KRIBHCO EMPLOYEES BENEVOLENT FUND TRUST HEAD OFFICE: A-8-10, SECTOR – 1, NOIDA, DISTT. GAUTAM BUDH NAGAR (UP) – 201301

Ref No. HP/17/PRMAS

January 07, 2025

Subject: Group Medical Insurance Scheme 2025 - 2026

The Kribhco Employees Benevolent Fund Trust (KEBFT) has taken medi-claim insurance policy for its members and their spouses from Reliance General Insurance Company Limited (RGICL) for the financial year 2024-25 on the basis of best rates quoted by them. The policy was as under:-

- 1. IPD (Hospitalization): Rs. 2.00 Lakh each subject to Rs. 4.00 Lakh on floater basis if the self and spouse both are alive. In case only one member is alive, policy is for Rs. 2.00 Lakh only.
- The OPD expenses: Rs.6000/- per annum per person subject to Rs.12,000/- on floater basis if the self and spouse both are alive. In case only one member is alive, OPD expenses is for Rs.6000/only.
- 3. Optional Top-Up Cover of Rs. 3.00 Lakh on payment basis.

The existing policy is due for renewal w.e.f. 01.04.2025 for the financial year 2025-26 and the same will be renewed after inviting bids from various insurance companies.

The Management of the Trust has decided to renew the above policy on same terms and conditions as of 2024-25. As you are aware, policy is renewed for the members on the basis of Life Certificate provided by them. The Top-Up cover is available to the members in continuity if the member has taken Top-up cover for the financial year 2024-25. However, efforts will be made to arrange Top-Up cover for the members who wish to opt for the same during the financial year 2025-26.

It is informed to the members that insurance premium rates are expected to increase this year considering medi-claim ratio.

It has been noticed that members use to request for add-on cover after expiry of due dates and at times in between the financial year based on ailments / detection of any medical problems. It is informed that once medical problem is detected no insurance company will allow providing add-on cover to such members. In view of the same it has been decided to collect an adhoc advance of Rs.20000/- from the members, who wish to avail add-on/Top-up facility of Rs.3.00 Lakh along with life certificates. The adhoc amount is provisional and in case rate of premium is lower, the same will be refunded to the members and if premium is higher, the same will be collected from the members. The amount can be deposited by RTGS/NEFT/IMPS in the following bank account of the Trust:

Beneficiary Name: Kribhco Employees Benevolent Fund Trust

SB Account No.: 309009757756
Bank Name: Ratnakar Bank Limited

IFSC:RATN0000100

Branch: Capital Point, Baba Kharak Singh Marg, New Delhi

Alternatively, Demand Drafts can be sent in the name of **Kribhco Employees Benevolent Fund Trust** payable at NOIDA / DELHI.

Further, Trust is also exploring the option of additional top up cover of Rs. 5/10/15/20 lakh for Insurance coverage. Interested member may please submit their option in the format attached

herewith. Any difference of Insurance premium applicable for the top up cover opted by the member will be collected for respective member after finalization of premium.

It is important to mention name and index number of the member while making payment to the Trust for reconciliation purposes.

It may be noted that no separate receipt towards insurance premium will be issued to individual members as this is a group medical policy.

A format of Life Certificate cum policy renewal form is attached along with the Circular to facilitate to the members for sending it to the Trust by 28.02.2025 along with payments receipts if opted for add-on/Top-up cover on the following address:

Kribhco Employees Benevolent Fund Trust
KRIBHCO BHAWAN,
A - 10, SECTOR – 1,
NOIDA – 201301
Email: kebft@kribhco.net

Members are requested to fill the form carefully / clearly and send it by post to the above address or a scanned copy of the same <u>may be sent through email ID of the member at the above email ID of the Trust. Email received from unregistered email ID or from other members will not be accepted.</u>

Members also please note that insurance company is now insisting for PAN if the reimbursement of treatment is more than Rs. 1.00 Lakh. In view of the same, members are advised to obtain PAN card if it is not available for self & spouse. To avoid delay in payments / reimbursement of claims, as per existing practice, Insurance Company will make payment of claims directly to the members account. In view of the same, members are requested to please attach PAN Card and cancelled cheque with the claim forms where name is printed on cheque leaf otherwise a copy of cheque along with photocopy of passbook (1st page) may be sent.

Further, the existing policy is expiring on 31.03.2025, all members are requested to please submit medical claims to the insurance company as soon as possible but in case expenses are incurred in the last fortnight of March 2025, the claims may be submitted by 15.04.2025 to avoid any rejections due to year end/ delay in payment. The insurance policy will be renewed after inviting bids/quotes from various insurance companies and there are chances that insurance company may be changed w.e.f. 01.04.2025. Hence claim bill for the expenditure incurred after 31.03.2025 may be claimed based on the information provided by the Trust for insurance policy for the financial year 2025-2026. Members are advised to keep copy of all documents, being sent to Insurance Company, for their reference and records. This will also help to follow-up of the claim.

The above information/forms are also available on website of the Trust, which can be accessed as under:

Website:

kribhco.net

Employee Corner Select PRMAS

Selection - Option of your choice / requirement

The above is for your information and necessary action.

EXECUTIVE SECRETARY

ENCLOSURE: AS ABOVE

Executive Secretary, KRIBHCO Employees Ber A – 8 – 10, Sector -1, NOIDA - 201301 Distt: Gautam Budh Nag	ar (U.P.)					
Sub: Renewal of the	Policy under t	the Medical A	ssistance Plan after	Retirement	– Financial Year 20	25 - 2026
Dear Sir, This is to certify that I and my spouse Mr./ Mr alive and not employed employer or any other s You are kindly requeste	's / doing job ar ource.	nywhere. I/	we have not taken a	ny sort of n	nedical benefits <u>fro</u>	m current
You are kindly requeste continue to get the insu	d to renew mi rance benefits.	ine as weil as	my spouse madrane	o pondy see	,	
Further, I wish to opt fo	r Top-Up Cove	er of Rs. 3.00		0).		
Payments details if you	wish to avail a	additional cov			n I / Busyah	
UTR No.		Date	Amount (Rup	ees)	Bank / Branch	
W I						
Note: Name / Index Number with this letter. Option for additional to						e attached
Rs. 5.00 lakh Rs.10.00 lak			Rs.15.00 lakh		Rs.20.00 lakh	
Thanking you,						
Yours truly,					1	
Signature:						
Name:						
Address:						
Mobile Number Sel						
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