him from Depository, obtain claim/transmission forms as per nomination done with the Depository and submit the same to them along with the copies of death certificate, Will, PAN, KYC & identification proofs of claimants with Bank Mandate and copy of cheque.

## Vehicle Transfer in the name of the heir of deceased

## Transfer of ownership in case of death of the registered owner:

The legal heir of the deceased owner has to report to the registering authority within 30 days of the demise of the registered owner and his or her intention to be the owner of the vehicle. The legal heir can use the vehicle for a maximum period of 3 months without transfer of RC.

## **Important Points:**

a. The new owner of the vehicle has to submit Form 31 to the registering authority by filling all the details that have been asked in the form.

b. The new owner of the vehicle should submit the form for the transfer of ownership within 3 months of taking actual ownership of the vehicle.

c. The legal heir of the insured who is in the custody of the vehicle after the death of the owner should apply for car insurance policy transfer within three months from the date of the death of the insured or until the expiry of the car insurance policy (whichever is sooner)

Death Certificate in respect of the insured Proof of Title to the Vehicle Original policy

## Importance of Transferring Ownership of Vehicle of Deceased

One may think it is not important to transfer the ownership of a vehicle belonging to a deceased. However, not only would this attract penalty by the concerned authority, but the legal heir driving the vehicle would not be able to get any motor insurance benefits. If the vehicle is involved in an accident, the legal heir will have to bear all related costs as well as pay fines for driving without valid vehicle insurance.

In case the person is gravely injured during the accident, he/she may not be eligible for any personal accident benefits either.

- a. Documents Required for Transfer of ownership if the owner of the vehicle is deceased:
- 1. Form 31.
- 2. Registration certificate of the vehicle.
- 3. Insurance certificate of the vehicle.
- 4. Death certificate of the owner of the vehicle who is now deceased.
- 5. A certificate that verifies the pollution emitted by the vehicle being under control.
- 6. PAN card of the new owner of the vehicle and Form 60.
- 7. Copy of Aadhaar card (Date of Birth and Address Proof)
- 8. Passport size photographs (Two) of the new owner of the vehicle.
- 9. Legal heirship Certificate
- **10.** Affidavits from the other legal heirs that they had relinquished their rights in favour of the applicant these affidavits were on printed on stamp paper and notarized

## Seven Golden Rules to manage life effectively and to make it Simple

Make your life and plan simple. Have a contingency plan to meet the unexpected eventuality. The dictum is plan for the best and prepare for the worst. Evolve a system of routine and follow. Keep the habit of placing things regularly used, not often used, rarely used (but important) in fixed places so that it would be easy to find and use.

- 1. Keep a health diary duly mentioning the Medicines you are taking regularly for you and your spouse, including blood group, past history and allergies with list of contact numbers of family doctor, clinic's contact person and number.
- 2. Keep the Health insurance card and the kit of forms and contact number in a pouch, readily reachable during emergency. It is better to carry this pouch on a long sojourn or travel. A copy of model format designed by me is uploaded. In the annexure. The same can be improved /modified. Details may be filled in and should be kept in a prominent place known to spouse with easy access.
- 3. Prepare two files one each for self and another for spouse and keep all the latest Medical documents like Lab Reports, Doctor's prescription etc. in a ready to take condition.
- 4. Keep the tablets, medicines that are being taken regularly in a box. Similarly keep another box for the spouse also. Also form the habit of getting the required medicines well in advance attest before a fortnight or 10 days without waiting for the last date of consumption.

  5. Whenever on travel (on tour or going out for marriage) keep important medicines, id documents (not all one or two), diary containing the contact numbers in a bag where it can be easily taken. Also form the habit of not keeping the entire cash and all the cards in the same purse or place. Keep them in a bag secured and placed where it will not be disturbed while searching for other things like towel or clothes. Also, when you travel with spouse, a certain amount of cash can be kept in their hand bag. Keep required cash with adequate changes sufficient for travel along with a debit or credit card in a purse securely placed in the pant. Also, it will be better to travel with a small hand bag containing our mobile phones, small cash with changes adequate to meet the expenses like food, taxi or auto or purchases like magazine etc. However, it is left to the individuals to form their own ways according to their habit and convenience. But it is important to have a system.
- 6. Educate your spouse, if not already done on ATM Usage, internet banking, on line booking of cabs etc.
- 7. As people tend to forget as age advances it is always better to have systematic life, organizing things with a list of dos to be done with a calendar of events and things to follow in a diary or notepad. Smart phones are handy and would help us in organizing things in a better way.

## **What My Family Should Know**

NAME:	Mobile / Phone (self):
Email ID:	
Important file in Laptop:	

		Name	Office address	Residence address	Mobile / Contact number
Α	Family Doctor				
В	Specialist Doctor	Dr	,		
С	Tax Consultant				
D	Insurance Agent				
Ε	Stock / MF Broker	•			

#### **DOCUMENTS DETAILS:**

		Number	Due date
Α	Passport		
В	Driving license		
С	Credit Cards		
D	Debit Cards		
E	Vehicle		
F	Income Tax PAN No.		Returns filed upto
G	Aadhar Card		
Н	Gas Connection		
	Electric connection		

## My E-mail IDs:

Passwords:

Tell your spouse / children about PIN and Passwords of your Mobile banking / Internet banking / Debit / Credit Cards. URL / User ID and Password of various sites you may be using for various payments like House tax, Electricity bills, Card payments etc.

## **LOCATION OF IMPORTANT DOCUMENTS:**

**BANK ACCOUNTS:** AS PER LIST ATTACHED

Bank's Names with Customer IDs:

## FIXED DEPOSIT / RECURRING DEPOSIT / COMPANY DEPOSIT :

BANK /	BRANCH	DATE OF FDR	AMT	IN THE NAME
Company	NAME	DEPOSIT Account	t no. Rs.	OF

#### **AS PER LIST ATTACHED**

Pension A/c. Numbers	Name of the Bank Branch & Address		deta	sion revision ils etc.		
OCKERS	2	, -p				
	NCH LOCKER N	o. Key no. In the	e name of	Rent paid upto	Remarks	
UBLIC PROVID	ENT FUND (PPF)					
A/C NO.	BANK	Matı	uring on N	lominee names v	vith %	
HARES/UNITS/	DEBENTURES : In	own name or Jo	intly			
Company	No. of shares	Demat A/c. No. Location	Demat Bank details	Trading A/c location	Held Singly / Jointly	Nomination with share %
Different Companies	As per list attached					
Adddress of the	Prop. In	the names of	House docum	ents Details and ke	ept at	
louse tax paic Vater and sev	d up to. ver tax paid up	vide rec to.	eipt no. vide receipt	no.		
1oney Payabl	e to (with amo	unt) for ::				
Money recove	rable from (wit	h amount) on a	ccount of :			
<u>/ILL:</u>						
1y will is execute	d on :	Copy of the	e will is kept at	:		
ENERAL POWE	R OF ATTORNEY	given to :				

Policy Name	Policy	Name of	Sum	Date of	Premium	Premium	Location of
	No.	Company	Assured	issue	Amount	due date	document
Life							
Insurance							
Life							
Insurance							
Health							
Insurance							
Vehicle							
insurance							
Fire /							
Burglary							
Others							

## NOTES:

if possible, prepare a Note, a guidance as how the assets you left behind to be handled by your next of Kin
or legal heirs. You can share your thoughts and inputs as how best they can be handled /shared/used. Also
You can mention the name / contact number of your friend/ well-wisher/auditor/Legal counsel or a
Reliable person from whom the next of kin or heirs can seek opinion on guidance in case of need.

Prepared by R K Agarwal

## BANK OF BARODA

(FORM H). Annexure 1

## BANK OF BARODA CONTRIBUTORY MEDICAL ASSISTANCE SCHEME FOR RETIRED EMPLOYEES

<u>Application for reimbursement of medical expenses for hospitalization expenses for self / spouse.</u>

To be filled in by appl
-------------------------

1. Name of the member:
2. EC No.:
3. Permanent residential
address:
4. Name of the spouse:
5. Membership No.:
6. Whether the claim is for self/spouse:
7. Date of death of member:
(if applicable)
8. Nature of ailment/ disease:
9. Period of hospitalization:
a) Details of hospitalization:
b) Bed Charges:
c) Operation theatre charges if any:
d) Anesthetist charges if any:
e) Surgeon's fees if any:
f) Consultant fees:
g) Others (please specify):
e.g. laboratory charges
h) Cost of medicines:
TOTAL:
10.Branch for obtaining reimbursement claim:
Branch Alpha code:
11. Amount claimed so far
12. Balance amount left.
(Bills receipts prescriptions in respect of all
TRUIN, TECETORS, DIESCRIPTIONS IN TESTECT OF AU

(Bills, receipts, prescriptions in respect of all above items to be enclosed without fail:)

Encl.: as above

(Signature of applicant/member)

## ANNEXURE 2 BANK OF BARODA.

APPLICATION FOR GRANT OF FAMILY PENSION					
The Trustees, Bank of Baroda Pension Fund Trust, Baroda					
Dear Sirs,					
Re: Application for grant of Family Pension					
I wish to inform that Shri/Smt, who was drawing Pension vide Pension Payment Order No now, EC no died on date and being the spouse/Family member of the deceased, I request to sanction and release Family Pension.					
I submit the details for your necessary action.					
1. Name of the Pensioner:					
2. Pension Payment Order no. EC no.:					
3. Name of the Applicant:					
4. Date of Birth of the Applicant:					
5. Relationship with the pensioner:					
6. Date of Death of Pensioner:					
7. Details of branch from which pension was drawn by the pensioner prior to his/her Death:					
Branch Region Zone					
8. If the applicant is Minor, details of Guardian					
Name of the Guardian Date of Birth Relationship with Minor					
9. Full Postal address of the applicant:					
PIN					
Mobile no					

E	Branch	Re	gion	Zone
11. Account	number and type of	of account:		
Yours faithf	ully,			
Applican's S	ignature			
Date:	ngnature			
MITNIECC OF	TIMO CTACE MENT	DEDC OF THE DANK	-	
WITNESS OF Sl.No.	TWO STAFF MEMI Name	BERS OF THE BANK  Designation	: Branch/Office	Signature
Sl.No.	Name			Signature
Sl.No.  Encl: 1. Original P 2. Original d 3. ID proof ( 4. Address p 5. Copy of B	Name PO eath certificate of d	Designation  leceased pensioner ar / Voter ID Card) icity/ Gas / DL) or a	Branch/Office	ument
SI.No.  Encl: 1. Original P 2. Original d 3. ID proof (d 4. Address p 5. Copy of B 6. Photograp  CERTIFIED T VERIFIED AN	Name  PO eath certificate of decopy of PAN / Aadhoroof (copy of electrank Passbook of Apohs (3 copies)	Designation  leceased pensioner ar / Voter ID Card) icity/ Gas / DL) or a plicant	Branch/Office	ument ent

	EC No
LETTER OF UNDERTAKING FOR RECOVERY OF	F EXCESS PAYMENT OF
PENSION / PENSIONERY BENEFITS.	Date :
The Branch Manager,	Date
Bank of Baroda,	
Dear Sir / Madam,	
Re: Pension Payment order No	edit payment of Pension due to me every month in
my Pension account with you. I the undersig any amount to which I am not entitled or an account in excess of amount to which would	ned, agree and undertake to refund or make good y amount which may be credited to my Pension not be entitled.
I further hereby undertake and agree to bind	•
•	crediting my Pension to my Pension account and to irrevocably authorize the Bank to recover the
amount due to the debit of my said Pension	•
belonging to me in possession of the Bank.	
Yours faithfully,	
Name :	
Address:	
Witness:	
1. Signature : 2. Signature	gnature :
Name : Nan	ne :
Address : Addr	ress :

	<b>Deceased Claim Form.</b> Form 352D. Annexure 3 ed when account has nomination or is a joint account with survivor clause)
•	ch Manager,
Bank of B	
	Branch.
Dear Sir,	
	eased Account Late Shri/Smt
	unt nos
I/We ad	vise, the demise of Shri/Smt on
	He/She holds the above account(s) at your branch. The account is in th f
names e	'
Λ In co	
A. III Ca	se of Nomination:
	<u>se of Nomination:</u> son/daughter of Shri
l, resid	
l, resid *	son/daughter of Shrison/daughter of Shri
l, resid * ai	son/daughter of Shrison/daughter of Shrison/daughter of Shri
i, resid * ai (i)	son/daughter of Shriling at  m the registered nominee in the above accounts,
l, resid * ai	son/daughter of Shri
I, resid * ai (i)	son/daughter of Shriling at  m the registered nominee in the above accounts,
i, resid * ai (i) (ii)	son/daughter of Shri
I, resid * ai (i) (ii)	son/daughter of Shri ling at  m the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a mino
I, resid * an (i) (ii)	son/daughter of Shri
resid *an (i) (ii)	son/daughter of Shri  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a mino the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive the settle the legal heirs of the deceased.
I, resid * an (i) (ii)	son/daughter of Shri  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a minot the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive nent as trustee(s) of the legal heirs of the deceased.
I, resid * ai (i) (ii) Pleas payn	son/daughter of Shri  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a minot the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive nent as trustee(s) of the legal heirs of the deceased.
I, resid * ai (i) (ii) Pleas payn Place Date	son/daughter of Shri  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a mino the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive the set the set trustee(s) of the legal heirs of the deceased.  E: Yours faithfully, E: Yours faithfully,
I, resid * ai (i) (ii) Pleas payn Place Date	son/daughter of Shri  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a mino the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive the next as trustee(s) of the legal heirs of the deceased.  E: Yours faithfully, : (Claimants)
I, resid * ai (i) (ii) Pleas payn Place Date With Govt	son/daughter of Shri  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a mino the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive nent as trustee(s) of the legal heirs of the deceased.  Yours faithfully,  (Claimants)  sess (*) 1. Magistrate or Judicial Official OR 2. An officer of the Central or Sta
I,resid *ai (i) (ii)  Please payn Place Date With Govt	son/daughter of Shri ling at  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a minor the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive nent as trustee(s) of the legal heirs of the deceased.  e: Yours faithfully, :
I,resid *ai (i) (ii)  Pleas payn Place Date Witn Govt	son/daughter of Shri ling at  the registered nominee in the above accounts, the person authorized to receive payment on behalf of Master/Miss who is the nominee in the above accounts and is a minor the date of the claim.  se settle the balance in the account in the name of the nominee. I/We receive nent as trustee(s) of the legal heirs of the deceased.  Yours faithfully,  (Claimants) less (*) 1. Magistrate or Judicial Official OR 2. An officer of the Central or State OR 3. An officer of the Bank OR 4. Two persons acceptable to the Bank  Witness 2.

5	ignature			Signature	
 	n my/our names w /We submit photo eturn the originals Death certif ) Identify pro	to delete the navith same mod property of the form to us after verificate issued by	e of opera llowing do rification. y n nominat	ocuments together v	with originals. Pleas
	lace:	-			Yours faithfully,
	Pate:				(Claimants)
			RECEIPT		
F	eceived from Ban			Branch Rs.	
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	seing the halance	aatea outstanding at	the credi	t of Savings Bank/ Fi	ived Denosit accoun
[	The balance hs bee Date: Place:	en paid to me a	as per Ban	Signatu	ure of Claimant
<u>-</u>	Declaration in case	e funds are set	tled in fa	Name vour of Minor:	
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		PROFOR	RMA OF W	ILL.	Anne	exure 4
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ind any	lepender y manne	nt decision r whatsoeve	and free ver.	ssess a sound mind. rolition and have not be moved.	oeen influenced,	•
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Oth	ers			ALC,, where wif	_	
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	TAILS O	F JEWELLAR	RY ITEMS,	ALREADY IN USE BY T	HE FAMILY, HELD	IN THE LOCKER:
S	ITEM	APPI		TO BE PASS		PASSED ON TO/
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bir inh add	th XX-XX-19XX), nabitant of H No	Aadhar number- o executor of this W	wife/son, of Shri & PAN , also pre /ill. She may relegate this function	, Hindu religion, esently residing at this
	rect my executor to anyone.	to collect my prop	erties and pay all my just debts, i	f any, due and owing by
cha pro	irges and expensibate and for any	es in relation to to other necessary ch	robate, if necessary and pay and the collection of my properties a larges. I have children namely OR I have 4 children as p	as well as for obtaining
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-لما ()	olara barawith th	0+ 0+0" diaabauai	g all my liabilities, the remaining	assets to be distributed
	Beneficiary Nan  1. ALL THE AB  OWNED/CC  2. All ch (  3. Balance of t	ne & Relationship OVE SAID MOVAB, WIFE & T OLLECTED/DISTRIBI ildren will get (s) each OR as	Jas per particulars enumerated at BLE/IMMOVABLE ASSETS WILL BETHEREAFTER (i e AFTER HER LUTED AS PER POINT No 2, 3 AND State the pattern you wish to per Nomination in the particular owned/ collected by Mr/s	E OWNED/COLLECTED BY DEATH, THE SAME WILL 4 HEREUNDER: allocate) or Rsl account/s, (state relationship

	trouble is/are no more, then in that situation her/their female marriage/gainful employment and male child/ren till major daughter/s in trouble do not have the right to live till life.	-		•	
	11. In case, it is consented/decided to sell off the said Hoccollected/distributed as 0/0 <sup>th</sup> share to, son and 0/0 <sup>th</sup> .				
Fu	ırther, I appoint, my &, my _		a	as Alternate Execut	ors
	ho would act as Primary Executors in case Mr/s lat	er on i	may	not be able to han	dle
tn	e duties due to any reason.				
In	witness whereof, I have here unto set my hands on this day of		, 202	2 at	
	Signature of Testator				
	Full Name				
	Aadhaar			PAN	
	n our presence, signed this instrument after declaring to us that it esence and of each other as witnesses on the day and year written			ind we now sign in	his
	Signature of 1 st witness				
	Full Name				
	Address				
	Aadhar		P	AN	
	Date		P	Place	
	Signature of 2 <sup>nd</sup> witness				
	Full Name				
	Address				
	Aadhar		Т	PAN	
	Date			Place	

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Disclaimer: This write up is meant for information purposes only and do not purport to be a legal document. The author does not warrant the accuracy or completeness of the information. The Hand Book has been provided to serve as a reference guide for information only. Readers are requested to refer the relevant Acts, official and Government/Bank guidelines for a detailed view and to act upon.	
NOTEC	
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## CLAIM FORM - PART A' to 'CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

The time of this Permits and to be taken as an admission of tellify	elen)
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DECL			

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealent of any material fact with respect to questions asked in relation to this claim, my right to daim reimbrusement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this daim & that I will not be making any supplementary daim except the pre/post-hospitalization daim, if any.

Date D D	M	YYYY	Place:		Signature of the Insured	

SECTION H

	DATA ELEMENT	PR FILLING CLAIM FORM - PART A (To be filled in by the insured DESCRIPTION	FORMAT
	DAIA ELEMENT		FORMAT
_	·	SECTION A - DETAILS OF PRIMARY INSURED	A II - II - II - II - II - II - II
a)_	Policy No.	Enter the policy number  Enter the social Insurance number or the certificate number of	As allotted by the Insurance Company
b)	Sl. No/ Certificate No.	social health insurance scheme	As allotted by the oraganization  Licence number as allotted by IRDA and prints
c)	Company TPA ID No.	Enter the TPAID No.	in TPA documents.
d)	Name	Enter the full name of the policyholder	Sumame, First name, Middle name
e)	Address	Enter the full postal address	Include Street, City and Pin code
-1	Currently covered by any other Mediclaim / Health	SECTION B -DETAILS OF INSURANCE HISTORY  Indicate whether currently covered by another Mediciaim /	I
a)	Insurance?	Health Insurance	Tick Yes or No
b)	Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-forrmat
c)	Company Name	Enter the full name of the Insurance Company	Name of the organization in full
	Policy No.	Enter the policy number	As allotted by the Insurance Company
13	Sum insured	Enter the total sum insured as per the policy	In rupees
1)	Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
	Date	Enter the date of Hospitalization	Use mm-yy format
	Diagnosis	Enter the diagnosis details	Open Text
<del>)</del>	Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
)	Company Name	Enter the full name of the Insurance Company	Name of the organization in full
	SECT	ION C -DETAILS OF INSURED PERSON HOSPITALIZED	
a)	Name	Enter the full name of the patient	Surname, First name, Middle name
b)	Gender	Indicate Gender of the patient	Tick Male or Female
c)	Age	Enter age of the patient	Number of years and months
d)	Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e)	Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f)	Occupation	indicate occupation of patient	Tick the right option. If others, please specify.
g)	Address	Enter the full postal address	Include Street, City and Pin code
h)	Phone No	Enter the phone number of patient	Include STD code with telephone number
1)	E-mail ID	Enter e-mail address of patient	Complete e-mail address
		OCCUPANT DE DETAIL O OF HOODITAL ITATION	
		SECTION D - DETAILS OF HOSPITALIZATION	
a)	Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
	Name of Hospital where admited Room category occupied		Name of hospital in full Tick the right option
b)		Enter the name of hospital	
b) c)	Room category occupied	Enter the name of hospital indicate the room category occupied	Tick the right option
a) b) c) d)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization	Tick the right option Tick the right option
b) c) d)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date	Tick the right option Tick the right option Use dd-mm-yy format
b) c) d) e)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery  Date of admission	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm-format
b) c) d) e) f)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery  Date of admission  Time  Date of discharge	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format
b) c) d) e) f) g)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery  Date of admission  Time  Date of discharge  Time	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission Enter date of discharge	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm- format Use dd-mm-yy format
b) c) d) e) f) g)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery  Date of admission  Time  Date of discharge  Time  If injury give cause	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission Enter date of discharge Enter time of discharge indicate cause of injury	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm-format Use dd-mm-yy format Use hh-mm-format Use hh-mm-format
b) c) d)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery  Date of admission  Time  Date of discharge  Time	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission Enter date of discharge Enter time of discharge	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm- format Use dd-mm-yy format Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No
b) c) d) e) f) g)	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm-format Use dd-mm-yy format Use dd-mm-yy format Use hh-mm-format Tick the right option Tick Yes or No Tick Yes or No
b) c) d) e) f) g) h)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery  Date of admission  Time  Date of discharge  Time  If injury give cause  If Medico legal  Reported to Police  MLC Report & Police FIR attached	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm- format Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Tick Yes or No
b) c) d) e) f) g) h)	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission Enter date of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm-format Use dd-mm-yy format Use dd-mm-yy format Use hh-mm-format Tick the right option Tick Yes or No Tick Yes or No
b) c) d) e) f) g) h) l)	Room category occupied  Hospitalization due to  Date of injury/Date Disease first detected / Date of Delivery  Date of admission  Time  Date of discharge  Time  If injury give cause  If Medico legal  Reported to Police  MLC Report & Police FIR attached  System of Medicene	Enter the name of hospital indicate the room category occupied indicate reason of hospitalization Enter the relevant date Enter date of admission Enter time of admission Enter time of discharge Enter time of discharge indicate cause of injury indicate whether injury is medico legal indicate whether police report was filed indicate whether MLC report and Police FIR attached Enter the system of medicine followed in treating the patient SECTION E - DETAILS OF CLAIM	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm- format Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Tick Yes or No
b) c) d) e) f) g) h) i)	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene Details of Treatment Expences	Enter the name of hospital  indicate the room category occupied  indicate reason of hospitalization  Enter the relevant date  Enter date of admission  Enter date of admission  Enter date of discharge  Enter time of discharge  indicate cause of injury  indicate whether injury is medico legal  indicate whether police report was filed  indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient  SECTION E - DETAILS OF CLAIM  Enter the amount claimed as treatment expences	Tick the right option Tick the right option Use dd-mm-yy format Use dd-mm-yy format Use hh-mm- format Use dd-mm-yy format Use hh-mm- format Tick the right option Tick Yes or No Tick Yes or No Tick Yes or No Open Text In rupees (Do not enter paise values)
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b) c) d) e) f) g) h) l) a) b) c) d)	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene  Details of Treatment Expences Claim for Domicil iary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List	Enter the name of hospital  indicate the room category occupied  indicate reason of hospitalization  Enter the relevant date  Enter date of admission  Enter time of admission  Enter time of discharge  Enter time of discharge  indicate cause of injury  indicate whether injury is medico legal  indicate whether police report was filed  indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient  SECTION E - DETAILS OF CLAIM  Enter the amount claimed as treatment expences  indicate whether claim is for domiciliary hospitalization  Enter the amount claimed as lump sum / cash benefit  indicate which supporting documents are submitted	Tick the right option  Tick the right option  Use dd-mm-yy format  Use dd-mm-yy format  Use hh-mm- format  Use hh-mm- format  Use hh-mm- format  Tick the right option  Tick Yes or No  Tick Yes or No  Tick Yes or No  Open Text  In rupees (Do not enter paise values)  Tick Yes or No  In rupees (Do not enter paise values)
b) c) d) e) f) g) h) l) b) c) d)	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene  Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List  ate which bills are enclosed with the amount in rupees	Enter the name of hospital  indicate the room category occupied  indicate reason of hospitalization  Enter the relevant date  Enter date of admission  Enter time of admission  Enter time of discharge  Enter time of discharge  indicate cause of injury  indicate whether injury is medico legal  indicate whether police report was filed  indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient  SECTION E - DETAILS OF CLAIM  Enter the amount claimed as treatment expences  indicate whether claim is for domiciliary hospitalization  Enter the amount claimed as lump sum / cash benefit  indicate which supporting documents are submitted  SECTION F - DETAILS OF BILLS ENCLOSED	Tick the right option  Tick the right option  Use dd-mm-yy format  Use dd-mm-yy format  Use hh-mm- format  Use hh-mm- format  Tick the right option  Tick Yes or No  Tick Yes or No  Tick Yes or No  Open Text  In rupees (Do not enter paise values)  Tick Yes or No  In rupees (Do not enter paise values)  Tick the right option
b) c) d) e) f) g) h) l) a) c) d)	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene  Details of Treatment Expences Claim for Domicil iany Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List  ate which bills are enclosed with the amount in rupees  SECTION	Enter the name of hospital  indicate the room category occupied  indicate reason of hospitalization  Enter the relevant date  Enter date of admission  Enter time of admission  Enter time of discharge  Indicate cause of injury  indicate whether injury is medico legal  indicate whether injury is medico legal  indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient  SECTION E - DETAILS OF CLAIM  Enter the amount claimed as treatment expences  indicate whether claim is for domiciliary hospitalization  Enter the amount claimed as lump sum / cash benefit  indicate which supporting documents are submitted  SECTION F - DETAILS OF BILLS ENCLOSED	Tick the right option  Tick the right option  Use dd-mm-yy format  Use dd-mm-yy format  Use hh-mm- format  Use dd-mm-yy format  Use dd-mm-yy format  Tick the right option  Tick Yes or No  Tick Yes or No  Tick Yes or No  Open Text  In rupees (Do not enter paise values)  Tick Yes or No  In rupees (Do not enter paise values)  Tick the right option
b) c) d) e) f) g) h) l) a) b) c) d) India	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene  Details of Treatment Expences Claim for Domicil iary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List  ate which bills are enclosed with the amount in rupees  SECTION PAN Account Number	Enter the name of hospital  indicate the room category occupied  indicate reason of hospitalization  Enter the relevant date  Enter date of admission  Enter time of admission  Enter time of discharge  Enter time of discharge  indicate cause of injury  indicate whether injury is medico legal  indicate whether police report was filed  indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient  SECTION E - DETAILS OF CLAIM  Enter the amount claimed as treatment expences  indicate whether claim is for domiciliary hospitalization  Enter the amount claimed as lump sum / cash benefit  indicate which supporting documents are submitted  SECTION F - DETAILS OF BILLS ENCLOSED	Tick the right option  Tick the right option  Use dd-mm-yy format  Use dd-mm-yy format  Use hh-mm- format  Use dd-mm-yy format  Use dd-mm-yy format  Tick the right option  Tick Yes or No  Tick Yes or No  Tick Yes or No  Open Text  In rupees (Do not enter paise values)  Tick Yes or No  In rupees (Do not enter paise values)  Tick the right option  As allotted by the Income Tax Department  As allotted by the Bank
b) c) d) e) f) g) h) l) b) cc) d) lndie	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene  Details of Treatment Expences Claim for Domiciliary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List  ate which bills are enclosed with the amount in rupees  SECTION PAN Account Number Bank Name and Branch	Enter the name of hospital  indicate the room category occupied  indicate reason of hospitalization  Enter the relevant date  Enter date of admission  Enter time of admission  Enter time of discharge  Enter time of discharge  indicate cause of injury  indicate whether injury is medico legal  indicate whether police report was filed  indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient  SECTION E - DETAILS OF CLAIM  Enter the amount claimed as treatment expences  indicate whether claim is for domiciliary hospitalization  Enter the amount claimed as lump sum / cash benefit  indicate which supporting documents are submitted  SECTION F - DETAILS OF BILLS ENCLOSED  NG - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT  Enter the Bank account number  Enter the Bank name along with the branch	Tick the right option  Tick the right option  Use dd-mm-yy format  Use dd-mm-yy format  Use hh-mm- format  Use dd-mm-yy format  Use hh-mm- format  Tick the right option  Tick Yes or No  Tick Yes or No  Tick Yes or No  Open Text  In rupees (Do not enter paise values)  Tick Yes or No  In rupees (Do not enter paise values)  Tick the right option  As allotted by the Income Tax Department  As allotted by the Bank  Name of the Bank in full
b) c) d) e) f) g) h) l) a) b) cc) d)	Room category occupied Hospitalization due to Date of injury/Date Disease first detected / Date of Delivery Date of admission Time Date of discharge Time If injury give cause If Medico legal Reported to Police MLC Report & Police FIR attached System of Medicene  Details of Treatment Expences Claim for Domicil iary Hospitalization Details of Lump sum/ Cash benifit claimed Claim documents Submitted-Check List  ate which bills are enclosed with the amount in rupees  SECTION PAN Account Number	Enter the name of hospital  indicate the room category occupied  indicate reason of hospitalization  Enter the relevant date  Enter date of admission  Enter time of admission  Enter time of discharge  Enter time of discharge  indicate cause of injury  indicate whether injury is medico legal  indicate whether police report was filed  indicate whether MLC report and Police FIR attached  Enter the system of medicine followed in treating the patient  SECTION E - DETAILS OF CLAIM  Enter the amount claimed as treatment expences  indicate whether claim is for domiciliary hospitalization  Enter the amount claimed as lump sum / cash benefit  indicate which supporting documents are submitted  SECTION F - DETAILS OF BILLS ENCLOSED	Tick the right option  Tick the right option  Use dd-mm-yy format  Use dd-mm-yy format  Use hh-mm- format  Use dd-mm-yy format  Use dd-mm-yy format  Tick the right option  Tick Yes or No  Tick Yes or No  Tick Yes or No  Open Text  In rupees (Do not enter paise values)  Tick Yes or No  In rupees (Do not enter paise values)  Tick the right option  As allotted by the Income Tax Department  As allotted by the Bank

CLAIM FORM - PART B
TO SE FILLED IN BY THE HOSPITAL
The issue of this Form is not to be taken as an admission of liability.

Please include the original presults	orization request form in lieu of PART A				
Secret In Supple					
al House ID: at Top of Tripole	#: National:   Not National:   (From National Reportion E)				
d Name of the treating decise:					
is Specification to the Code:					
DETAILS OF THE PRITENT AGMITTED					
a) Name of the Potion C					
N Principatrialis Number:					
III Cade of Administration	Hi Date of Discharge: D. D. W. W. Y. Y. O'Tree: W. W. W. W. W. Y. Y. W. O'Tree: W.				
Type of Admission: Enurgence   Planted   Day Caro   Majorde   411	Nationally II Date of Delivery: [0] [0] [M] [M] [Y] [Y] [I] Greekler-Stebut: [				
State, all intered destroys:   Charlesgo in hors:   Discharge in another hospital   December   my Total delimet amount   my Total delimet amount					
DETAILS OF ALMENT DIAGNOSED (PRIMARY)					
a) ICE 10 Codes Description	b) ICD N POS Sexulption				
I. Primay Diagnosis	Liftnesture t				
i. Additor sribagonis:	I Prooder 2				
II. (o-noradite:	8. Proodure 3:				
n. Co-mat dates	s. District of Procedure.				
d) Per-outhorization distance: In the Indian distance of its authorization by network hospital not obtained, give majors:					
fi Happinitation due to injury:   No.   No.   1. If No., give cause (soft-fillate)	Read Parlie A spirit C Substance above / deciral conservation C				
	region Testionnicated to object the company of the				
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FR No					
CLAIM DOCUMENTS SUBMITTED - CHECK LIST	LAIM DOCUMENTS SUBMITTED - CHECK LIST				
Dain Remotaly algored	investigation reports				
Signal Perautholization request	GTARLUSGIPE investigation reports				
Egyp of the Provedtherbation age med letter     Supplied Posts ID Card of patient Verificality broughts	Contraction cody for a vestigation  BOS				
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tractal Discharge namency  Constitut Physics Notes	☐ MC marks Mar FR				
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ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL. (ONLY FILL IN CASE	S IN CASE OF HON NETWORK HOSPITAL (DNLY FILL IN CASE OF MON-NETWORK HOSPITAL)				
d Michael Se Haylai					
Pin Godie: N. Pinare No					
(Phospital MA)					
1. Ohers					
DEGLARATION BY THE HOSPITAL	(PLEASE READ VERY CAREFULLY)				
We have by declare that the information famility of a third Cales Form is true it comed to the heat of our invested ground belief. If we have made only likes or uniform statement, suggested in a concedence of any product of bat, our right to date under third date and it is derivated.					
Defec D D M M F V	No. of the contract of the con				
Place: Signature and Stock of the					

	DATA ELEMENT	DESCRIPTION	FORMAT
	DATA ELEMENT	SECTION A - DETAILS OF HOSPITAL	FORMAT
1)	Name of the hospital:	Enter the name of hospital	Name of the hospital in full
)	Hospital ID	Enter ID number of hospital	As allocated by the TPA
)	Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
)	Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
)	Qualification	Enter the qualification of the treating doctor	Abbreviations of educational qualifications
	Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
)	Phone No.	Enter the phone number of doctor	Include STD code with telephone number
	SEC	TION B - DETAILS OF THE PATIENT ADMITTED	
)	Name of Patient	Enter the name of patient	Name of patient in full
)	IP registration Number	Enter insurance provider registration number	As allotted by the insurance provider
	Gender	Indicate Gender of the patient	Tick Male or Female
	Age	Enter age of the patient	Number of years and months
	Date of Birth	Enter date of birth	Use dd-mm-yy format
	Date of Admission	Enter date of admission	Use dd-mm-yy format
	Time	Enter Time of admission	Use hhomm format
	Date of Discharge	Enter date of Discharge	Use dd-mm-yy format
	Time	Enter time of Discharge	Use hhomm format
	Type of Admission	Indicate type of admission of patient	Tick the right option
	If Maternity		
į	. Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
_	i, Gravida Status	Enter Gravida status if maternity	Use standard format
	Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
)	Total daimed amount	Indicate the total claimed amount	In rupees (Do not enter paise values)
	SECTION	C - DETAILS OF AILMENT DIAGNOSED (PRIMARY)	
	ICD 10 Code		
	Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
	Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
	Co-morbidities	Enter the ICD 10 Code and description of the Co-morbidities	Standard Format and Open text
	ICD 10 PCS		
	Procedure 1	Enter the ICD 10 Code and description of the first procedure	Standard Format and Open text
	Procedure 2	Enter the ICD 10 Code and description of the second procedure	Standard Format and Open text
	Procedure 3	Enter the ICD 10 Code and description of the third procedure	Standard Format and Open text
_	Details of Procedure	Enter the details of the procedure	Open text
	Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
_	Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
_	If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
_	,		-
_	Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
_	Cause	Indicate cause of injury	Tick the right option
	If injury due to substance abuse/alcohol consumption test conducted to establish this	Indicate whether test conducted	Tick Yes or No
	Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
	Reported to Police	Indicate whether police report was filed	Tick Yes or No
	FIR No.	Enter first information report number	As is sued by police authrities
	If not reported to police, give reason	Enter reason for not reporting to police	Open text
_	SEC	TION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST	
ica	te which supporting documents are submitted		
	SECT	ION E - DETAILS IN CASE OF NON NETWORK HOSPITA	L
	Address	Enter the full postal address	Include Street, City and Pin Code
_	Phone No.	Enter the phone number of hospital	Include STD code with telephone number
	Registration No. with State Code	Enter the registration number of the Hospital obtained from local body	-
		like City Corporation / Municipality	As allocated by the City Corporation / Munici
_	Hospital PAN	Enter the permanent account number	As allocated by the Income Tax Department
	Number of Inpatient beds	Enter the number of inpatient beds	Digits
	Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
		SECTION F - DECLARATION BY THE HOSPITAL	