



# Total Rewards

## Employee Insurance Guide (S & M)

Client	Caterpillar India
Remark	Benefit Manual
Document No	BM09/CAT/01/2022

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2017 CORPORATE STRATEGY CASCADE



# Total Rewards Team



## Compensation + Benefits Key Responsibilities :

- Insurance
- Relocation
- ISE Co-ordination
- Lease Car/ Finance Car
- Retirement Funds Admn
- EIP
- Merit Calculation
- Total Rewards Policy Admn.
- STIP Co-ordination

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SERVICES

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**A. Program Details**

**B. FAQs, Definitions & Links**

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PROFITABLE GROWTH

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# Main Menu

## 1. Group Medclaim

Health Insurance programs help Salaried & Management employees and their families take care of their essential medical needs. Under this policy, hospitalization and medical expenses incurred by the employee and their families are covered, as per benefits designed by Caterpillar India.

## 2. Group Personal Accident

The Group Personal Accident Program covers Salaried & Management employees against the financial risk of injury sustained due to an accident caused by violent, visible and external means

## 3. Group Term Life

Group Term Life Insurance Scheme is meant to provide life insurance protection to Salaried & Management employees. The Policy provides for payment of a lump sum to the nominated beneficiary in the unfortunate event of the employee's death.

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# 1. Group Medclaim

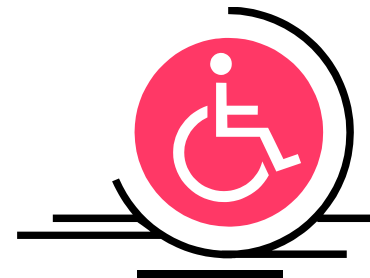
1.1 Benefit Details

1.2 Enrollment in the program

1.3 Cashless Hospitalization

1.4 Non - Cashless Hospitalization

Contacts



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# 1.1 Benefit Details

Policy Parameter			
Insurer	Future Generali Total Insurance		
Service Provider	Future Generali		
Policy Start Date	1 <sup>st</sup> January 2022		
Policy End Date	31 <sup>st</sup> December 2022 (midnight)		
Coverage Type	Family Floater INR 3 & 4 lakhs , <b>Co-pay applies for Parents 15 % and Employee, Spouse &amp; Child 10%</b>		
Dependent Coverage	1 + 5 = Employee + Spouse + Dependent Children + 2 dependent Parents age restricted to 85 years)		
Sum Insured	Family Floater cover		
Benefits covered		Benefits covered	
Standard Hospitalization	▪Yes	Ambulance Services	▪Yes
Pre-existing diseases	▪Yes	Domiciliary Hospitalization	▪No
Waiver on 1 <sup>st</sup> year exclusion	▪Yes	Day Care	▪Yes
Waiver on 1 <sup>st</sup> 30 days excl.	▪Yes	Dental	▪Restricted
Maternity benefits	▪Yes	Vision	▪Restricted
Baby cover day 1	▪Yes	Diagnostics	▪No
Pre-Post Hospitalization Exp.	▪Yes	Room Rent	▪Defined
Baby Expense during Maternity	▪Yes	Terrorism	▪Yes
Corporate Critical Illness Buffer	▪Yes		

## General Exclusions – Refer slide # 21

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# Applicable Members

Total No of people Insured	1+ 5
Employee	Yes
Spouse	Yes
Children	Yes Son up to the age of 25 years Daughter till the date of marriage
Parents	Yes (max age limit 85 yrs)
Parents in Law	No
Siblings	No
Others	No
Mid Term enrollment of Dependents	Disallowed.
New Joinees (New employees + Dependents)	Allowed
Acquisition of new dependents (Spouse/ Children)	Allowed

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# Policy Period

<b>Existing Employees + Dependents</b>	
Commencement Date	1 <sup>st</sup> January 2022
Termination Date	31 <sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier
<b>New Joinees + Dependents</b>	
Commencement Date	Date of joining
Termination Date	31 <sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier
<b>New Dependent (Marriage/Birth)</b>	
Commencement Date	Date of such event
Termination Date	31 <sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier

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# Coverage

Sum Insured - Family Floater	Family Floater
Employee	Graded Family Floater- Basic Coverage SG 24 and below INR 3 Lakhs SG 25 and above INR 4 Lakhs
Dependents	1 + 5 = Self + Spouse + Dependent Children + 2 dependent Parents
Critical Illness Corporate Buffer	
SG 24 and below	INR 2 Lakhs
SG 25 and above	INR 1 Lakhs
<b>Note</b> – The total Sum Insured does not exceed more than INR 5lakhs for all levels ( Basic + Critical Illness Buffer)	

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## Introduction of co-pay on all claims.

### What is “Co-pay”?

*Co-pay is a pre-defined deductible/ percentage of the admissible claim expenses, to be paid by the employee upon availing hospitalization. For instance, if the approved claim is INR 100,000, and agreed co-pay ratio is 10%, while the insurer pays 90% of the claims and the employee will need to pay 10% (INR 10,000).*

**Hence, our base policy will continue to cover parents, but with a 15% co-pay on parental claims and 10% co-pay on Employee, Spouse and Children.**

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# Standard Hospitalization

## Reimbursement of expenses related to

- Room and boarding
- Doctors fees
- Intensive Care Unit
- Nursing expenses
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Physio therapy
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted 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



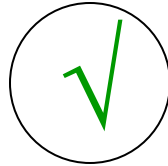
- A) *The expenses shall be reimbursed provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.*
- B) *Expenses on Hospitalisation for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalisation Benefit.*

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# Maternity Benefits



## Applicable

•The maximum benefit allowable will be INR 75,000, max up to 2 children. There are special conditions applicable to the Maternity Expenses Benefits as below:

- 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 (abortion) during the first 12 weeks from the date of conception are not covered.

Benefit Details	
Maximum Benefit allowable	Limit INR 75,000
Restriction on number of children	Maximum of 2 children
9 Months waiting period	Not Applicable (waived off)
Pre-Post Natal Expenses	Applicable, within maternity only incase of hospitalizations
Baby Expense	Applicable, within maternity.



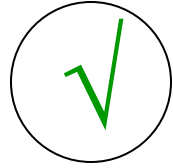
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# Pre & Post Hospitalization



Applicable

Pre-hospitalization Expenses	
Definition	If the Insured Person is diagnosed with an Illness which results in his or her Hospitalization and for which the Insurer accepts a claim under a) above, the Insurer will reimburse the Insured Person's Pre-hospitalization Expenses for up to 30 days prior to his Hospitalization as long as the 30 day period commences and ends within the Policy Period. <b>Example</b> - For admission after 1.4.20 any pre-hospitalizations pertaining to the current admission is allowed i.e. between 2.3.2021 to 31.3.2022 for any test and subsequent treatment prior to hospitalizations which results in admission after 1.4.20
Applicable	Yes
Duration	30 Days

Post-hospitalization Expenses	
Definition	If the Insurer accepts a claim under a) above and, immediately following the Insured Person's discharge, he requires further medical treatment directly related to the same condition for which the Insured Person was Hospitalized, the Insurer will reimburse the Insured Person's Post-hospitalization Expenses
Applicable	Yes
Duration	60 Days

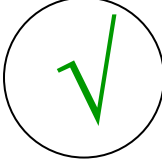
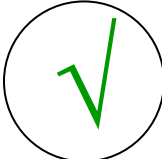
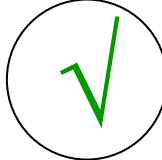
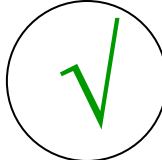
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# Customized Benefits

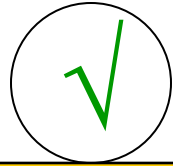
Pre existing diseases			<b>Covered</b>
Definition	Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer		
First 30 day waiting period			<b>Waived</b>
Definition	Any Illness diagnosed or diagnosable within 30 days of the effective date of the Policy Period if this is the first Health Policy taken by the Policyholder with the Insurer.		
First Year Waiting period			<b>Waived</b>
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, Hydroceie, 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		
Baby Cover Day 1			<b>Applicable</b>
Definition	This policy is extended to cover the new born child of an employee covered under the Policy from the time of birth till 90 days. Not withstanding this extension, the Insured shall be required to cover the newly born children after 90 days as additional member as mentioned elsewhere under this Policy.		

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# Corporate Critical Illness Buffer



Applicable

Buffer	
Definition	The Insurer will pay for 9 stated critical illnesses, for treatment expenses beyond and only on exhaustion of the family floater limits.  This amount is made applicable to employees and dependants including parents.
Amount restriction	Up to maximum of <b>INR 200,000/-</b> per family for SG 24 & Below levels.  Up to maximum of <b>INR 100,000/-</b> per family for SG 25 & Above levels.

## CRITICAL ILLNESS List

1. Open & Close Heart Surgery	6. Nephritis/Bacterial Renal Failure <b><u>REQUIRING</u></b> Kidney Transplant and Dialysis.
2. CABG	7. Cerebral/Vascular Strokes
3. Cancer	8. Major Accidents
4. Bone Marrow Transplant	9. Neuro Surgery
5. Total Replacement of Joints	10. Covid - 19

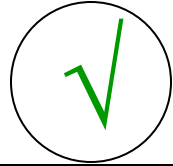
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# Ambulance



**Applicable**

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 2000/- per hospitalization



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# Domiciliary Hospitalization

**X** Not Applicable



Domiciliary Hospitalization	
Definition	<p>DOMICILIARY HOSPITALISATION BENEFIT means Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/ nursing home but actually taken whilst confined at home in India under any of the following circumstances, namely:</p> <ul style="list-style-type: none"> <li>-The condition of the patient is such that he/she cannot be removed to the hospital/nursing home or</li> <li>-The patient cannot be removed to the hospital/nursing home for lack of accommodation therein</li> </ul>
Benefits not covered	<ul style="list-style-type: none"> <li>▪expenses incurred for pre and post hospital treatment, and</li> <li>▪expenses incurred for the treatment for any of the following diseases:                             <ul style="list-style-type: none"> <li>-Asthma</li> <li>-Bronchitis</li> <li>-Chronic Nephritis and Nephritic Syndrome</li> <li>-Diarrhea and all types of dysentries including Gastroenteritis</li> <li>-Diabetes Mellitus and Insipidus</li> <li>-Epilepsy</li> <li>-Hypertension</li> <li>-Influenza, Cough, and Cold</li> <li>-All Psychiatric or Psychosomatic disorders</li> <li>-Pyrexia of unknown origin for less than 10 days</li> <li>-Tonsillitis and upper respiratory tract infection including Laryngitis and Pharyngitis</li> <li>-Arthritis, Gout and Rheumatism</li> </ul> </li> </ul>


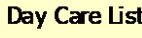
Note: When treatment such as Dialysis, Chemotherapy, Radiotherapy is taken in the Hospital/Nursing Home/Clinic and the insured is discharged the same day the treatment will be considered to be taken under Hospitalization Benefit section.

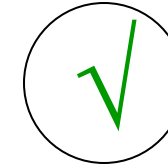
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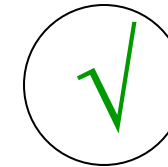
# Customized Benefits

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.




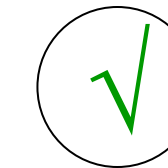
**Applicable**

Dental Treatment	
Definition 	Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires Hospitalisation; is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.



**Restricted**

Vision & Hearing aid	
Definition 	Covered if it requires Hospitalisation; is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.



**Restricted**

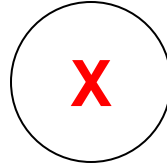
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# Diagnostic Expenses



**Not Applicable**

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, it will be paid for.**

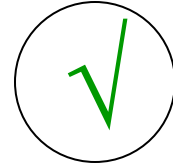
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# Room Rent



**Applicable**

## Room Rent



- Under normal hospitalization standard single / sharing **AC room** to apply.
- No restrictions on admission in ICU or CCU for any critical ailment or emergency as advised by attending doctor
- 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

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# General Exclusions

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- Circumcision unless necessary for treatment of disease
- Dental treatment of any kind unless requiring hospitalization
- Congenital external diseases or defects/anomalies
- HIV / AIDS, Any other Sexually Transmitted diseases
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Injury or disease caused directly or indirectly by nuclear weapons
- Naturopathy and Homeopathy
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, TV etc
- Cost of spectacles, contact lenses, hearing aids
- Any cosmetic or plastic surgery except for correction of injury
- Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for treatment of injury or disease
- Infertility treatment
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- Luxury tax, Service tax, sales tax etc.
- Hired attendants, Barber charges, visitor expenses etc

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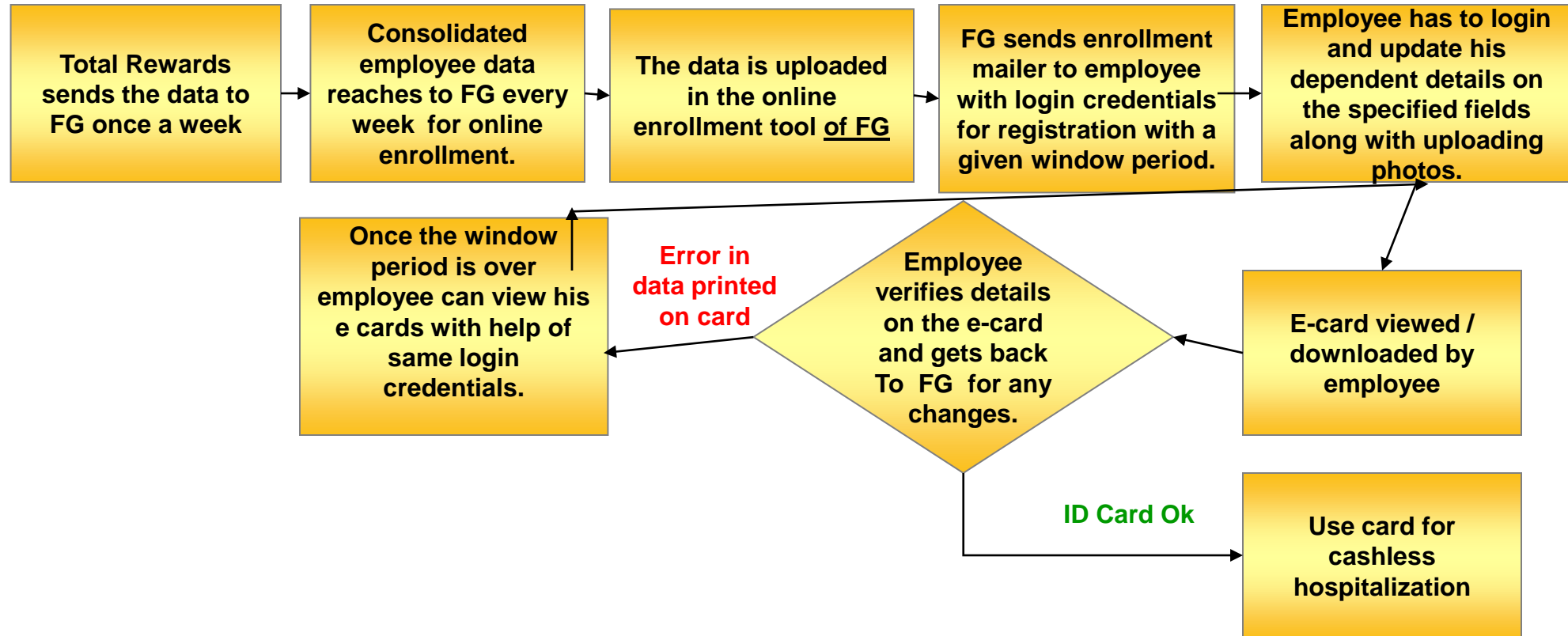
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# Enrollment program

You must enroll in order to obtain coverage for yourselves and your eligible dependants. It's an online enrolment. Please enroll each time you acquire a new dependent i.e. when your family status changes because of marriage, birth or adoption of a child within 7 days of the occurrence of such an event. **If you fail to enroll within 30 days, the next enrolment can be done only next year at renewal.**

**Genuine cases wherein you have missed updating, contact your HR right now!!!!**



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# 1.3 Cashless Hospitalization

Cashless hospitalization means the Administrator may authorize upon a Policyholder's request for direct settlement of eligible services and its according 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 as these services are covered under the Policy.

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

### Hospital Network List

1. Click on Website – <https://general.futuregenerali.in/network-hospitals>.
2. Click on Network Hospital Lists
3. You may save this excel file on your workstation, preferred to view online as it is updated regularly

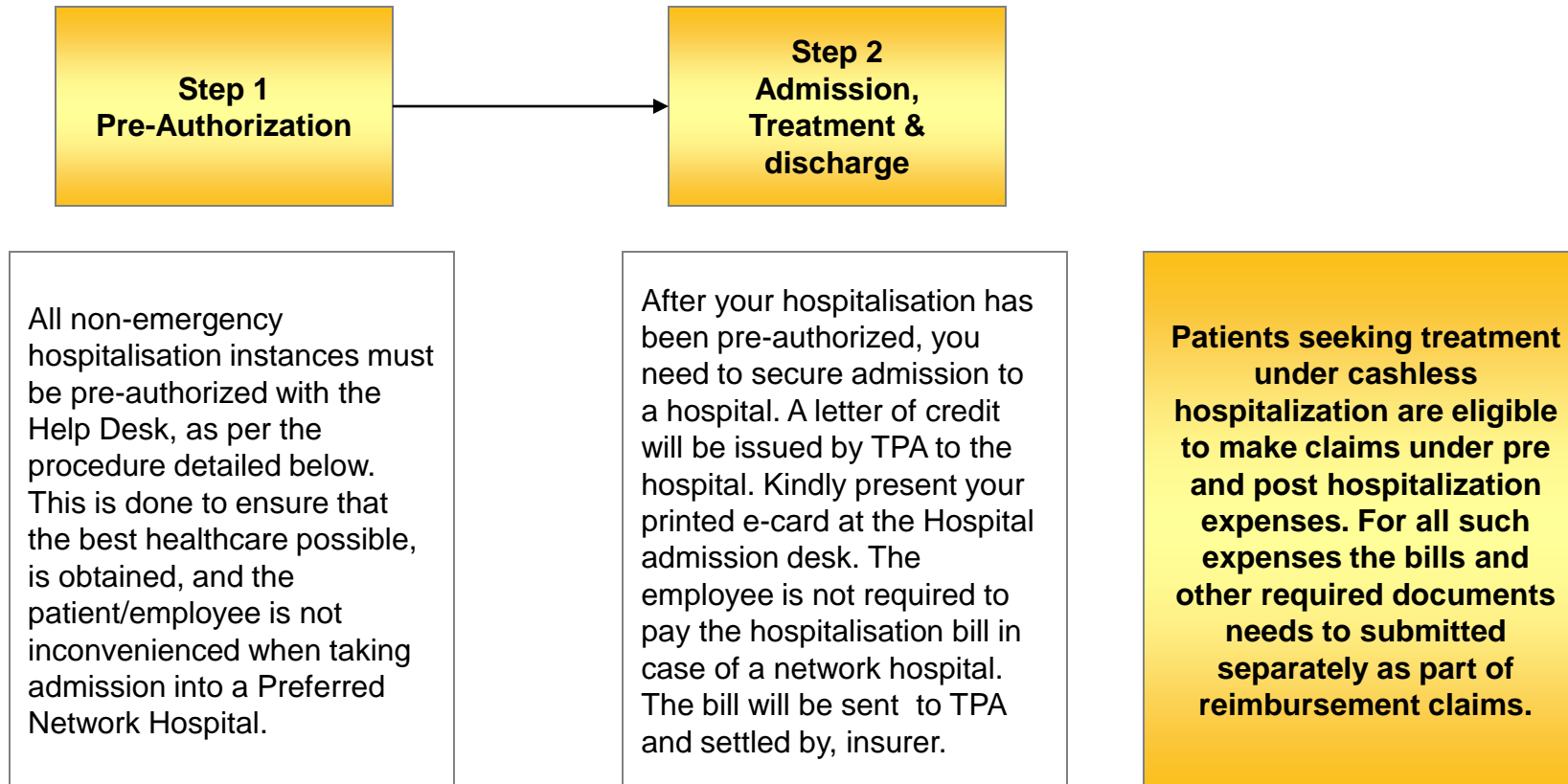
**Contact Call center at 24 X 7 Customer Service Center - 1800 209 1016 or 1800 103 8889**

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# Planned Hospitalization



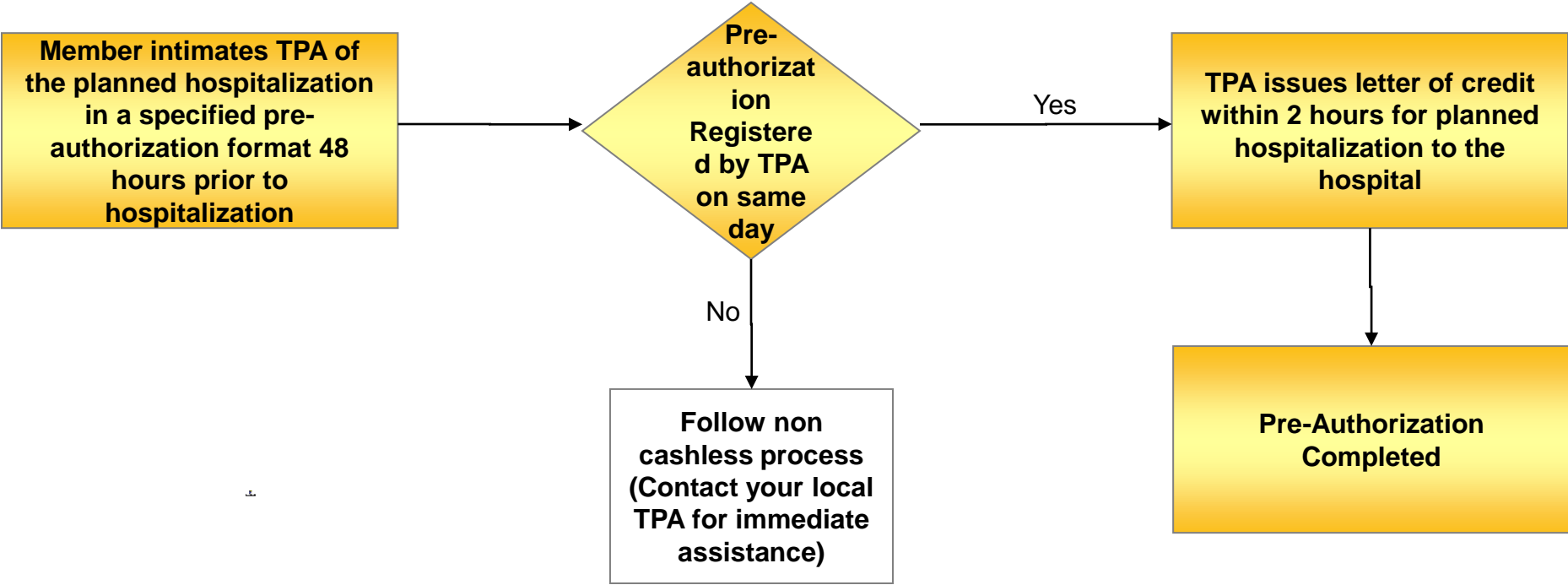
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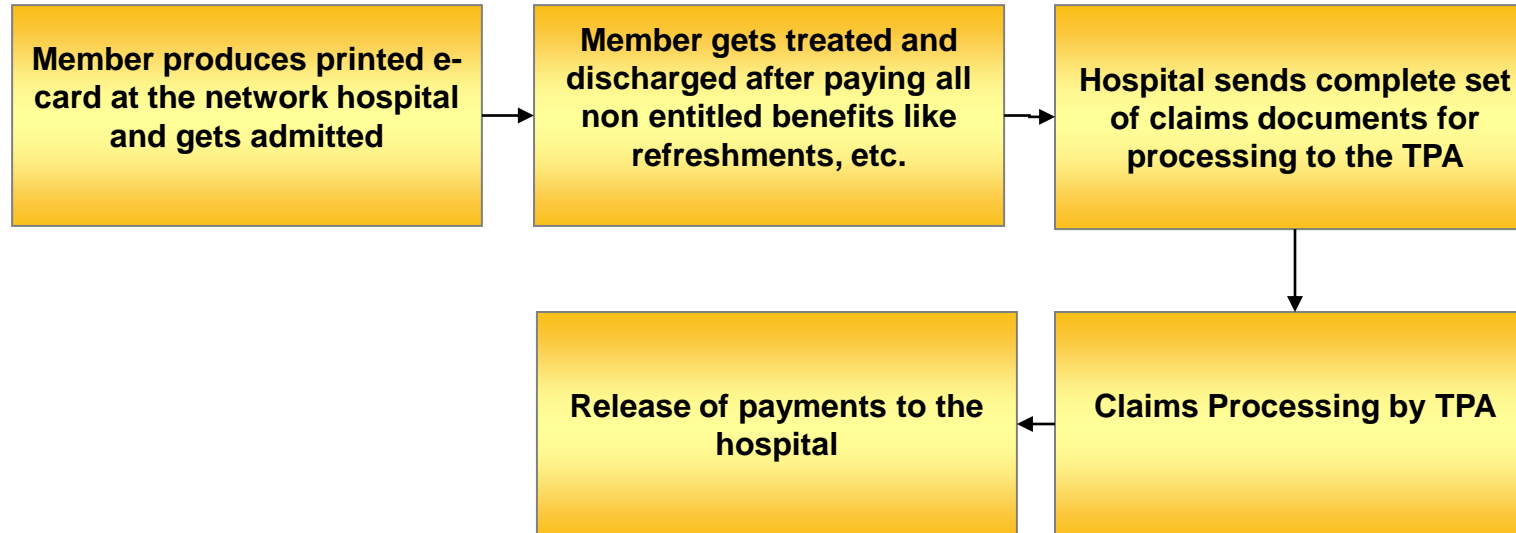
# Pre-Authorization



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# Admission / Discharge

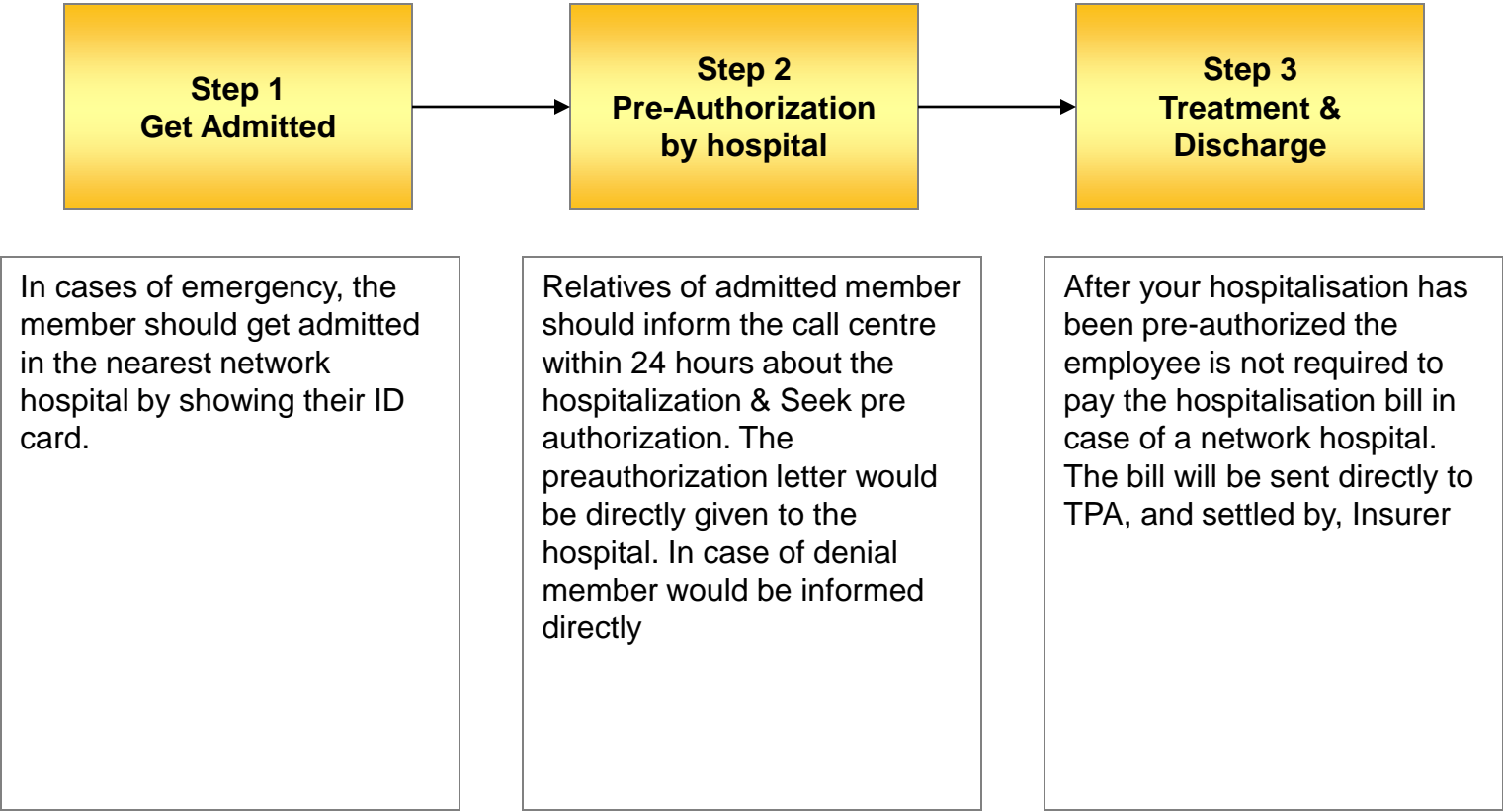


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# Emergency Hospitalization

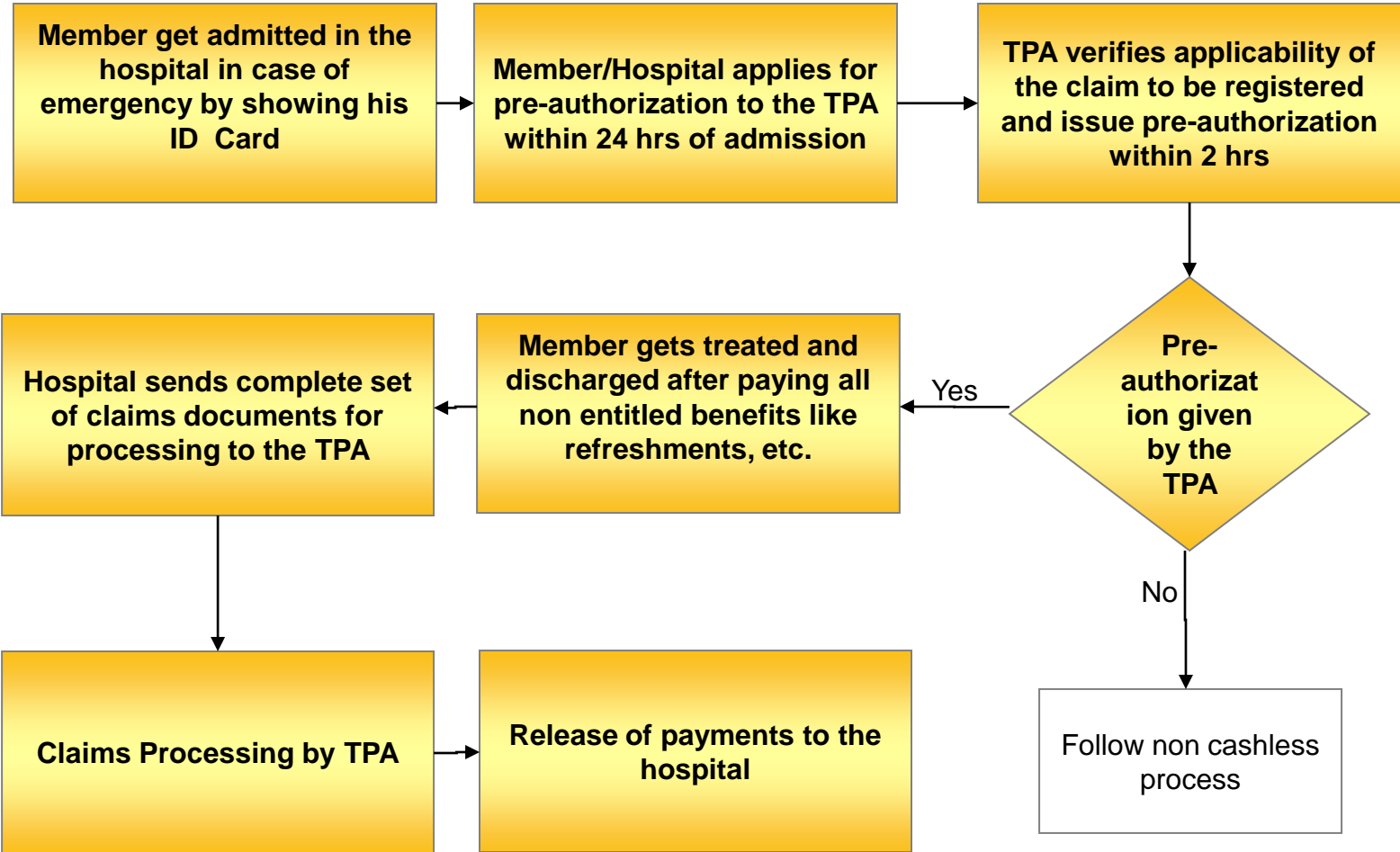


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# Emergency Hospitalization Process



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# 1.4 Non-Cashless Hospitalization

## Admission procedure

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

## Discharge procedure

In case of non network hospital, you will be required to clear the bill and submit a 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. Please refer the check list from TPA's website.

**Note** – TPA Helpdesk is organized once a week in your facility for seamless submission of claims and queries

## Submission of hospitalization claim

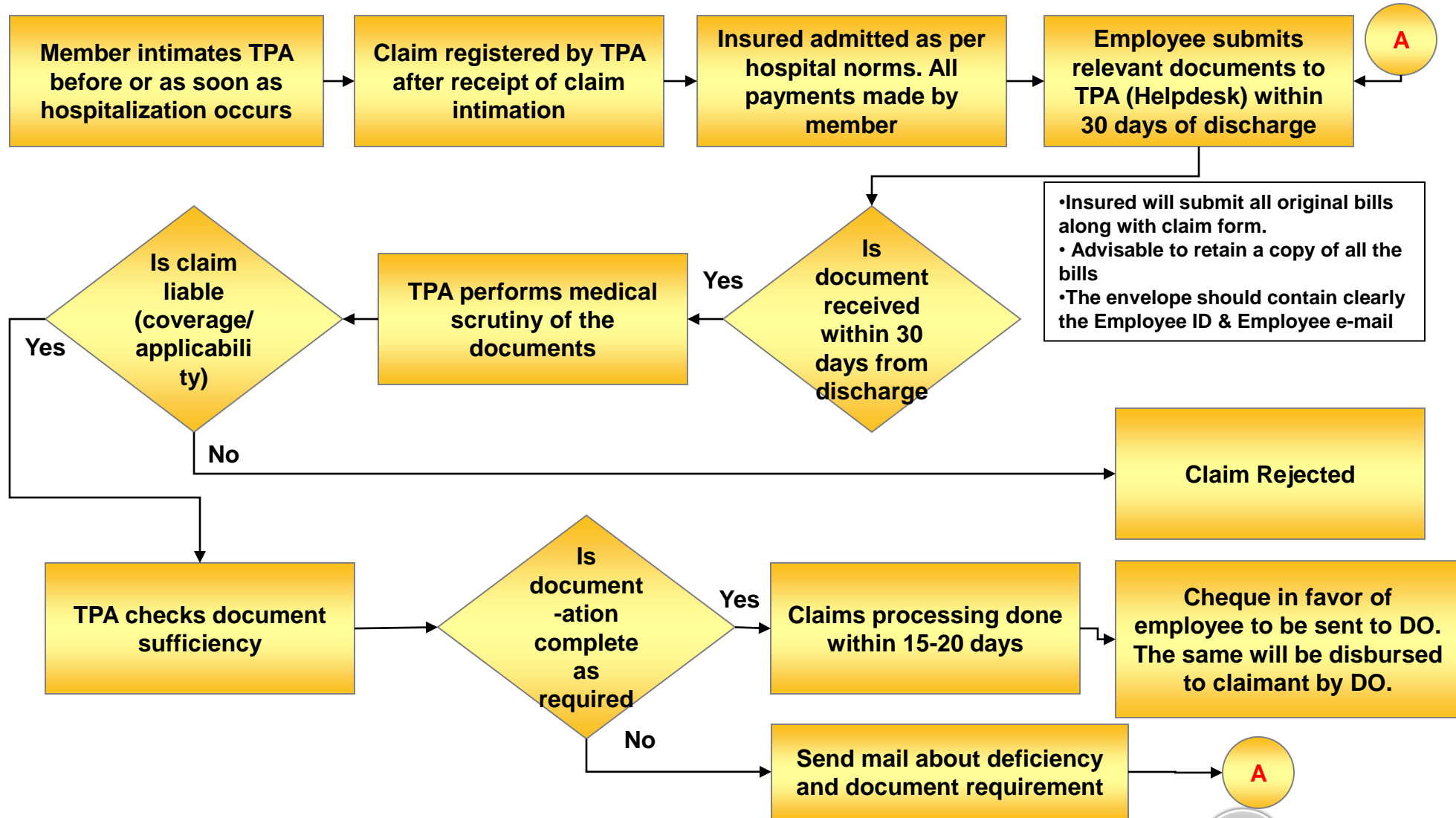
1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the initial claim within 30 days from the date of discharge from the hospital. (Applicable in case of Non Network hospital)
2. Under hospitalization claims you are also permitted to claim for treatment expenses 30 days prior to hospitalization and 60 days after the date of discharge. This is applicable for both network and non-network hospitalisation. For claims related to pre-post hospitalization expenses, submission of documents within 7 days of last event.

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# Non cashless Hospitalization Process



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# Claims Document List

<b>Signed Claim form</b>
Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts.
Discharge Card (original)
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.

<b>Claims Form</b>	<a href="https://online.futuregenerali.in/healthportal/document/Health%20Claim%20Form.pdf">https://online.futuregenerali.in/healthportal/document/Health%20Claim%20Form.pdf</a>
<b>Checklist</b>	<a href="https://online.futuregenerali.in/healthportal/document/Claims%20Check%20List..pdf">https://online.futuregenerali.in/healthportal/document/Claims%20Check%20List..pdf</a>

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# Contact Details – Mediclaim

Mediclaim Contact Details		
<b>TPA Contact for</b> Mediclaim Servicing  Future Generali	<b>Relationship Manager – 1<sup>st</sup> Contact</b> <b>Toll Free # 1800 103 8889 / 1800 209 1016</b> <b>fgh@futuregenerali.in</b>	<b>Escalation Manager</b>



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# FAQs , Definitions, etc.

Attachments	
Frequently Asked Questions	 FAQ
General Definitions	 General Definitions

Employee Satisfaction	
In Case if you want to share your opinion about the Employee benefit plan of your organization, you may take a print & provide it to your HR	 Employee Satisfaction Survey

Important Websites	
IRDA (Insurance Regulatory and Development Authority)	<a href="http://www.irdaindia.org">http://www.irdaindia.org</a>

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# 2. Group Personal Accident

**2.1 Benefit Details**

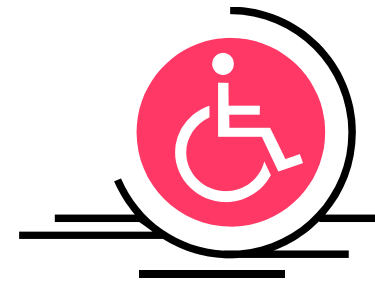
**2.2 Enrollment in the program**

**2.3 Claims Procedure**

**2.4 Document Check list**

**Contacts**

**Exit**



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# 2.1 Benefit Details

All employees are being provided with a Personal Accident insurance policy. This insurance provides compensation / payment up to a financial limit as assigned by the Caterpillar, to the insured person or his / her nominated beneficiary, if the insured person suffers unfortunate death or disablement due to an accident. The cover is worldwide but payment of claim can only be made in India and in Indian Rupees.

Policy Parameter	
Insurer	Future Generali Total Insurance
Policy Start Date	1 <sup>st</sup> January 2022
Policy End Date	31 <sup>st</sup> December 2022 (midnight)
Capital Sum Insured	36 times monthly base salary
Cover Details	
Accidental Death	Covered. (100% of Capital Sum Insured)
Permanent Total Disability	Yes (100% of Capital Sum Insured). The cases wherein and individual is incapacitated to perform his / her routine work
Permanent Partial Disability	Yes (as per the chart referred in the policy document with HR)
Temporary Total Disability	Yes (Weekly Benefit- 1% of Capital Sum Insured subject to a maximum of INR 5,000 for 104 weeks)- <b>subject to max Sum Insured value only.</b>
Geographical Limits	World wide
Children's education fund (On Accidental Death only.)	INR 5000
Terrorism	Included

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## 2.2 Enrollment in the GPA program

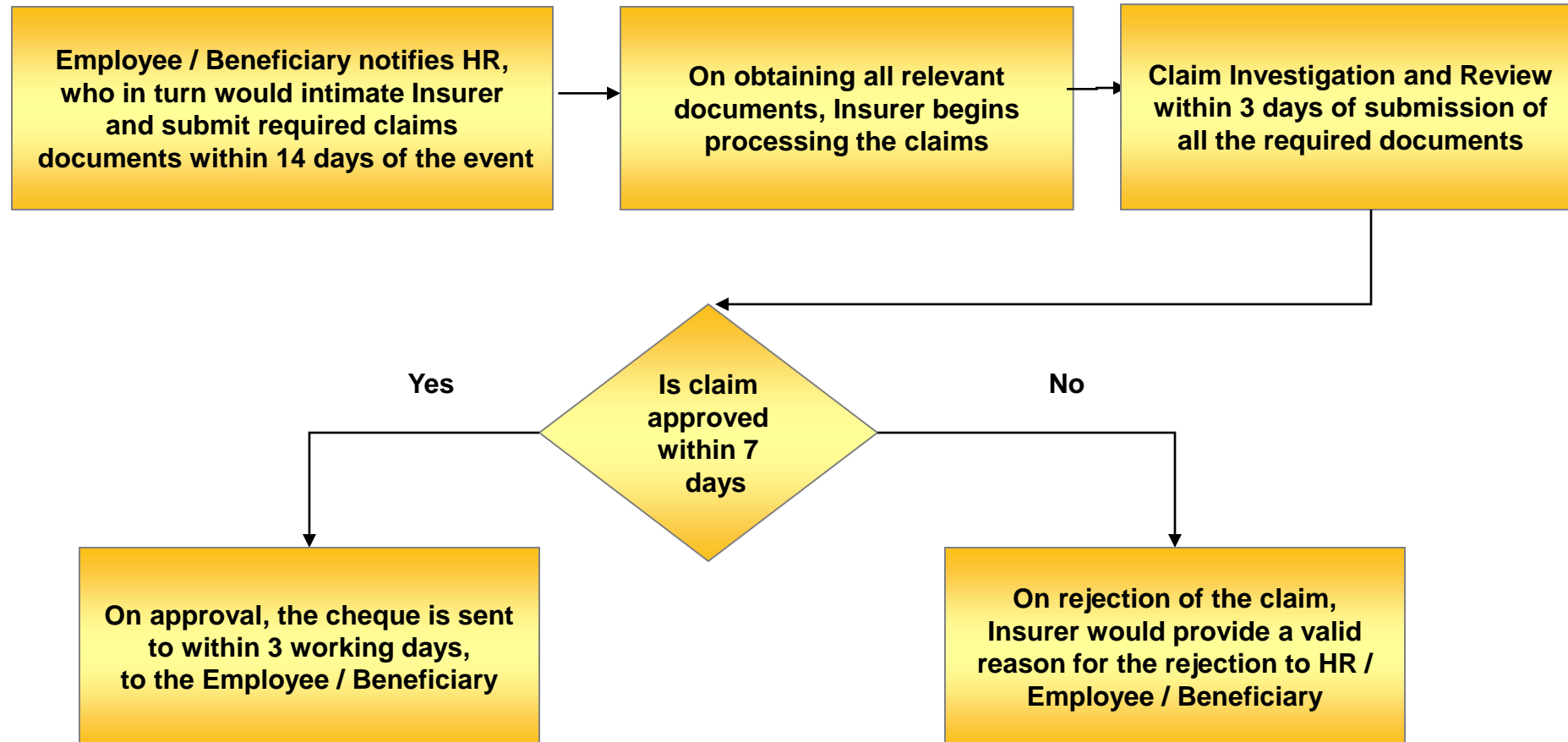
- All existing employees are covered under the policy from 1<sup>st</sup> January 2022
- For new employees, your enrollment data must reach the Insurer within 7 days of your joining. Please contact your HR and provide enrollment data (viz. name, date of birth, gender).
- The policy ends on 31<sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier

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## 2.3 Claims Procedure for GPA



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# 2.4 Document Checklist

## Weekly Benefits

Completed Claim form  
Doctor's Report  
Disability Certificate from the Doctor, if any  
Investigation/ Lab reports (x-ray etc.)  
Original Admission/discharge card, if hospitalized  
Employers Leave Certificate & Details of salary

## Death Claims

Completed claim form  
Attending Doctor's report  
Death Certificate  
Post Mortem/ Coroner's report  
FIR ( First Information Report)  
Police Inquest report, wherever applicable and Legal Heir Certificate

## Dismemberment/ Disablement Claims

Completed claim form  
Doctor's Report  
Disability Certificate from the Doctor  
Investigation/ Lab reports (x-ray etc.)  
Original Admission/ discharge card, if hospitalized.  
Police Inquest report, wherever applicable

## Accidental Injury Claims

Claim form as per 'Form A'  
Police FIR, if accident is reported to Police  
Medical papers, pathology reports, X-ray reports, as applicable  
For Permanent Disability Claims - disability certificate from reputed surgeon or Municipal Hospital  
For Temporary Total Disability Claims-sick leave certificate from Employer  
Attending Physician's statement as per 'Form D'

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# Policy Period

<b>Existing Employees</b>	
Commencement Date	1 <sup>st</sup> January 2022
Termination Date	31 <sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier
<b>New Joinees</b>	
Commencement Date	Date of joining
Termination Date	31 <sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier

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# Exclusions

1. Service on duty with any armed force
2. Intentional self injury, suicide or attempted suicide
3. Insanity
4. Venereal disease
5. AIDS
6. Influence of intoxicating drink or drugs
7. Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world
8. Nuclear radiation or nuclear weapons material
9. Any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military, or usurped power, seizure, capture, arrest,, restraint, detainment's of all kings, princes, and people of whatever nation, conditions and qualities so ever
10. Childbirth, pregnancy or other physical causes peculiar to the female sex
11. While committing any breach of law with criminal intent
12. Adventure sports ( parasailing, paragliding, bungee jumping, diving, swimming etc.)

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# Permanent Partial Disability Chart

## III Permanent Partial Disablement ( PPD )

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the Capital Sum Insured as stated in Part I of the schedule payable to such Insured Person is in the manner indicated below.

		Percentage of Capital Sum Insured
(i)	Loss of toes – all	20
	Great both phalanges	5
	Great – one phalanx	2
	Other than great if more than one toe lost each	1
(ii)	Loss of hearing – both ears	75
(iii)	Loss of hearing one ear	30
(iv)	Loss of four fingers and thumb of one hand	40
(v)	Loss of four fingers	35
(vi)	Loss of thumb	25
	- both phalanges	10
	- one phalanx	10
(vii)	Loss of Index finger	10
	- three phalanges	8
	- two phalanges	4
	- one phalanx	4
(viii)	Loss of middle finger	6
	- three phalanges	4
	- two phalanges	2
	- one phalanx	2
(ix)	Loss of ring finger	5
	- three phalanges	4
	- two phalanges	2
	- one phalanx	2
(x)	Loss of little finger	4
	- three phalanges	3
	- two phalanges	2
	- one phalanx	2
(xii)	Loss of metacarpus	
	- first or second (additional)	3
	- third, fourth or fifth (additional)	2
(xii)	Any other permanent partial disablement	% as assessed by the Doctor

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# Contact Points – Personal Accident

Personal Accident		
<b>Insurance Company</b> <b>Future Generali</b> <b>Contact for: Personal Accident</b>	<b>1st Contact Level</b>	
	Name:	
	e-mail:	fgh@futuregenerali.in
	Tollfree #	1800 103 8889 / 1800 209 1016
	<b>Escalation Point</b>	
	Name:	
	e-mail:	
Mobile:		

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# 3. Group Term Life Policy

**3.1 Benefit Details**

**3.2 Enrollment in the program**

**3.3 Claims Procedure**

**3.4 Document Checklist**

**Contact Details**

**EXIT**

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# 3.1 Benefit Details

Policy Parameter	
Insurer	PNB MetLife India Insurance Co. Ltd.
Policy Start Date	1 <sup>st</sup> January 2022
Policy End Date	31 <sup>st</sup> December 2022 (midnight)
Sum Insured	36 times monthly base salary

Cover	Details
<p><b><u>Death</u></b></p> <p>In the event of death of a member from any cause (natural / accidental), provided that this shall occur while the insurance of such member is in force, an amount determined in accordance with the Policy Schedule shall be paid</p>	<p><b>100% Sum Insured</b></p>

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# Policy Period

<b>Existing Employees</b>	
Commencement Date	1 <sup>st</sup> January 2022
Termination Date	31 <sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier
<b>New Joiners</b>	
Commencement Date	Date of joining
Termination Date	31 <sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier

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# 3.2 Enrollment in the program

All existing employees are covered under the policy from 1<sup>st</sup> January 2022

The policy ends on 31<sup>st</sup> December 2022 (midnight) or Date of Leaving the Organization whichever is earlier

## Eligibility criteria:

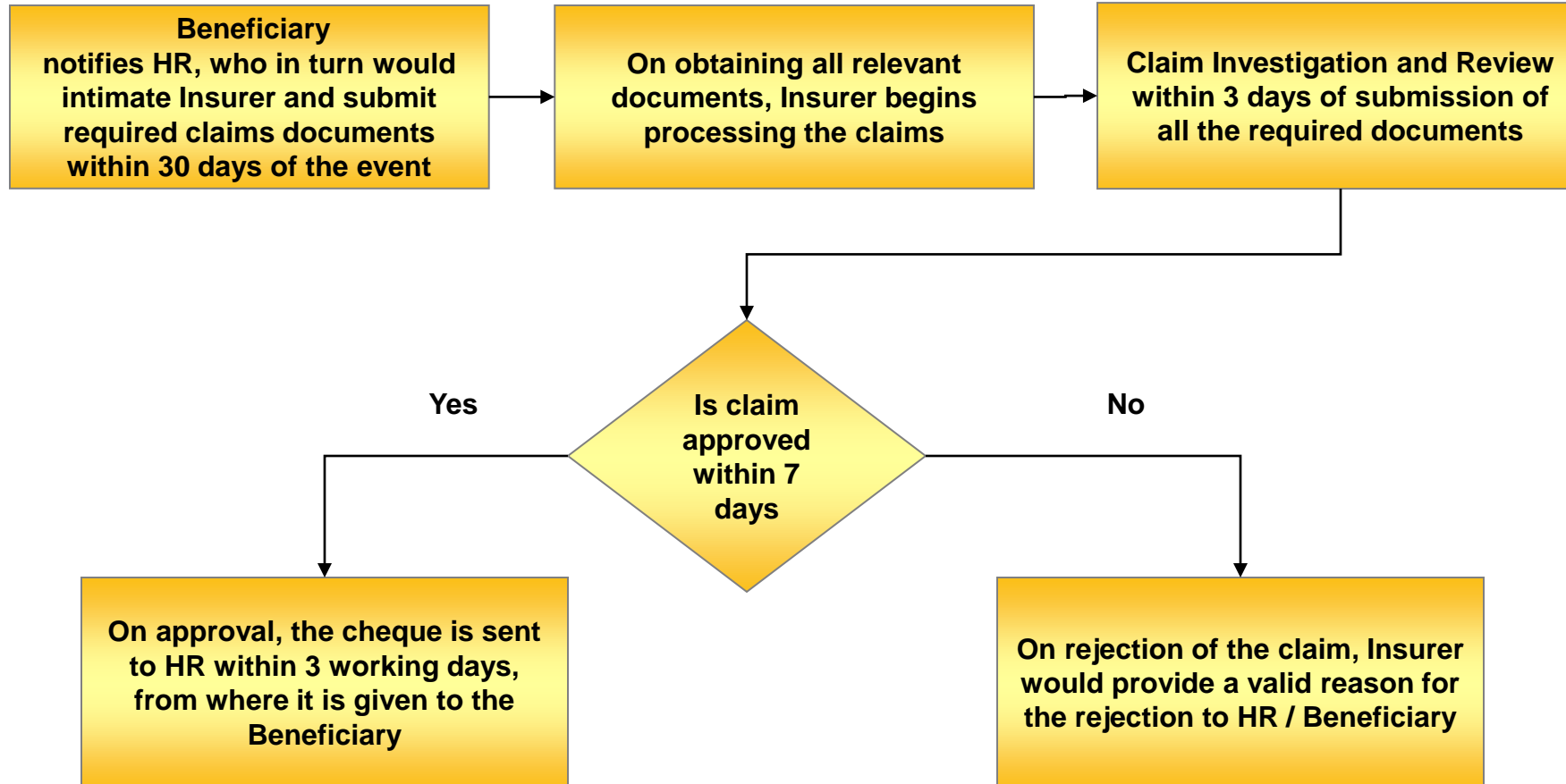
- Having attained between 18 years and 58 years of age
- All regular full-time permanent employees of Caterpillar India
- Any new employees, whose enrollment data reaches the Insurer **within 7 days of your joining Caterpillar India**. Please contact your HR and provide enrollment data (viz. name, date of birth, gender).

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# 3.3 Claims Procedure



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# 3.4 Document Checklist

- Claim form (completely filled)
- Employer's Declaration Form
- Death Certificate (original or attested)
- Attendance record & Salary Slips (last 2 months)
- Identification of deceased (photo ID with DOB)
- Active Service Declaration from Caterpillar India
- Hospitalization Documents ( Discharge summary, all investigation reports) if Life assured has taken treatment for illness leading to death
- Medical certificate for cause of death.
- In case of Unnatural Death the following additional documents are required:
  - First Information Report (FIR)
  - Final Investigation Report
  - Panchanama
  - Police Inquest Report
  - Post Mortem Report
  - All the above mentioned documents to be attested by the police officials.

MetLife India Insurance Co.Ltd.reserves the right to call for any additional documents that it deems necessary depending upon the facts and circumstances of each claim.

▪ Claim Forms:



▪ Employer's Declaration Form



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# Contact Details

Group Term Insurance	
Contact	
<b><u>MetLife India Insurance Co. Ltd.</u></b>	<b>1st Contact Level</b>
	Name: G Sreekumar
	e-mail: gsreekumar@pnbmetlife.com
	Mobile: +91 9945403660
	<b>Escalation Point</b>
	Name: Vikram M Hegde
	e-mail: vhegde1@pnbmetlife.com
	Mobile: +91 9740899559

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