

KRIBHCO EMPLOYEES BENEVOLENT FUND TRUST
NOIDA

Ref. No.: HP/19/PRMAS/26-27

April 22, 2026

Subject: Post Retirement Medical Assistance Scheme

KRIBHCO Benevolent Fund Trust (KEBFT) has taken the Group Medclaim Insurance Policy effective from 01.04.2026 to 31.03.2027 under the Post-Retirement Medical Assistance Scheme (PRMAS) for the financial year 2026-2027 from **IFFCO TOKIO GENERAL INSURANCE COMPANY LTD (ITGI)**. Under this scheme, you can claim your medical expenses as per the standard terms and conditions of the Group Medclaim Policy with certain exceptions/exclusions specified separately in the policy.

The policies number for the period from 01.04.2026 to 31.03.2027 is as under:

	Policy number	Policy name Holder
Base Policy of Rs.5.00 lakh per family (single or self & spouse)	H1680967	M/S KRIBHCO EMPLOYEES BENEVOLENT FUND TRUST
Top up Policy of Rs.5.00/10.00/15.00 lakh per family	H1682557	M/S KRIBHCO EMPLOYEES BENEVOLENT FUND TRUST

Members who have opted for Top Up plan are requested to download both the cards from Kribhco Website – www.kribhco.net > Employee Corner > PRMAS Login (Login ID & Password is Index number of member). In case of emergency, member can contact ITGI Officials - Ms Rekha Goswami, Mobile No. +91-8527592908 or Ms. Hemlata Yadav Mobile No 91-7428386940.

Under this policy in case of hospitalization, insurance coverage is subject to a maximum of Rs.5.00 lakh per annum on floater basis for the member with spouse or for single member. The OPD expenses will be reimbursed to the member and their spouse subject to a maximum of Rs.12,000.00 on floater basis for the member with spouse and for single member the coverage is of Rs.6000.00 only per annum per person.

On retirement, members and their spouses are issued index number by KEBFT. This will remain permanent. While filling up the claim form, members have to quote the policy number followed by index number issued by KEBFT. ITGI has issued member health card bearing Index No. for each member. ITGI has considered same index no of employee for both the members i.e. self and spouse. In case insurance is arranged only for spouse, index no of spouse will be applicable.

A member can submit claims for both self and spouse using the self member's index number. For example, if the self member's index number is 2448 and the spouse's index number is 2449, claims for both self and spouse can be made using index number 2448.

The health card can be downloaded from the following web site:

E-cards are readily available at below link:
<https://www.iffcotokio.co.in/portal/health-policy/ecard>

Network Hospital list available at below link:
<https://www.iffcotokio.co.in/contact-us>

Process of online E Card Download

1. Go to the Link: <https://www.iffcotokio.co.in/portal/health-policy/ecard>
2. Select "**Group Health Policy.**"
3. Choose the option "**Search by Organization Name.**"
4. From the dropdown list, select "**KRIBHCO Retirees.**"
5. Enter your **Index/ID** number in the required field.
6. Proceed to download your Medical Card.

List of network hospitals can be downloaded from <https://www.iffcotokio.co.in/contact-us>

For members' convenience, information on how to download the medical card, the list of network hospitals, claim forms, policy number, etc. is available on the PRMAS section of the employee portal on the Kribhco.net website.

Please note that ITGI may change the list of network hospitals. Therefore, members should always check the latest hospital list on ITGI's website using the link given above.

Claim Process

- **Cashless Process:**

Members/ Employees can take print out of the e-cards and avail Cashless benefit at Network Hospitals of ITGI and if the hospital is Non-Network the employee can apply for Claim Reimbursement.

- **Reimbursement Process:**

On prior intimation to (ITGI) Insurance Company before hospitalisation, Members/ Employees can avail treatment from Non-Network hospital & post discharge they can apply for reimbursement process. Please submit the mandatory documents within 30 days from the date of discharge.

ITGI Process of how to claim from ITGI Customer app, Health Claim Form & List of commonly excluded items attached at the web site of: **Kribhco.net / Employee Portal /PRMAS**. However, a list of Health Claim Form & commonly excluded items is also attached herewith for your information and record.

Login ID is Index no of Member and Password is also Index no of member

Point of Contact:

Members /Employees to Contact
Toll-Free number: 18001035499
E-mail ID for Hospitalisation : healthclaims@iffcotokio.co.in
E-mail ID for reimbursement : hemplata.yadav@iffcotokio.co.in
E-mail ID for Escalation on above matter: Rekha.Goswami@iffcotokio.co.in

The scan copy of claim documents must be uploaded to ITGI app or email to hemplata.yadav@iffcotokio.co.in within 30 days positively from the date of discharge from the hospital. Original document are to be kept by the members and not to be sent to Insurance company.

We intend to inform you about certain formalities which you ought to follow while availing this facility.

It is clarified that issuance of Index Number does not guarantee risk coverage for whole life. To ensure continuation of insurance for its members, KEBFT issues a circular to its members enclosing therewith a format of life certificate, which has to be submitted online by the members/spouses of ex-members in original by 15th February every year for insurance coverage for the next financial year. The circular alongwith life certificate is available on the web site of Kribhco.net/ employee corner/PRMAS.

PLANNED SURGERY: KEBFT requests / advise members to visit any of the empanelled hospitals and seek cashless treatment. In case of Planned Surgery, it is requested / advised that members visit the help desk/TPA Counter of the Hospital 2-3 days prior to the planned surgery and complete the formalities. This will ensure that besides the insurance company, the Hospital is also aware that the member is insured with the insurance company and that they are supposed to charge the member at par with the agreed rates, terms and conditions between the Hospital and the insurance company.

EMERGENCY SURGERY: In case of emergency, intimation can be given within 24 hours of hospitalization. In case of hospitalization and availing the cashless facility, you need to inform Index No. / Health Card/ KYC documents (PAN CARD/ AADHAR CARD) at hospital/ TPA Counter of the hospital. You are also supposed to keep your Photo ID, (Driving License/ Voter ID/ Passport/ PAN Card/ Aadhaar Card / Retirement ID Card etc.) with you. The TPA/hospital authority will obtain the approval and start the treatment. In such a case you don't have to make payment to the hospital upto the limit specified in the Authority Letter/Final Settlement Letter issued to the Hospital. The bills will directly be settled by ITGI within the overall ceiling of the policy.

It may please be noted that Reasonable and Customary Expenses are covered under the policy. Reasonable and Customary Expenses means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, considering the nature of Illness / Injury involved.

Policy details -Coverage/ Conditions:

Cover Name	Special Conditions
Hospitalization -	Covered
Pre Hospitalization	30 Days
Post Hospitalization	60 Days
Ambulance charges	Rs 1500 per incident (maximum in one case-both

	ways)
Domiciliary hospitalization	Domiciliary hospitalisation not covered
Pre-existing illness cover	Covered from Day 1
Cover for first year excluded diseases	Waived
Cover for first 30 days Exclusion	Waived
Modern Treatment	Upto 100% of the sum insured
Cover for congenital diseases	Internal Congenital disease not covered
Family Definition	Ex-employees (Superannuated/VRS/ Death) and spouse. Sum Insured Family Floater – 5 lakh per family
Member Addition and Deletion Process	<ol style="list-style-type: none"> 1. Addition-deletion will be done on pro-rata premium basis for employees along with dependants twice in a month only, subject to all relevant details being forwarded to insurer before 15th & 30th of every month. 2. For cover w.e.f. from Date of Joining, sufficient CD balance to be maintained with Insurance Company. 3. Mid-term increase in sum insured is not permitted
Room Rent	2%of Base sum Insured for Normal and 4% ICU. Waiver of capping of proportionate deduction on account of room rent.
Day care procedure	Day care treatment covered as per ITGI policy terms and conditions

General Conditions:

- ❖ It shall be a condition precedent to the insurer's liability under this policy that all supporting documents relating to the claim must be submitted to the ITGI within thirty (30) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the ITGI within seven (7) days after completion of such treatment.
- ❖ Surcharges, service charges, miscellaneous charges and other non-treatment related expenses are not payable.
- ❖ A list of Non-Payable item is available on KRIBHCO website. However, a list is also attached herewith.
- ❖ Ailment/ Conditions not covered: Septoplasty, Cochlear Implant or related aids, RFQMR - Rotational Field Quantum Magnetic Resonance Device- Cytotron, C3R, Bariatric surgery, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy, Lasik Surgery.
- ❖ Aliment Capping: Cataract Operation: Rs. 36000 per eye, Knee replacements: No capping on knee replacement surgery.
- Ayurvedic to be covered if treatment is taken as in patient in a Recognized Hospital/Medical College hospital upto 25% of per family SI. Treatment of Ayurveda, Siddha, Unani and Homoeopathy are to be covered under OPD limits.
- ❖ OPD Cover: Covered upto Rs.6,000 Per member Per year and Rs- 12000/- per family of two on floater basis

Please find the list of documents required for claim submission:

- Please submit cancelled cheque of the policy holder and relevant documents, when applying for a reimbursement claim.
- Claim payments are made through Online Bank Transfers only.
- Original Discharge Card / Summary.
- Original Final Bill of the Hospital with breakup of all charges
- Original Bill Paid Receipt.
- Original Investigation Reports,
- All Imaging Films, ECG Strips, Doppler / Angiogram CD etc
- Original Prescriptions and corresponding Medicine bills.
- Hospital Registration Certificate (in case of a unknown small hospital)
- Any other original documents related to the claim.
- MLC/FIR in case of Accident cases.
- Copy of intimation mail.
- Duly Filled & signed Claim Form by insured.
- Contact details of insured & patient is mandatory.
- Photo ID proof of patient is mandatory.
- Provide Clarification if delay in submission of claim documents.
- KYC of patient and Insured, contact details of Claimant and email.
- Photocopy of Aadhaar card of patient is mandatory as per IRDA .

OPD Dental and Ophthalmic treatment covered under OPD claims.

1. Modern Treatment: "The Company will indemnify the Insured Person up to 100% of base Sum Insured for the Medical Expenses incurred during the Policy Period on Inpatient Treatment or Day Care Treatment or Domiciliary Treatment of below mentioned Modern Treatment Methods:
 - Uterine Artery Embolization and HIFU
 - Balloon Sinuplasty
 - Deep Brain Stimulation
 - Oral Chemotherapy
 - Immunotherapy-Monoclonal Antibody to be given as injection
 - Intra Vitreal injections
 - Robot surgeries
 - Stereotactic radio surgeries
 - Bronchial Thermoplasty
 - Vaporization of the prostate (Green laser treatment or holmium laser treatment)
 - IONM- (Intra Operative Neuro Monitoring)
 - Stem Cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered
2. Rest all other terms & conditions strictly as per ITGI mediclaim insurance policy.
 - Please note that bills for allopathic medicines on prescription of Aryveda Doctor are not allowed.

Members, who have opted for Top Up plan of Rs.5.00/10.00/15.00 lakh are requested to mention both policy numbers while admission in the hospital and submission of reimbursement claims.

It is clarified that the Insurance Company/TPA will makes payment against the claims submitted by you directly to members Account. As such you are requested to attach bank account documents alongwith your claims. You are also requested to submit your claims related to OPD expenses as per time specified. Kindly make sure to submit your claims for the current year before 31st March 2027. However, in any case bills submitted after 15th

April for the previous financial year will not be entertained in any case due to financial year closing.

Since the Medclaim Policy is to be renewed from 1st April every year, hence submit your Life Certificate in the month of February itself so that the renewal of the policy in your name for the next year may be done in time. In case we do not receive your Life Certificate, your policy will not be renewed for the next financial year and you may be deprived of all benefits under this scheme.

For any query with M/s. ITGI – call on 1800103 5499 and quote your Index No.

Redressal of claims:

In case of any grievance, the insured person may contact at:

ITGI Officials to Contact	
Contact number:	Ms Rekha Goswami, Mobile No. +91-8527592908 or Ms.Hemlata Yadav Mobile No 91-7428386940
Policicue officials:	Mr. Deepak, Mobile No. 91-9560226486
E-mail ID for Intimation of Hospitalization : healthclaims@iffcotokio.co.in	
E-mail ID for Reimbursement of Claim : Hemlata.Yadav@Iffcotokio.co.in	

In case the problem is not resolved even after discussion with above officials, member can take up the matter with the following officials: -

Kribhco officials to contact:		
Level 1	Ms. Vrinda, Junior accounts assistant, (F&A)	9599034728
Level 2	Mr. Umesh Saha, Deputy Manager, (F&A)	9899332341
Level 3	Mr. Umesh Sharma, Senior Manager, (F&A)	9891239901

All members are requested to follow above information.


(Puneet Gupta)
Executive Secretary