

## **GROUP MEDICLAIM POLICY FOR PERSONS WITH DISABILITIES OF TRUST FUND FOR EMPOWERMENT OF PERSONS WITH DISABILITIES**

### **OBJECTIVE**

In order to enable and empower persons with disabilities (PwDs) to live as independently and with dignity as possible, Health services and its access to persons with disabilities assume a very significant role. In this context, the Health Insurance facility becomes important but presently such products are not easily available for persons with developmental disabilities. In such a situation, a Tailor Made Group Health Insurance Scheme, namely, **“Swavlamban Health Insurance Scheme”** is conceived with the following objectives.

- To provide affordable Health Insurance to persons with Blindness, Low vision, Leprosy-cured, Hearing impairment, Loco-motor Disability, Mental Retardation and Mental Illness.
- To improve the general Health condition & quality of life of persons with disabilities.

### **SCHEME AND ITS COVERAGE**

The scheme is designed to deliver comprehensive cover with following features:

- Have a single premium across age band
- Coverage to the family of the Persons with disabilities.
- Health Insurance cover up to Rs. 2,00,000 per annum as family floater.
- OPD cover for corrective therapy up to Rs. 10,000 per annum is available for the Persons with Disabilities. For Persons with Mental Retardation and Mental Illness OPD cover will be limited to Rs. 3,000 per annum.
- No exclusion of pre-existing condition. However, corrective surgery for existing impairment can be done only with the prior consent of the Insurer/Third Party Administrator (TPA).
- Pre & post Hospitalization expenses, subject to limits.
- No pre-Insurance medical tests.
- Rest of the terms and conditions of the scheme shall be governed by standard group health insurance policy.

**ELIGIBILITY**

Persons having any one of above mentioned Disabilities duly certified by the competent authority; aged between 18 years and 65 years and with family annual income of less than Rs. 3,00,000 per annum is eligible for this scheme.

**\*Person with multiple disabilities is not eligible for the scheme.**

**PREMIUM:**

SUM INSURED	PERSONS COVERED	PLAN	PREMIUM
Rs. 2,00,000	PwD, Spouse & up to two Children	Swavlamban Health Insurance Scheme	Rs. 3,100 per annum
<b>*Service Tax will be additional</b>			
<b>**Only 10% Premium will be collected from the Insured.</b>			

**ADJUSTMENT OF PREMIUM:**

90% Surplus will be refunded to the Department or 80% of the Deficit will be paid by the Department on maturity of the policy.

The difference between:

- a) Premium charged  
and
- b) The aggregate of
  - i) all the claims paid and payable in respect of all Insured Persons,
  - ii) TPA charges and
  - iii) 10% towards management expenses,

will be termed surplus if the difference is positive and deficit is such difference is negative.

Even if policy is not renewed, the Surplus/Deficit has to be paid by the respective party to the other party.

### **IMPLEMENTATION:**

The scheme will be implemented through active participation of the National Institutes and Composite Regional Centres for Persons with Disabilities (CRC's) under the Department of Empowerment of Persons with Disabilities, MOSJ&E. The registered organizations shall liaise with the Insurance Company, MOSJ&E, Health service providers, National Institutes, CRCs and all the stakeholders concerned for awareness generation and enrolment.

### **ENROLMENT PROCESS**

The various methods proposed to enrol Persons with Disabilities after receiving the data:

- Camps organized by National Institutes & CRCs (Department of Empowerment of Persons with Disabilities will provide camp calendar).
- Persons with Disabilities in contact with Artificial Limbs Manufacturing Corporation (ALIMCO) & National Handicapped Finance and Development Corporation (NHFDC).
- Placing publicity material at National Institutes & CRCs and putting information on websites of Department of Empowerment of Persons with Disabilities and institutions under it.

For enrolment, the beneficiaries have to submit the following documents:

- 1) Duly filled proposal form.
- 2) Payment of premium (10% of premium fixed)
- 3) Income certificate (self attested)
- 4) Any Govt. ID proof, such as, Aadhar Card, Voter ID, Driving License etc. along with one passport size photograph.

### **CLAIM PROCESS**

The New India Assurance Company Limited will create a network of Hospitals, where the Insured persons can get cashless treatment. If any Insured Persons want to take treatment outside network, the permission of TPA

is necessary. Such permission is not required in case of emergency hospitalizations.

The policy covers pre-existing illness. Treatment for pre-existing impairment (for the purpose of this policy, impairment relates to a condition or illness which caused the disability as defined in the Persons with Disabilities Act, 1995) will be only at the network Hospitals and only with the prior approval of the TPA.

### **REDRESSAL MECHANISM**

Any Insured person having a grievance on any service aspect could approach the nominated person of the New India Assurance Company Limited. In case, he/she is not satisfied with the process, he/she can escalate it to a named person in the Department of Empowerment of Persons with Disabilities. Such escalation would be addressed by a Dispute Resolution Committee comprising one representative each from Department of Empowerment of Persons with Disabilities, the New India Assurance Company Limited and the TPA.

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**THE NEW INDIA ASSURANCE COMPANY LIMITED**  
Registered & Head Office: 87, M.G. Road, Fort, Mumbai- 400 001.

**SWAVLAMBAN HEALTH INSURANCE SCHEME**

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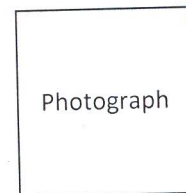
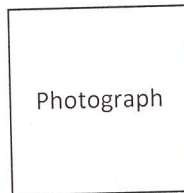
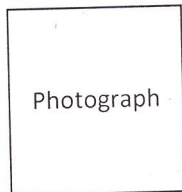
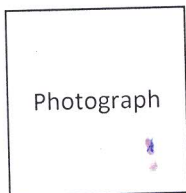
1. Name of Institute: \_\_\_\_\_

2. Camp Location: \_\_\_\_\_ Date: \_\_\_\_\_

3. **DETAILS OF PERSONS TO BE INSURED:**

S No	Name	Relation	Sex (M/F)	DOB
1.		PwD		
2.		Spouse		
3.		Child 1		
4.		Child 2		

**PHOTOGRAPHS OF INSURED PERSONS:**



4. Name of the Parents/Guardian: \_\_\_\_\_

(in case of minor)

5. Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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6. Average Annual Income: \_\_\_\_\_ Pan No. \_\_\_\_\_

7. Referred by (Institute Name):  
\_\_\_\_\_

8. Type of Disability:  
\_\_\_\_\_

9. Proposed Period of Insurance :-From \_\_\_\_\_ to \_\_\_\_\_

**10. Declaration:** I declare that the persons proposed for insurance are my family members and I also declare that

- i. My Annual Income is less than Rs. 3,00,000 per annum.
- ii. Persons proposed for this policy do not have any other Health Insurance Policy from any Insurer or any other entity.
- iii. The above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge.

Signature / Thumb impression

**Date:**

**Place:**

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### DECLARATION FROM THE INSTITUTE

I declare that Mr./Ms. \_\_\_\_\_

has the disability as mentioned in point no. 8 above.

Authorized signatory with stamp

**Date:**