BANK OF MAHARASHTRA

Annexure - A

1. FEATURES OF GOVERNMENT SALARY PACKAGE – FOR SERVING PERMANENT EMPLOYEES OF GOVERNMET OF PUDUCHERRY

Gov Pride Salary Savings Account Scheme				
Salary Variants	**Silver**	**Gold**	**Platinum**	**Diamond**
Gross Salary Range (excluding one – time benefits	**>=Rs.30,000/- up to Rs. 60,000/-**	**> Rs. 60,000 to Rs. 1.00 Lakhs**	**> Rs. 1.00 Lakhs to Rs 1.50 Lakhs**	**> Rs. 1.50 Lakhs**
2. Account Maintenance				
Initial Deposit and Minimum Average Quarterly Balance	Nil			
3 . Insurance Coverage* (Coverage Amount in Rs. Lakhs)				
Features	**ZERO Premium Insurance Coverage till superannuation**			
Personal Accidental	40	80	100	125
Total Disability	40	80	100	125
Partial Disability coverage up to (Compensation as % disablement)	20	40	50	62
Air Accidental	100	100	100	100
Term Insurance	0	0	10	10
3a. Three Add – on Covers with Group Personal Accidental Insurance (PAI)				
1.Daughter Marriage Benefit	**Daughter Marriage Support** (18-25 Years) up to Rs. 10.00 Lakhs			
2.Child Higher Education Benefit	**Higher (Post Graduation) Education fee cover up to Rs. 10.00 Lakhs.**			
3. Other Benefits	**(a) Golden Hour – Cashless Treatment** After the incident of accident, cover up to Rs. 1.00 Lakh			
	(b) Baggage Loss in case of Domestic/ International air/ Sea Travel up to Rs. 1.00 Lakh			
	(c) Hospicash Facility (in case of accident): Rs. 500/- per day in case of normal admission Rs. 1000/- per day above 24 Hrs, for maximum up to 15 days admitted in ICU ICCU, Trauma Centre.			
4. Super Top- up Health Insurance	To be Purchased Voluntarily with existing Insurance Partners (Cost to be borne by the salary Account holder).			
	The insurance partner shall provide Scheme directly to the employer / individuals.			

4.Other Features (Charges are subjective to revision)				
ATM Card	**RuPay Platinum**	**RuPay Select**	**Rupay Select**	**RuPay Select**
Complimentary Insurance Cover as per ATM card Variant and as per prevailing NPCI Guidelines	Rs. 2.00 Lakhs	Rs. 10 Lakh		
Concession in Annual Locker Rent	No Concession			25% Concession on First yar rent on A/B type available locker
Airport Lounge access	As per the prevailing NPCI Guidelines with respect to ATM Card Variant			
POS Limit	POS Daily Limit up to Rs.5.00 Lakhs (on request)			
Free Cheque Book	40 Leaves Free per Year			

5. Retail Loans Fee Waiver Feature (available after first salary credit)		
Housing Loan	Processing Fee	100%
	Account Handling Charges	50%
Car Loan	Processing Fee	100%
	Account Handling Charges	50%
Personal Loan	Processing Fee	100%
	Account Handling Charges	50%
Overdraft facility	Processing Fee	100%
	Account Handling Charges	100%

6. Family Savings Account Product

<u>"EK Parivar Savings Account"</u>

Benefits to three Family members of "GOLD and Above Variants" of the accounts (excluding Primary account holder)

(1) Regular Savings Bank Account with NIL Minimum Balance and QAB
(2) Free Issuance of Debit Card for 1st Year
(3) Free 20 Cheque leaves

Annexure-B

Important Terms & Conditions of the product

1. This product is offered exclusively to employees or organizations with whom an MOU has been executed by Zonal office(s) of the Bank.

2. Documents required for Account opening shall comply with the prevailing KYC Guidelines. For new employees, an appointment letter having salary details shall be collected. For existing employees, the latest salary slip is mandatory. These documents should be retained for accurate classification under the appropriate salary variant (Silver/ Gold/Platinum/ Diamond or Salary Range}

3. Benefits under the 'GovPride Salary savings Account' are applicable only if the Account is correctly classified in the Bank's System under the respective Salary Variant

4. Post MOU, existing customers receiving salary through BOM Accounts shall apply at their home branch with proof of salary and employment for conversion of their savings Account to the corresponding Salary SB Variant. Customers shall verify this classification by checking the variant name on the first page of their passbook or statement. In case of increment in salary, it shall be responsibility of the Account holder to submit new salary slip to the Branch along with the Application to upgrade the Salary Saving Account variant and get confirmation by issuing a new passbook with updated Salary Saving Account variant name.

5. If the monthly salary is not credited into the Account for more than three (3) consecutive months, the Account shall be converted to a General Savings Account by the Branch. All associated features shall be withdrawn, and applicable charges will be levied as per the General Savings Account rules.

6. The insurance benefits (Group Personal Accident Cover and Term Life Cover) shall commence from the first day of the month following the salary credit month, post-MOU execution.

7. Claims shall be intimated to the insurance company and all related document to be submitted within the prescribed timeline from the date of the event.

8. Personal Accidental Insurance Claims where the salary Account holder meets with an accident during the given policy period of respective policy and dies/disabled after the Policy Period but within 90 days of Accident, should be submitted to the respective Insurance Company directly with proper forms and any other documents required by Insurance company. Above Covers are available subject to concerned Account being categorized under the respective salary package / variant in Bank's system based on customers written Application and salary being credited to the Account. Claims

must be intimated to the insurance company within 90 days and all related documents to be submitted within 90 days of the incident. All claims shall be reported by the Branch directly to the insurance company, Bank shall not be a party to the claim settlement process or any dispute arising out of the claim settlement process or decision of the insurance company thereon.

9. For Life Insurance Claims where the salary Account holder passes away during the given policy period (s), the claims should be submitted to the respective Insurance Company directly by the branch, with proper forms and any other documents required by Insurance company. The life insurance cover shall be available subject to the employer of the Account holder signing an MoU with the bank and agreeing to provide the employee data to insurer for addition in the policy. Further, the life insurance cover is also subject to, concerned Account being categorized under respective salary package / variant in Bank's system based on customer's written Application, explicit consent from data sharing with insurance company and salary being credited to the respective account. Claims shall be intimated to the insurance company within 90 days and all related document to be submitted within 90 days of the incident. All claims shall be reported by the branch directly to the insurance company, Bank shall not be a party to the claim settlement process or any dispute arising out of the claim settlement process or decision of the insurance company thereon.

10. Permanent Total Disablement / Permanent Partial Disablement (PTD/PPD): In the event of injury occurring to insured Salary Package Account holder, solely and directly from accident caused by external, violent, and visible means within 90 days of its occurrence resulting in total permanent disablement, the claim shall be settled as per the IRDA Guidelines on PTD / PPD).

11. Mandatory condition for eligibility to Air Accidental Insurance (AAI) claim: AAI cover claim shall be treated as a valid claim only in the event of death occurring while undertaking journey by Airline / Aircraft and the related air ticket having been purchased by debit to Salary Package Account using Cheque / Bank of Maharashtra Debit Card / by Digital mode or where ticket is not required to be purchased by the Account holder and is provided by the Department for official duty.

12. For any Grievance / Dispute, Salary Account holder shall communicate with Insurance company directly. Bank shall not be liable for it. Continuation of Insurance and other cover is subject to policy renewal, at Bank's sole discretion.

Annexure- C

Customer Declaration for Acceptance of Terms & Conditions and Consent

Account Holder Name	
BOM Salary Account No.	
Date of Declaration	

To,

The Branch Manager
Branch

Subject : Declaration of Acceptance of Terms and Conditions for ' Govpride Salary Savings Account' and Bank services - Reg

I, the undersigned hereby give my concent to Open new GovPride Salary Savings Account or Convert my existing savings Account No : to GovPride Salary savings account offered by Bank of Maharashtra

A. Declaration

I, the undersigned hereby submit my declaration and undertaking pertaining to operation of my Savings Account and availing of associated services provided by the Bank of Maharashtra and its partners as under. I declare that I have been well informed about the features, benefits, terms and conditions of the new Scheme offered to me and I have understood all to my satisfaction.

1. I declare and acknowledge that I have received, reviewed, and understood the features and benefits of the GovPride Salary Savings Account and Bank Services.

2. I declare and agree that applicable documents along with Account opening form for opening of GovPride Salary Savings Account as per the extant Guidelines along with latest KYC, Salary related documents such as, Latest Salary Slips, Latest ITRs (full set), Appointment Letter (for newly joined) shall be provided to the Bank. I also declare and abide with submission of my latest KYC documents to the Bank as and when demanded by the Bank. I abide myself that for the purpose of reference and verification, original documents shall be presented to the Bank Officials and self- attested copies of the same shall be submitted for the Bank's record. I also provide information retarding nomination.

3. I declare and agree that the Benefits under GovPride Salary Savings Account are subject to classification of Savings Bank Account under respective GovPride Salary Savings Account in Banks system. All eligible customers drawing Salary through BOM Accounts are required to apply along with the requisite documents including Proof of Salary & Employment etc. to their Home Branches for conversion of savings Account to GovPride Salary Savings Account for availing benefits. Account holders are required to verify classification of their Accounts under the respective GovPride Salary Savings Account variant from the name of variant printed on first page of their Bank passbook / statement. In case of increment of salary, it will be the responsibility of the Account holder to submit new salary slip to the Branch along with the Application to upgrade Salary Saving Account variant and get confirmation by issuing a new passbook with updated Salary Saving Account variant name.

4. I declare and agree that in case, my monthly salary is not credited into my GovPride Salary Savings Account for Three (3) consecutive months, the said special featured account shall be converted into General Savings Account and all the special / associated features offered to me shall be withdrawn. It is also made clear to me that in such case, all the terms and Conditions, Charges etc. applicable to General Savings Bank Account of the Bank shall be applied / levied.

5. I declare and agree that I understand that all Insurance features shall be provided by Insurance Partners only and I shall abide with the terms and conditions of Insurance Companies providing Insurance facilities linked to SB Accounts and I understand that in no case Bank shall be made liable for insurance coverage, claims settlement and/or any other services/claims that are not within Bank's purview. I further declare that I made myself aware that to claim any benefit in the future, I (or my legal heirs / nominee) shall submit necessary documents within the stipulated time, as per the insurance Company's Guidelines. Insurance shall be available.

6. I declare that I agree to abide with the associated terms, conditions, Rules and Regulations of Bank of Maharashtra and other Competent Authorities pertaining to

    6.1 The new savings Account product - GovPride Salary Savings Account
    6.2 Inbuilt insurance coverage.
    6.3 Other features and operations of the new Saving Account.
    6.4 KYC and Nomination
    6.5 Retail Advances

7. I declare that it is my responsibility to keep my said Account operative all the time, KYC updated, Nominee updated and to ask for information about changes in product features, associated / linked services to the product on regular basis. I understood that though Bank makes

information available on public domain, but it is my responsibility to keep myself updated about the product, changes in features and its services from time to time.

B. Communication:

8. I declare and agree to receive any further communication regarding the new product, its conversion process, any related information etc. through the contact details provided above. I further declare that I shall keep Bank informed about my latest addresses (residential / employment), contact details etc. through proof of such information. I am aware that Bank shall not be liable for service disruptions or communication failures arising from outdated customer information. I further declare that by signing this document, I submit my consent for receiving electronic communications including but not limited to Account updates, service modifications and notices / notifications via e-mail, SMS or other digital channels.

C. Employment Status:

9. I declare that I understand that any change in my employment status (switching / terminations / superannuation / loss of job or any other situation restricting me from monthly salary in the Account) may result in the termination of my Account and/or services or conversion of my Account into general saving Account with applicable terms and conditions. I further understand that the Account holder (or my legal heirs / nominee) shall be responsible for informing the home branch about my change in employment status within 30 days. Failure to provide timely notification to the home branch may result in Account reclassification as General Saving Account and the terms and conditions & Charges associated to it shall be applied.

D. Discrepancies and Issues:

10. I declare that I shall promptly report any discrepancies or issues arising pertaining to the said account / services or any other to the respective home branch. I am made aware that in case I am failed to get satisfactory resolution, I am having option to escalate the issue to Bank's Customer Service Cell.

E. Bank's Rights:

E.1 Service Limitation Clause:

11. I declare that I fully understand that Bank of Maharashtra reserves right to modify, suspend, discontinue or withdraw any banking service full or any part of the said offering including associated features including Insurance at its discretion, at any time & as and when required without prior notice or seeking any permission / consent / otherwise from the Account holder. Bank will notify any significant change on public domain, and it shall be my responsibility to update myself in this regard.

E.2 Force Majeure Clause:

12. I declare that I fully understand that the Bank shall not be held liable for any delays, disruptions or failures in service caused by events beyond its control, including but not limited to natural disasters, cyber-attacks, technical failures, regulatory changes and / or Government actions etc,

E.3 Indemnification Clause:

13. I declare, acknowledge, and agree that the Bank of Maharashtra shall not be responsible for any disputes, claims or liabilities arising from services provided by third party insurance partners, other associated firms/companies/ partners in whosoever nature. I further declare that I will keep Bank of Maharashtra always indemnify and hold the bank harmless from any legal or financial obligations related to such third-party services.

E.4 Limited Liability Disclaimer:

14. I declare, acknowledge, and agree that the Bank of Maharashtra does not guarantee, warrant or assume any responsibility for the quality, suitability or availability of the insurance coverage provided by third-party insurers. Any dispute or grievance must be directly addressed with the respective insurance company only.

E.5 Customer Acknowledgment on Third-party services

15. I declare, acknowledge, and agree that the insurance benefits linked to my Account are solely provided by third-party insurance companies and I declare that I have read and understood that

the Bank merely facilitates these services and is not at all responsible for issuance of policy, claim approval, policy / claim denial or processing timeframes etc. I further declare that I have understood that though Bank is offering Insurance product bundled with Bank Account through third party companies but issuance of policy, underwriting, rejection, claim acceptance, settlement and other such services are solely on the discretion of third-party companies without intervention of the Bank. I further declare that I have made myself fully understood that in case of any claim or dispute arise related to Insurance or third-party product, I shall not have any right directly or indirectly, financial or non-financial, claim or demand with Bank of Maharashtra. I have understood that Bank's liability will be absolute zero in all cases.

E.6 Opt-Out Clause:

16. I declare that I understand that I may choose not to avail of the insurance benefits linked to my GovPride Salary Savings Account by providing written intimation to the home branch once during the currency of the Account and my decision to opt-out shall not affect my banking services. After opting out, my chance of opt in shall be restricted permanently.

F. Submission of Latest Salary Details and a Proof of Employment (ID):

17. I hereby enclose my Self-Attested latest Salary Slip and a Proof of Employment (ID).

For a new joinee, a proof of employment should include Salary details.

BOM Salary Account Number	
Gross Salary as per Self-attested document	Rs.
Salary Slip Date (dd/mm/yyyy)	
Date of Birth (dd/mm/yyyy)	
Date of Superannuation (dd/mm/yyyy)	
Nominee Name	
EPFO number	
Mobile Number	
Email Address	
Employer Name	
Employer Address	

I declare that the information provided by me to the Bank for availing the said product / services is true and accurate to the best of my knowledge and I understand that any false or misleading information submitted by me may result in the termination / reclassification of my account and/or services.

I solemnly declare, undertake and abide with as above on (Date) _____

Signature: _____

Full Name: [Full Name]

~ For Office use only ~

Received by:

Date of Receipt:

Branch Manager Signature & Seal:

Note to Customer: Please keep a copy of this Declaration cum Consent along with Product Features & benefits for your record.

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