



Circular No.528-2016-BC-PD-77-SWD

Date: 21-12-2016

PERMANENT UTILITY

IBA MEDICAL INSURANCE SCHEME FOR EMPLOYEES - CORPORATE BUFFER UTILISATION UNDER EMPLOYEES' POLICY NO. 5001002816P 109977904 FOR THE YEAR 2016 - 2017 (FROM 01-10-2016 TO 30-09-2017)

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Kind attention is drawn to circulars No.11/2016/CYC/0012/HOK/SWD/HEALTH-INS dated 07.04.2016 regarding Corporate Buffer claim.

Vide mail dated 20.12.2016 United India Insurance Co. Ltd. who are lead Insurers for the scheme have informed as follows:

QUOTE:

“It came to our notice that employees may be having other Insurance Policies from United India or other companies and they are claiming the treatment expenses under those policies also when the Sum Insured is exhausted under IBA policies while request is also submitted for corporate buffer. This information is important while processing corporate buffer claims to confirm that same expenses are not claimed under different policies thereby enjoying undue benefits. To safeguard this we have revised the Corporate Buffer format which is attached herewith. Henceforth, you are requested to please use this format only for submitting corporate buffer requests to TPA's and make sure that this additional column is answered after collecting necessary information from the employees.”

UNQUOTE:

Corporate Buffer: Our Bank has been allotted a Corporate Buffer of ₹4.60 crores by UIICo. Ltd. under the IBA Health Insurance Policy for existing employees, which will be utilized for making payment of the medical expenses reimbursements in excess of the individual sum assured i.e., ₹4.00 lakhs or ₹3.00 lakhs. Whenever claim amount (either individual claim/cumulative claim amount during the policy period) exceeds the sum assured, the staff concerned shall apply to HO: SWD as per the **Annexure** for claiming reimbursement from Corporate Buffer along with a copy of the Hospital Bill, discharge summary and claim settlement letter, if any, received from the TPA, disallowed amount in reimbursement (i.e., difference between the total hospital bill and the amount reimbursed by TPA). Disallowed amount cannot be claimed from the Corporate Buffer, if the sum assured is not exhausted. Further, wherever the room rent is more than ₹5000/- and or ICU charges are more than ₹7500/- per day such claims also cannot be considered. In case of cashless mode, buffer amount shall be paid directly to the Hospital and in other cases the amount shall be paid directly to the concerned employee.

Clarification required, if any, on this circular may be sought from **STAFF WELFARE DIVISION, PERSONNEL DEPARTMENT** at Head Office, Manipal, through respective RO, as per extant guidelines.

NMULA EGBZO:YRSZU:YRUPH
Check Word


(GOPINATH T IYER)
GENERAL MANAGER (P)

ANNEXURE

CORPORATE BUFFER UTILISATION FORMAT

GROUP MEDICLAIM POLICY FOR SERVING EMPLOYEES POLICY NO.
5001002816P109977904 FOR THE YEAR 2016 - 2017 (01.10.2016 TO 30.09.2017)

1	Name of the Bank	SyndicateBank	
2	Name of the employee		
3	Employee No.		
4	Branch/Office of the employee		
5	Name of the patient		
6	TPA ID Card number		
7	Name & address of the Hospital		
8	Date of admission		
9	Nature of illness		
10	Reference number of communication from United India/TPA on the admission of claim		
11	Total amount of Hospital bill		
12	Whether the employee is having any other insurance policies on which the same claim is lodged? If so the details such as name of Company, Policy No. amount claimed etc.?	₹	
13	Total amount of hospital bill/estimated expenses (with full break up/as per attachment)	₹	
14	Whether reimbursement claim or cashless claim		
15	The amount settled/approved by UIICO. Ltd./ TPA towards current illness (from admission)	₹	
16	Amount utilized in current insurance policy period (01.10.2016 to 30.09.2017)	₹	
17	Any utilization of Corporate Buffer in past (in current policy period only)	Date	Amount
			₹
			₹

I declare that the above information furnished by me is correct and request for release of ₹..... from the corporate buffer under the IBA Health Insurance policy with regard to the hospitalization claim as state above. Further I declare and confirm that I have not claimed any reimbursement in respect of this claim under any other Policy /TPA.

Date:

SIGNATURE OF THE EMPLOYEE**Signature of Branch Head (with seal)**

To:
The General Manager (P)
Personnel Department
Staff Welfare Division
HO: MANIPAL