

Introducing Hospital Cash benefit by Reliance General Insurance

Especially designed for ISB clients to reduce the day-to-day out of pocket hospital expenses.



Group Mediclaim Insurance Policy has been designed especially to cover incidental and ancillary expenses (Medical and Non-Medical) in the event of hospitalization.

Persons to be covered	Loan account holders (Borrowers & spouse of loan borrowers)
Policy Tenure	Maximum of 1 year. Cover will commence from the date of disbursement of loan and enrollment of the individual under the group policy, subject to payment of premium to the Insurer.
Plan Benefit	
Feature	Benefit
Coverage	Paid out as Daily Benefit for Hospitalization for a minimum period of at least 24 hours following which it will be payable from the first day of the Hospitalization.
Normal Hospitalization Per Day Benefit & Daily Coverage	₹ 1000 and Maximum up to 30 days per policy year
Pre Existing Disease Coverage	No Waiting Period Applicable - Covered from Day 1
Waiting Period	Not Applicable - Covered from Day 1
Maternity Cover	YES (Covered for 2 children post policy issuance)
Policy Basis	Individual

CLAIM PROCESS

How to register a Claim - Reimbursement



Get admitted in your preferred hospital



Pay the hospital bills & collect all the original documents



Intimate the claim with relevant details to your respective business correspondents.



Business correspondent to register claim & submit claim documents with YBL (ISB) operations team.



YBL (ISB) operations to intimate RGI operations team.



RCare adjudicates the case as approval/denial or seeks additional details



Post claim approval payment will be credited to insured account within 3 working days

List of Claim Documents

1. Claim Form duly filled and signed by the insured in original.
2. Copy of Discharge Summary or Discharge Certificate.
3. Original Cancelled CTS cheque or scanned copy of 1st page of passbook or authorized bank statement of the Insured

PROCESS NOTE_INSURANCE PRODUCT FOR JLG CUSTOMERS

1. General Insurance Scope:

YES BANK has taken a master policy for General Insurance (GI) from Insurance company which can be offered to our customers for enrollment as Members. This Insurance facility is to provide the fixed cash benefits in case a customer gets hospitalized. This Hospital Cash (depicted as 'Hospi-Cash') is a cash benefit product which can be used for meeting additional expenses which are not covered under health insurance or even compensating the loss of income during the period of hospitalization. This cover does not require any hospital bills to be produced.

For General Insurance, the premium amount is fixed depending upon the number of lives insured.

Note: GST will be applicable under General Insurance product offered by Insurance Company.

2. Product Features:

Particulars	Description
Facility	<ul style="list-style-type: none">• Group Medclaim policy to provide hospital daily cash benefit to ISB JLG customers• Benefit facility in the event of hospitalization of member and spouse (if enrolled)• Non-Mandatory
Eligibility	Individual Members of the JLG and their Spouses
Master Policy Holder	YES Bank Ltd.
Insurance Partner	Third Party Insurance Company
Age	18 to 59 years on the date of application (the same shall be defined in Master Policy)
Coverage Duration	Policy Initiation day (field disbursement date) + 364 days = Policy Expiry date
Insurance Cover/Sum Assured	Rs. 1000 (including both General and ICU hospitalization) per day (Cover is applicable for 30 days per policy period) For Single life: Maximum Sum assured shall be Rs 1000 per day For Two lives: Maximum Sum assured shall be Rs 1000 per day for each life.

Benefits	<table border="1"> <thead> <tr> <th>Feature</th> <th>Coverages</th> </tr> </thead> <tbody> <tr> <td>Coverage</td> <td>Minimum 24 hrs. of mandatory hospitalization</td> </tr> <tr> <td>Pre-Existing Diseases</td> <td>Covered from Day 1</td> </tr> <tr> <td>Waiting Period</td> <td>No</td> </tr> <tr> <td>Maternity Cover</td> <td>Maternity for first 2 children i.e. 2 children post the policy issuance is covered</td> </tr> <tr> <td>Day Care Treatment</td> <td>Not Covered</td> </tr> <tr> <td>Pre-& Post hospitalization</td> <td>Not Covered</td> </tr> <tr> <td>Domiciliary hospitalization</td> <td>Not Covered</td> </tr> <tr> <td>AYUSH benefit (Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy)</td> <td>Not Covered</td> </tr> </tbody> </table>	Feature	Coverages	Coverage	Minimum 24 hrs. of mandatory hospitalization	Pre-Existing Diseases	Covered from Day 1	Waiting Period	No	Maternity Cover	Maternity for first 2 children i.e. 2 children post the policy issuance is covered	Day Care Treatment	Not Covered	Pre-& Post hospitalization	Not Covered	Domiciliary hospitalization	Not Covered	AYUSH benefit (Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy)	Not Covered
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Goods & Services Tax (GST)	GST is applicable at the rate of 18% (subject to change as per law)																		
Premium	Rs. 310 per person (refer annexure 1) per year (including GST). <i>Note:</i> It is subjected to revision as agreed between Insurance provider and the bank. Any revision shall be communicated to BC partners accordingly.																		
Premium Collection Mode	Net off from the disbursement amount (system driven)																		
KYC Requirement	<ul style="list-style-type: none"> • Member- Copy of KYC as part of loan document & DOB • Spouse (<i>if applicable</i>)- Copy of KYC and DOB • Nominee- Copy of KYC only during claim <p>Note:</p> <p>1. List of Officially Valid Documents (OVD) as a part of KYC:</p> <ul style="list-style-type: none"> ○ Voters' ID card ○ Proof of Aadhaar issued by UIDAI ○ Passport ○ Driving License and ○ Job Card issued by NREGA signed by a State Government official <p>2. No additional KYCs are required for availing GI i.e. only one set of KYC is required for loanee and insured person.</p>																		
Nomination provision	A person who receives the benefit in case of death of the insured person during hospitalization is a nominee. The insured person may choose or nominate his/her nominee at the time of policy enrollment. Usually Spouse, children or parents are the nominee of the member (In cases of minor nominee, guardian/appointee shall be required to be mentioned on Application Form).																		

	<p>Note:</p> <ul style="list-style-type: none"> • The request for change in nominee can be initiated by BC through mail mentioning the details on Nominee change format. However, a self-declaration (refer annexure 3) from the customer is also mandatory. • Only one minor nominee & Guardian/appointee detail is allowed either for member or co-insured. • In case an insured person is not alive, nominee needs to submit his copy of cancelled cheque or first page of bank passbook along with the copy of death certificate of the insured person.
Claim Payout	<p>To Customer – Claim pay-out of Rs. 1000/- per day based on the number of days of hospitalization of member/spouse (<i>if applicable</i>).</p> <p>To Nominee – Claim pay-out of Rs. 1000/- per day in the event of death of insured during hospitalization upon submitting the required claim document including death certificate copy.</p>
Mandatory Document Requirement during Claim Settlement	<ul style="list-style-type: none"> • Claim form (refer annexure 2) duly filled and signed by the insured or nominee (in case of death of insured) in original • Copy of discharge summary/ Discharge certificate • Original cancelled CTS cheque or scanned copy of 1st page of passbook or authorized bank statement of the insured.
Timelines for Claims Document Submission	<ul style="list-style-type: none"> • Date of claim submission to ISB Operations team should not exceed 60 days from the date of discharge. <p>Note: In case any losses arise (claim rejection) due to delay in claim intimation or document submission by BC, same is to be borne by the BC.</p>
Exclusions	<ul style="list-style-type: none"> • Circumcision unless necessary for treatment of a disease not excluded herein above or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. • Any Illness that has been classified as an Epidemic by the Central or State Government. • Dental treatment or surgery of any kind unless requiring hospitalization. • Convalescence, general debility, 'run-down' condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol. • All expenses arising out of any condition, directly or indirectly, caused to or associated with human T-Cell Lymphotropic Virus type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

	<ul style="list-style-type: none"> • Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalization as defined. • Expenses on vitamins and tonics unless forming part of treatment for disease or injury as certified by the medical practitioner • Disease or injury directly or indirectly caused by or arising from attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not). Disease or injury directly or indirectly caused by or contributed to by nuclear weapons/materials • Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard. • Unproven/Experimental Treatment.
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3. Process:

Member Enrollment for General Insurance (GI)

Sr. No	Activity	Responsible Unit
1	<p>BC shall do the following:</p> <ul style="list-style-type: none"> • Communicating with customers about Insurance facility along with Loan proposal in-lines with Board Approved BANCA distribution Policy as updated from time to time. • All YBL JLG prospective members are to be communicated during Compulsory Group Training (CGT) in details about the below features: <ul style="list-style-type: none"> ○ Type of Cover ○ Voluntary nature of insurance cover ○ Insurance premium ○ Nominee Provision ○ Coverage Duration and sum assured ○ Exclusion List <ul style="list-style-type: none"> ▪ AYUSH Benefit and others ○ Claim Process related to- <ul style="list-style-type: none"> ▪ Documents requirement ▪ Hospitalization intimation ▪ Savings account requirement 	<p>BC (Business Correspondent)/ PSM</p>

	<ul style="list-style-type: none"> ○ Role of member, Group, BC Agent, Bank & Insurance Company ○ Policy continuation even after Loan foreclosure ○ YES Bank collects (premium amount) per life towards premium of General insurance and the sum assured amount is Rs.1000 per day (max. up to 30 days) ○ Cover duration is 1 Year (365 days) from Policy Initiation day (field disbursement date) and enrollment for the policy is voluntary and it is not linked to loan ○ Grievance redressal mechanism for Hospi-Cash ○ Other terms and conditions <ul style="list-style-type: none"> ● The required customer details need to be entered on LS-AOF (Loan cum Savings Account Opening Form). ● Ensure the 'Loan cum Savings Account Opening Form' (LS-AOF) is filled in all aspect. 	
2	<p>Verification of Member Awareness</p> <p>Awareness of the member on the insurance benefit and process is to be cross-checked during Group Recognition Test (GRT) in field.</p>	BC Supervisor /YBL Product Sales Manager
3	<p>Member Insurance Data collection</p> <p>BCA/PSM to collect the following information on the 'Loan cum Savings Account' opening form (LS-AOF) which are required for insurance enrollment</p> <ul style="list-style-type: none"> ● Member Name, DOB & KYC details ● Spouse Name & DOB ● Nomination details 	BCA/ PSM
4	<p>Insurance Data Entry</p> <p>Insurance data collected from field through LS-AOF/mobility solution is entered into YBL's Loan Management System (LMS). The QC for the data shall happen as per the current LS-AOF/mobility solution verification process.</p>	BCA/ ISB Operations
5	<p>Premium Collection (only if facility is opted)</p> <p>For Loan funded cases the insurance premium along with applicable GST (if any) may be deducted from the customer's loan amount, if opted by customer and net amount is disbursed to the customer as per the applicable disbursement mode. This feature is automated and inbuilt in the system (Ganaseva).</p> <p>Note- Insurance coverage date is from date of disbursement</p>	ISB Operations
6	<p>Customer Acknowledgement</p> <p>During Post Sanction Document (PSD) execution, amount deducted towards insurance cover is provided as a part of terms and conditions of</p>	BCA/ PSM

	'Sanction letter cum Receipt' (SLR). SLR is to be executed by the customer mentioning Insurance premium amount.	
7	<p>Insurance Policy Validity & Issuance</p> <p>Once data is received by Insurance company, the customer and/or co-insured are insured from the date of disbursement till applicable Insurance cover period (i.e. field disbursement date + 364 days).</p> <p>Note: Certificate of insurance (COI) (refer annexure 4) shall be shared with BC through share folder/SFTP. Additionally, Insurance service provider shall share the COI mentioning policy number to the customer's registered mobile number through SMS facility.</p>	Insurance Team/ISB Operations Team

4. Claim Processing

Sr. No.	Activity	Responsible Unit
1	<p>Documentation by BCA</p> <p>BCA to help the group member/family member of the hospitalized member to arrange for the below documents-</p> <ul style="list-style-type: none"> Claim form duly filled (refer Annexure 2) and signed by the insured in original Copy of discharge summary/ Discharge certificate Original cancelled CTS cheque or scanned copy of 1st page of bank passbook or authorized bank statement of the insured. <p>Note:</p> <ul style="list-style-type: none"> Copy of LS-AOF and Hospital Bills are not required by Insurance provider during claim settlement. 	Insured member/Nominee
2	<p>Document Dispatch to YBL</p> <p>BC Branch/HO sends the scan copy of the above documents to ISB Operations for upload in insurance company portal.</p>	BC Branch/HO
3	<p>Claim Intimation</p> <p>All the claims consisting the scanned copy of above mentioned documents must be intimated to Insurance partner by ISB Operations team which shall be received from respective BCs mentioning the COI number of insured customers through an e-mail/SFTP/through automated mode.</p>	ISB Operations
4	<p>Hard copy receipt and Claim processing by Insurer</p> <p>Post scrutiny of uploaded scanned documents by Insurance provider if the documents are correct, then Insurance provider to create and share claim number to ISB Ops and BC.</p>	BC/ISB operations

	<p>BC to send the hard copy of the documents to Insurance company. Claim number to be mentioned on the top of courier for smooth processing.</p> <p>BC to ensure that all the clear claim document need to be couriered to insurance provider within T+7 days and detail of same need to share through mail to insurance provider to acknowledge along with ISB Operations respective email ID's.</p> <p>Delay at BC and Insurance provider end shall be monitored by ISB Operations and shall be highlighted to BC, Insurance provider through MIS</p>	
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5. Insurance Payout:

Sr. No.	Activity	Responsible Unit
1	<p>Pay out Communication to Member for GI</p> <p>Insurance company to communicate the closure claim settlement details to BC HO / ISB Operations on agreed frequency. It generally takes 10 working days for claim settlement from the date of receipt of claim settlement documents.</p>	Insurance Company
2	<p>Payout to Nominee</p> <p>In case of death of customer, Insurance company to transfer the claim amount to nominee's bank account and to communicate the same to YBL ISB Operations along with Transaction reference number. Tracking of fund transfer shall be done by Insurance Service provider and report the same to Bank through MIS.</p>	Insurance Company

6. Other Terms and Condition

- Free-look check (FLC) period is 15 days from the date of intimation to customer. No premium refund shall be processed beyond Free-look period of 15 days. However, the policy will continue even if the loan is foreclosed/cancelled post FLC period.
- There is no maturity benefit in this Plan.
- Termination of Insurance membership shall happen automatically in below scenarios-
 - (a) Upon the earlier occurrence of death, of the member or
 - (b) Upon surrendering the membership
 - (c) Maturity date of the member's cover under the policy.

7. Grievance Redressal

- Communication and popularize the grievance redressal number and policy among the staffs and customers
- Facilitate YBL in immediate action/response on the customer Query/Complaint
- Transparency in handling customer Query/Complaint and communication to bank.
- Display of Escalation Matrix in BC branches

ANNEXURES

Annexure 1

Tentative Rate Card for GI

GI Premium Master		
Policy period	One life	Two Lives
One year	310	620

Annexure 2



Hospicash Claim
Form 1.pdf

Annexure 3

Nominee change format for GI



Nominee Change
Format for BC&YBL_



Application to
Change the Nomine

Annexure 4

Certificate of Insurance (COI) sample for GI



GroupMediclaime_TE
ST PolicySchedule_ye