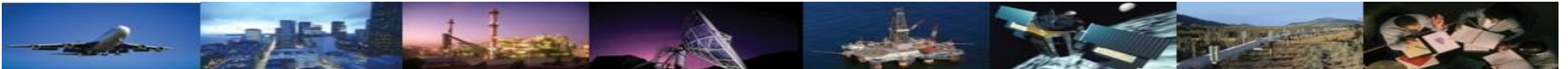


Employee Benefits Manual

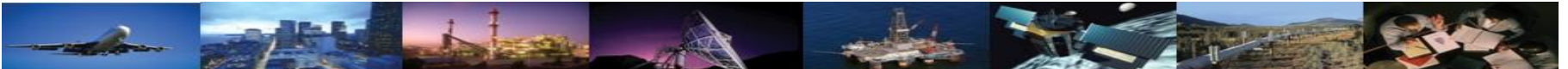
Frontdoor India Pvt Ltd

Content	Benefits Manual
Insurance	GMC / GPA / GTL



GROUP MEDICAL (GMC) INSURANCE

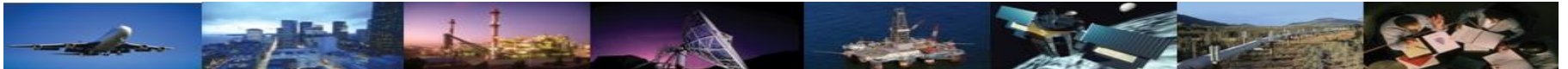
Group medical policy covers expenses incurred by the insured member (Employee & family members covered) an account of hospitalisation due to sickness or accident.



Policy Parameters	
Insurer	ICICI Lombard General Insurance Company Limited
TPA	ICICI Lombard Inhouse
Policy Start Date	1 st January 2026
Policy End Date	31 st December 2026
Coverage Type (Floater / Individual)	Family Floater Sum Insured
Dependent Coverage	1+5 [Employee + Spouse + Up to 2 Children + Parent / Parent in-law)
Sum Insured	INR 5,00,000

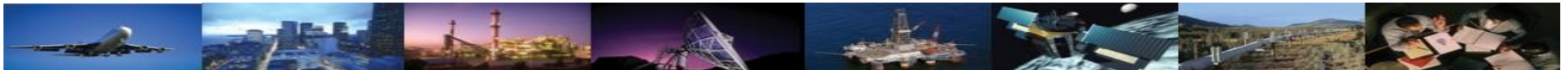
Benefits Covered	
Standard Hospitalization	Yes
Pre existing diseases	Yes
Waiver on 1 st year exclusion	Yes
Waiver on 1 st 30 days exclusion	Yes
Family Floater	Yes
Pre-Post Hospitalization Exp.	Yes

Benefits Covered	
Maternity benefits	Yes
Baby cover day 1	Yes
Pre & Post Natal Expenses	Yes
Ambulance Services	Yes
Day Care	Yes

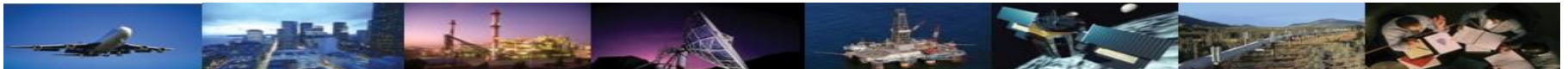


Family Definition	
Total No of people Insured	1 + 5
Employee	Yes
Spouse	Yes
Children	Yes (Up to 2 dependent children 25yrs)
Parents	Yes (Up to 80 yrs)
Parents-in-Law	Yes (Only if Parent are not included) (Up to 80 yrs)
Siblings	No
Others	No
Addition – Deletion	
Mid Term enrollment of existing Dependents	Disallowed
Mid Term enrollment of New Joinees (New employees + their Dependents)	Allowed (details to be sent to insurer within 30 days)
Mid term enrollment of new dependents (Spouse/Children)	Allowed (details to be sent to insurer within 30 days)

No Individual should be covered as dependent of more than one employee



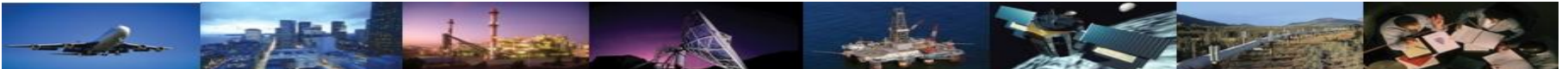
Existing Employees + Dependents	
Commencement Date	1 st Jan 2026
Termination Date	31 st Dec 2026
New Joinees + Dependents	
Commencement Date	Date of Joining
Termination Date	31 st Dec 2026
New Dependents (Spouse by Marriage / Child by Birth)	
Commencement Date	Date of such event
Termination Date	31 st Dec 2026



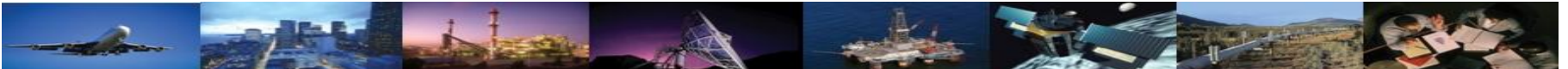
Sum Insured	Family Floater Sum Insured
Employee	INR 500,000
Dependents	
Restrictions on sum insured	No
Employee + Spouse + 2 Children	No Restriction
Dependent parent / parent-in-law	No Restriction

Family Floater means – any individual within the family can utilize the entire sum insured amount

There is no sublimit or restriction on the sum insured to be used by any one individual member of the family



Policy Details	Description
Sum Insured	INR 500000 Family Floater
Family Definition	Employee + Spouse + 2 Children + 2 Parent / Parent in Law.
Standard Hospitalisation	Covered
Pre Existing Diseases	Covered
OPD Treatment	Not Covered
First 30 Days & First Year Waiting period	Waived off
Pre / Post Hospitalisation expenses	30 days / 60 Days covered
Room Rent Per day (Room + Nursing Boarding)	Rs.3,000/- for Normal Room & Rs.5,000/- for ICU
Maternity Benefit	Covered
Pre / Post Natal	Covered in case of IPD only within maternity limit.
Ambulance	INR 2500 (only in case of Emergency)



Pre existing diseases

Definition	Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor, or which was first manifested prior to the commencement date of the Insured Person’s first Health Insurance policy with the Insurer
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 **Covered**

First 30 day waiting period

Definition	Any disease contracted by the Insured Person (except for the “First Year diseases” listed below) during the first 30 days from the commencement date of the Policy is not covered.
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 **Waived**

First Year Waiting period

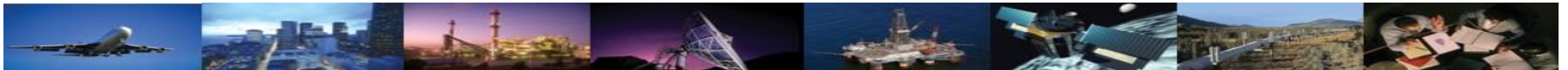
Definition	During the first year of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre- existing at the time of proposal, they will not be covered even during subsequent period or renewal too.
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 **Waived**

Baby Cover Day 1

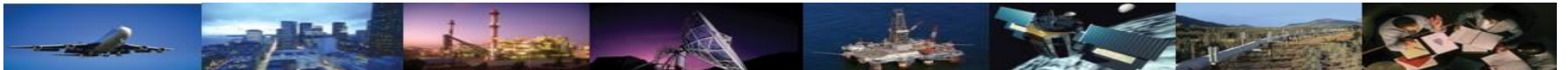
Definition	Extension to cover the new born child of an employee covered under the Policy from the time of birth .
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 **Covered**



Pre-hospitalisation Expenses	
Definition	If the Insured member is diagnosed with an Illness which results in his / her Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalization Expenses for up to 30 days prior to his / her Hospitalization.
Covered	Yes
Duration	30 Days

Post-hospitalisation Expenses	
Definition	If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required, the Insurer will reimburse the Insured member's Post-hospitalization Expenses for up to 60 days period.
Covered	Yes
Duration	60 Days

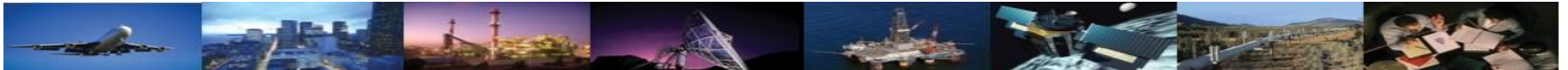


Ambulance Services	
Definition	The Insurer will pay for Emergency ambulance road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency.
Amount restriction	INR 2500 per hospitalization

 **Covered**

Day Care	
Definition	Day Care Procedure means the course of medical treatment, or a surgical procedure listed in the Schedule which is undertaken under general or local anesthesia in a Hospital by a Doctor in not less than 2 hours and not more than 24 hours.
Restriction	days care procedures as named in the Policy

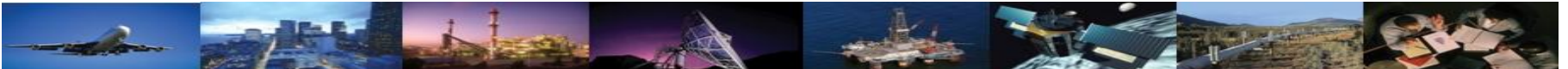
 **Covered**



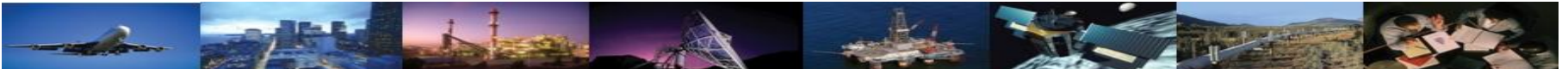
Psychiatric Ailments	<ul style="list-style-type: none"> • Covered within a limit of Rs.30,000/- IPD Only
Functional Endoscopic Sinus Surgery (FESS)	<ul style="list-style-type: none"> • Covered within a limit of Rs.35,000/-
Cyber-knife treatment, and Stem Cell Transplantation Cochlear Implant Treatment Internal Congenital Diseases External Congenital Diseases Lasik Surgery	<ul style="list-style-type: none"> • 50% Co-Payment Applicable • Restricted to 50% of Sum Insured • Covered • Covered in case of life-threatening cases only • Covered if the refractive error is beyond +/- 6.0 D

Reimbursement of expenses related to

- Room and Nursing charges
- Doctor's fees
- Intensive Care Unit
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Physiotherapy (ONLY incase of hospitalization and post hospitalization follow-up at respective clinic)
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Implant during a surgical procedure
- Radiotherapy and chemotherapy
- Organ transplantation including the treatment costs of the donor but excluding the costs of the organ
- Internal Congenital diseases



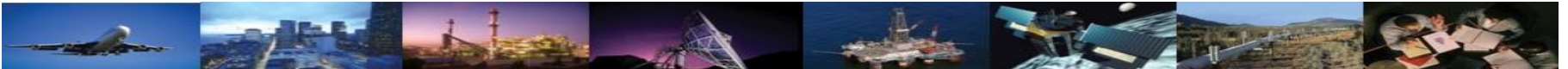
- **The maximum benefit allowable is INR 75,000 for Normal and C Section for first 2 children.**
- These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
- Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who already have two or more living children will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Well baby expenses are not covered.
- Maternity related any hospitalization - To be covered within Maternity limit only.
- Pre-Post Natal Expenses Covered Up to maternity limit in case of IPD.



- **Room Capping per day:- (Room + Nursing charges)**

Rs.3,500/- Normal Room & Rs.5,000/- for ICU

- Proportionate deduction clause is applicable
- Insured employees are requested to use **prudence and proper negotiation** with Hospital/ Nursing home in availing the eligible room category.
- Please remember, higher the room category higher is the cost of treatment. This may result in faster exhaustion of your total available eligibility

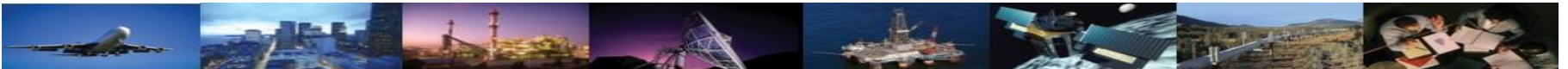


Diagnostics Expenses

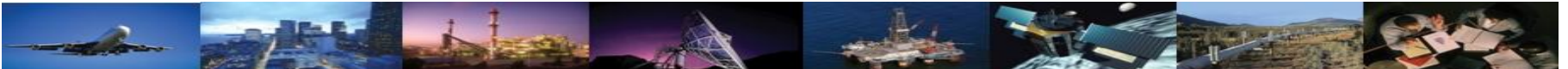
Definition

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 of 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

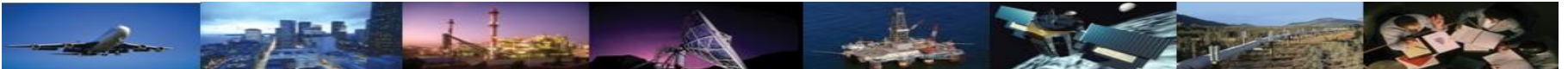
Stand alone diagnostics will not be covered under the policy. However, if diagnostic tests are in line with hospitalization/ line of treatment such cases it will admissible.



- Employees going to the network hospital should always opt for cashless claim and avoid reimbursement because, in reimbursement claims, the pre-negotiated rates will not be made applicable by the hospital while the insurer will only make payment to the limit of “pre-negotiated” rates and the rest of the cost would need to be borne by the employees.
- In case of any issues with delay in cashless approval/settled amount /hospital tariffs, Please call the insurance focal immediately to resolve your queries before getting discharged from the hospital.
- **Reasonable and Customary Charges:** Reasonable and Customary charges 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, taking into account the nature of the illness / injury involved.
- Double coverage not applicable – If employee and spouse both are working in same company.
- Cataract treatment:- Only monofocal lens are covered. Multi focal/bio focal , etc are not covered.
- Listed Day care procedure covered , where hospitalization is less than 24 hours



- **Standard Hospitalization:-** refers to any medical treatment that requires a patient to be **admitted to the hospital for not less than 24 hours (Subject to active line of treatment & policy coverages/exclusions)**
- **Hospital Criteria**
 - It should be registered either as hospital or nursing home with the local government authorities
 - Has a fully equipped operation theatre, medical record for each of its patient.
 - Should have a minimum of 10 beds if located in towns having population of less than 10 Lac (Class C towns) or a minimum of 15 in-patient beds in other towns.
- **Admissible Claim**
 - An admissible claim is calculated by deducting non medical charges from the total claim.
(Admissible claim = Total claim minus Non medical charges)
 - The co-pay will be applicable on admissible claim (If Applicable)



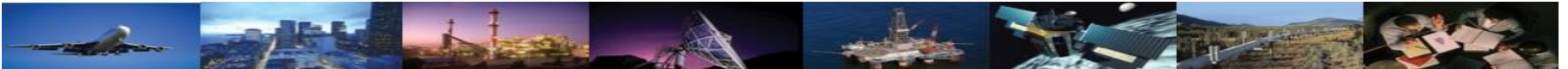
To guard the interest of the customer at an industry level insurance co. have identified hospitals which are inflating/ manipulating bills and producing fraud claims which in turn is impacting the Insured.

To overcome the said issue they have identified and excluded hospitals where in any expenses incurred towards treatment in any hospital or nearby any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible.

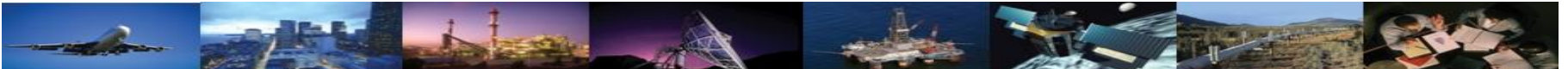
Claim is not payable / admissible in said hospital (Cashless/Reimbursement) However, in case of life-threatening situations following an accident, expenses till the health condition of the patient is stable are payable but not the complete claim.

Excluded List available on website :-

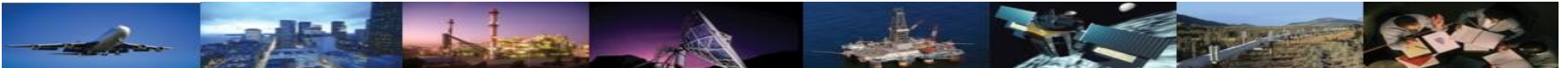
<https://ilhc.icicilombard.com/Customer/GetDelistedHospitalList>



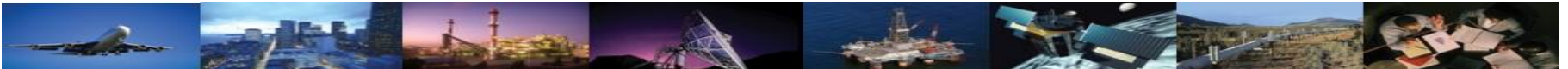
- **War**, Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations (whether war be declared or not) or by nuclear weapons / material.
- **Surgery for correction of eyesight**, cost of spectacles. contact lenses, hearing aids etc.
- Any **dental** surgery unless arising from accidental injury which requires hospitalization for treatment.
- **Congenital external diseases** or defects or anomalies / sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases. intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases/ accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- **Expenses incurred at Hospital or Nursing Home primarily for evaluation/** diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- **Expenses on vitamins and tonics** etc. unless forming part of treatment for injury or diseases as certified by the attending physician.
- **Food** provided during hospitalization to the patient.
- **Allopathy treatment** given by BHMS/BAMS/BUMS doctors (Cross Pathy treatment i.e., Allopathic treatment given by Homeopathic or Ayurvedic doctor).
- **Modern Treatments**, Cosmetic or plastic surgery, Vitamin / Tonics, Genetic Disorder,



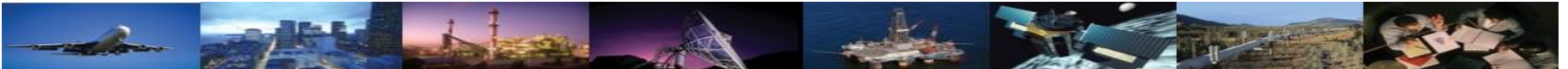
- **Naturopathy treatment.** unproven procedure or treatment, experimental or alternative medicine.
- **Doctor's home visit charges.** Attendant/RMO (Residential Medical Officer/ Assistant Surgeon charges)
- **Self Injury,** Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury. attempted suicide, arising out of non-adherence to medical advice.
- All **non-medical expenses** including Personal comfort and convenience.
- **Criminal Act.** Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.
- **Change of treatment from one Pathy to another Pathy** unless agreed /allowed and recommended by the consultant under whom the treatment is taken.
- **Treatment for Obesity or condition arising therefore** Including morbid obesity or any other weight control program, service or supplies, etc.
- Any treatment required arising from the insured's **participation in any hazardous activities.**
- Any **treatment received In a convalescent home, convalescent hospital, health hydro. nature** care clinic. or similar establishments/ general debility/use of intoxicating drugs or alcohol.
- Any **stay in the hospital for any domestic reason** or where no Active regular treatment/no active line of treatment is given.



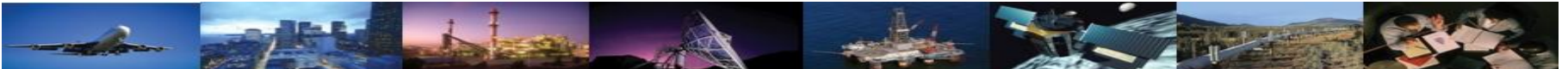
- **Hormone replacement therapy** - Sex change, or treatment that results from or is in any way related to sex change.
- **Outpatient Diagnostic** - Medical or Surgical procedures or treatments, non-prescribed drugs, and medico/ supplies, tab tests
- **Expenses Incurred for investigation** or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fees to family doctors, Outstation consultants *f* Surgeons' fees. Etc
- **Family planning Operations** (Vasectomy or tubectomy etc.
- **All expenses arising out of any condition directly or indirectly caused by or associated with Human T-ce-11 Lymphotropic Virus Type III (HTLD- 111) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome related to autoimmune disorders and its complications including sexually transmitted diseases, HIV/AIDS**
- **External and or durable Medical / Non-Medical equipment** of any kind used for diagnosis and treatment like **Prosthetics** etc. Few examples. **Mobility equipment** like wheelchairs and scooters. cones, crutches. walkers. **Oxygen System** like Concentrators. oxygen cylinders. **Monitoring equipment** as Apnea monitors. glucose monitors. and pulse oximeters etc.
- **Surgical Instruments/ Appliances used In OT**
- Endoscopy instruments -
Laparoscopic appendectomy, laparoscopic cholecystectomy. lap pancreatotomy, lap gallbladder removal etc.
- Hysteroscopy instruments- Hysteroscopic polypectomy, gynecological surgeries etc.
- Harmonic Scalpel - All laparoscopic surgeries. thyroidectomy etc.
- Arthroscopy instruments-ACL repair, Meniscal Repair. Tendon Repair, Arthroscopic Knee surgeries etc



- **Any non-medical expenses Like registration fees, admission fees. any administration charges for medical records, cafeteria charges. telephone charges. etc.**
- **Any treatment taken at home/domiciliary treatment/tests except related to COVID-19.**
- Circumcision,
- Injury or disease caused directly or indirectly by nuclear weapons.
- Any separate bill of surgeon/doctors which is not part of a final bill.
- Artificial life maintenance, including life support machine use. where such treatment will not result in recovery or restoration of the previous state of Health under any circumstances.
- Expenses related to any treatment, including surgical management. to change characteristics of the body to those of the opposite sex.
- Lasik treatment or SMILE treatment or any other procedure for correction/enhancement of vision is not covered (unless specific coverage given under the policy).
- **Any device/instrument /machine** that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered -Artificial limb etc.
- **Warranted treatments** on a trial/experimental basis are not covered under the scope of the policy.
- Monitor charges. heart-lung machine, flash sterilizer. Pulse Oxy meter; Suction apparatus etc. related charges used in OT



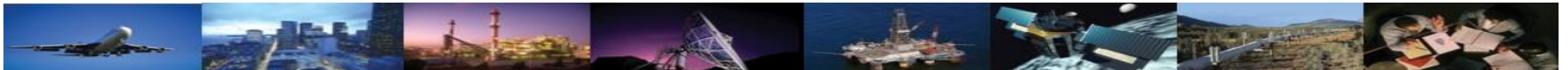
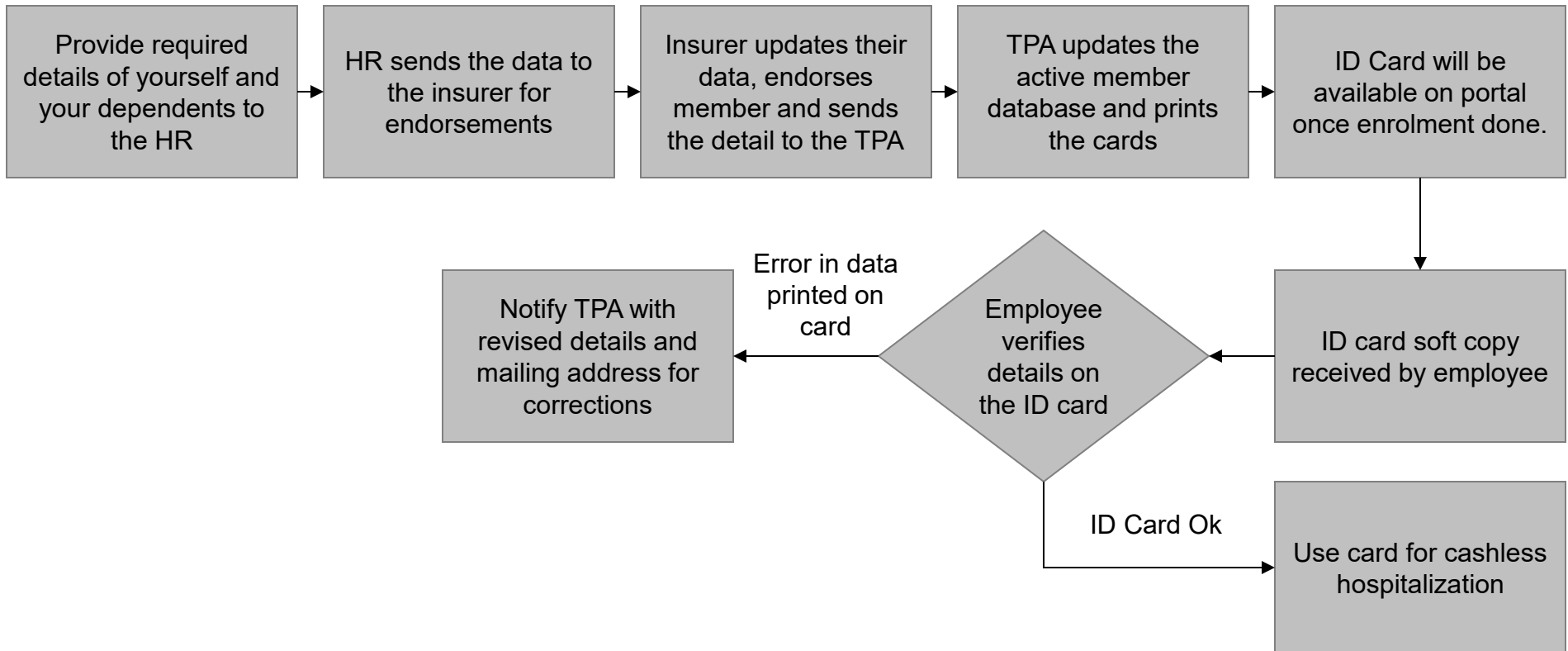
- Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed on its website /notified to the policyholders are not admissible
- **Breach of Law-** Expenses for treatment directly arising from or consequent upon any Insured person committing or attempting to commit a breach of law with criminal intent.
- Treatments received in health hydro's, nature cure clinics. spas. or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is wholly or partly for a domestic reason.
- Vaccination and Inoculation.
- Cost of braces, equipment or external prosthetic devices. non-durable implants. eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, and durable medical equipment.
- Treatment taken outside India
- **Miscarriage. Abortion,** or complications of any of these include changes in chronic condition as a result of pregnancy except in case of life-threatening or medically advised by doctor.
- External congenital disease are not covered
- **PS:** The terms mentioned in the presentation are a general extract of wordings. In case of any discrepancy. The policy terms of the Insurer would prevail.



You must enroll in order to obtain coverage for yourselves and your eligible dependents. Please contact your HR and provide relevant enrollment data (viz. name, date of birth, gender). Your enrollment data must reach the Insurer **within 30 days of your joining**.

Please notify HR each time you acquire a new dependent i.e. when your family status changes because of marriage, childbirth or adoption. In addition, mid-term inclusion of parents are not allowed. **The addition of a newly married spouse must be declared within 30 days of the marriage. Similarly, information about new-born child has to be declared immediately within 30 days from child-birth.**

If you fail to enroll within the defined timelines, the next enrollment can be done only at next renewal.



Cashless hospitalization means the Administrator may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Network Hospital and the Administrator. In such case, the Administrator will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent these services are covered under the Policy.

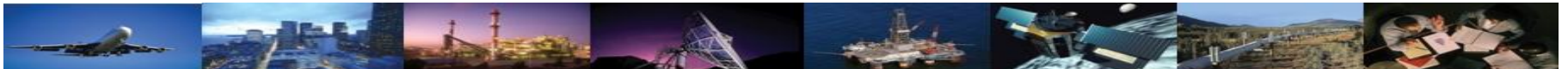
List of hospitals in the TPA's network eligible for cashless hospitalization

Cashless Hospitals Link

<https://ilhc.icicilombard.com/Customer/GetHospitalList>

Planned Hospitalization

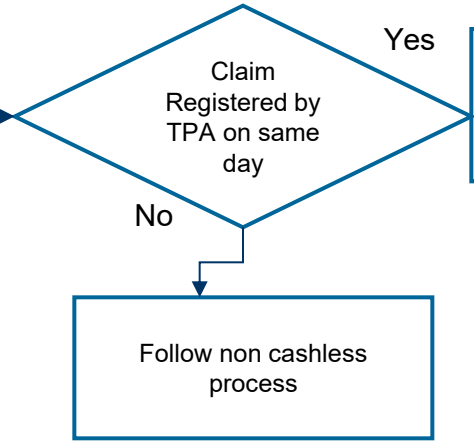
Emergency Hospitalization



**Step 1
Pre-Authorization**

All non-emergency hospitalisation instances must be pre-authorized with TPA, as per the procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the patient/employee is not inconvenienced when taking admission into a Network Hospital.

Member intimates TPA / Broker of the planned hospitalization in a specified pre-authorization format at-least 48 hours in advance



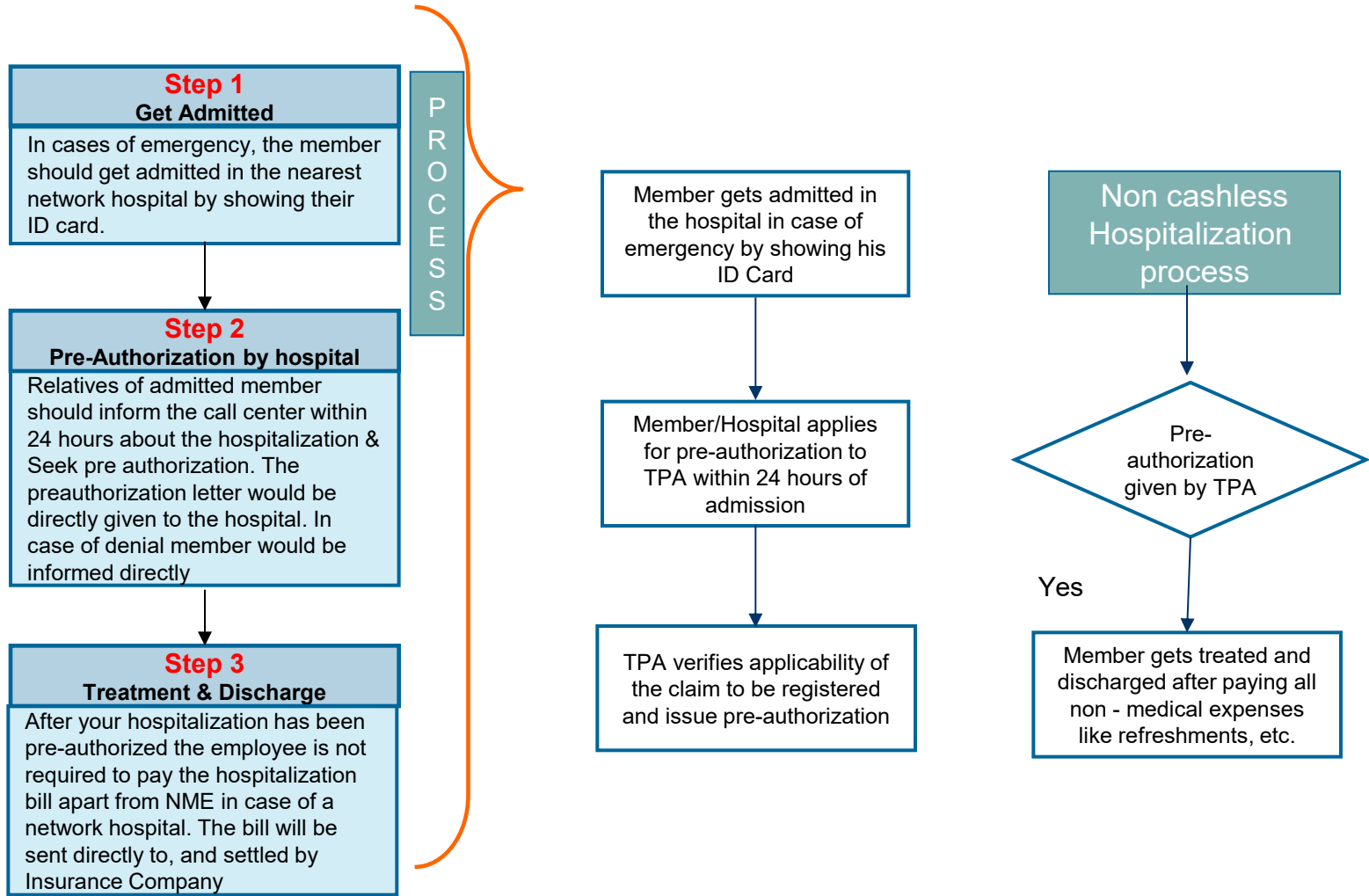
TPA authorizes cashless as per policy conditions for planned hospitalization to the hospital

**Step 2
Admission, Treatment & discharge**

After your hospitalisation has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by TPA to the hospital. Kindly present your ID card at the Hospital admission desk. The employee is not required to pay the hospitalisation bill apart from NME in case of a network hospital. The bill will be sent directly to, and settled by TPA

Member produces ID card at the network hospital and gets admitted

Member gets treated and discharged after paying all non entitled benefits like refreshments, etc.



Admission procedure

In case you choose a non-network hospital, you will have to liaise directly for admission.

However, you are advised to follow the pre authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

Discharge procedure

In case of non network hospital, you will be required to clear the bill and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as discharge summary, investigation reports etc. for submitting your claim.

Submission of hospitalization claim

1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 30 days from the date of discharge from the hospital. (Applicable in case of Non Network hospital).
2. Under hospitalization claims, you are also permitted to claim for treatment expenses 30 days prior to hospitalization and 60 days after the date of discharge. This is applicable for both network and non-network hospitalization.

Insurance co. will review the documents and processed the same within 12-15 working days.

Claim Form

ID Proof & Pan card copy (if claim is above Rs. 1 Lakh)

Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts of payment

Discharge Card / summary with complete treatment details.

Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)

Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory

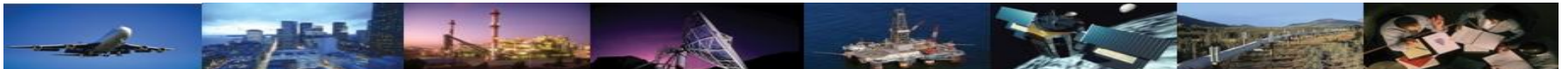
Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.

Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill

In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.

In non- network hospitalization, please get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital.

Note:- Insurance co. may ask for additional documents if required.



One Point Contact

1st Level Contact

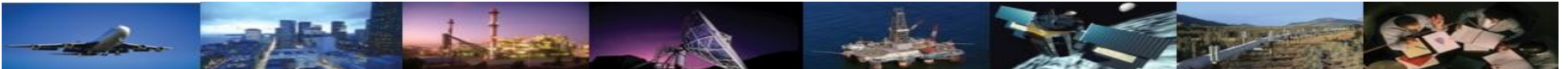
Ms. Amit Darwatkar
Mobile: +91 9529575565
amit.darwatkar@jbbodamail.com

Relationship Manager Details

Mr. Yogesh Deshpande
Mobile: +919022817237
yogesh.deshpande@jbbodamail.com

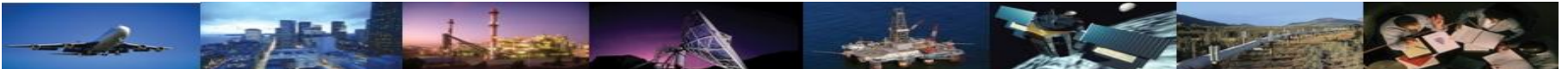
Escalation Contact

Mr. Govind Agrawal
Mobile: +91 9823298270
Govind.a@jbbodamail.com

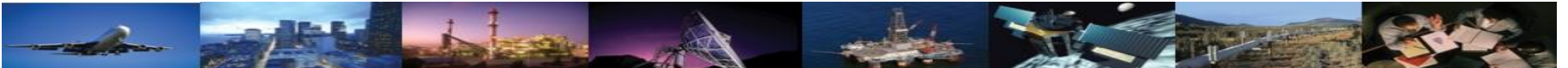


• Coverage Period	01-Jan-2026 to 31-Dec-2026
• Insurance Co.	ICICI Lombard General Insurance Co. Ltd
• Definition	Self Only
• Sum Insured	Three Times of Employees Annual Salary

• Coverage	<ul style="list-style-type: none">• Death• PTD(Permanent Total Disability)• PPD(Permanent Partial Disability)• TTD(Temporary Total Disability)
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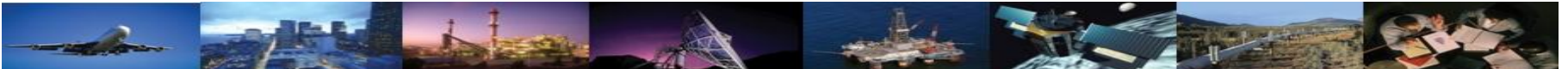
• Death	100 % of Sum Insured
• PTD	100 % of Sum Insured
• TTD	Temporary Total Disability is paid for maximum 100 weeks limited to 1% of Comprehensive Sum Insured or Rs.5,000/- per week whichever is less.
• Medical Expenses	10% of Sum Insured or 40% of admissible claim or actual expenses which ever is less
• Repatriation of Mortal Remains	Covered up to Rs. 20,000 or actual whichever is less
• Ambulance Expenses	Rs.1000/- or actual whichever is less
• Carriage of Dead Body	Max to Rs 2,500.
• Children education benefit	Up to Rs 10,000 per child, restricted to 2 children, in case of death of employee.



EXCLUSION

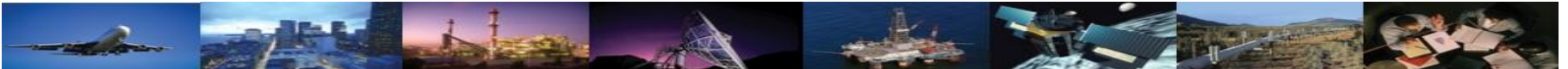
No indemnity is available hereunder and no payment will be made by the Company for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- Suicide, attempt to Suicide or intentionally self-inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
- Being under influence of drugs, alcohol, or other intoxication or hallucinogens.
- Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor.
- From war (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
- Committing any breach of law of land with criminal intent.
- Death or disablement resulting from Pregnancy or childbirth.
- Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard.



EXCLUSION

- Any consequential losses of any kind, and/or any actual or alleged legal liability of the Insured.
- Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
- Any loss caused either directly or indirectly by nuclear energy, radiation.
- Curative treatments or interventions that the Insured performs or has had performed on his body.
- Perils of the sea are excluded from the scope of the policy.
- Underground mining & contractor specializing in tunneling.
- Naval, military or air force personnel.
- Radioactivity, Nuclear risks, ionizing radiation.



Weekly Benefit Claims

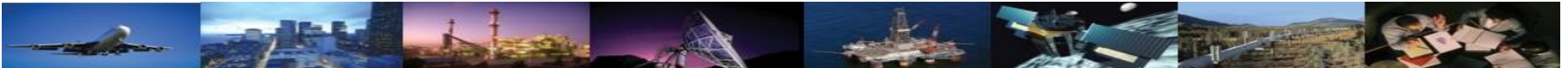
1. Completed Claim form
2. Doctor's Report
3. Disability Certificate from the Doctor, if any
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/discharge card, if hospitalized
6. Employers Leave Certificate & Salary slip
7. Original medical bills with prescription

Death Claims

1. Completed claim form
2. Attending Doctor's report
3. Death Certificate
4. Post Mortem/ Coroner's report
5. FIR (First Information Report)
6. Police Inquest report, wherever applicable
7. Indemnity cum declaration bond
8. No objection Certificate

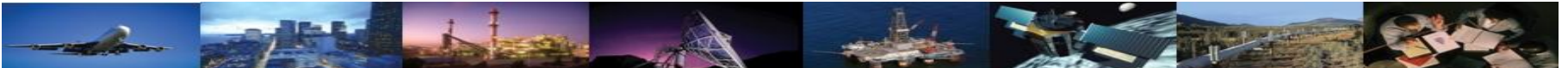
Disablement Claims

1. Completed claim form
2. Doctor's Report
3. Disability Certificate from the Doctor
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/ discharge card, if hospitalized.
6. Police Inquest report, wherever applicable
7. Photograph of the injured with reflecting disablement, Medical Bills with prescription / treatment papers



GTL COVERAGE

• Coverage Period	04-Jan-2026 to 03-Jan-2027
• Insurance Co.	ICICI Prudential Life Insurance Co. Ltd
• Cover for	Self Only
• Death Benefit	Three Times of Employees Annual Salary
• Coverage	Natural & Accidental death.



- Completed Death Claim form
- Primary supporting documents, including:
 - Original death certificate
 - Certified copy of Proof of age
 - Certified copy of Proof of membership of Plan
 - Last Pay Slip for the employee.
 - Last attending doctor's death certificate stating the exact cause of death.
 - Extract of the Leave Records of the deceased, duly certified by the Policyholder, for such period(s)
 - If death has occurred in a hospital, all case history papers
 - If the death is due to an accident or any other unnatural cause, the following shall be required:
 - A certified copy of the FIR filed with the Police authorities
 - A certified copy of the Post Mortem Report/Autopsy Report
 - A certified copy of the Driving License if death occurred while driving
 - Particulars of beneficiary and Proof of identity of beneficiary (if claim is payable to beneficiary)

Thank You