Union Bank of India

Various Benefits, Terms & conditions and forms linked to the Government Salary Package (GSP)

I. Eligibility of Employees under Government Salary Package (GSP):

1. The Permanent Employees, irrespective of the salary amount, who are regularly receiving their Monthly salary credit in their Salary Account with the Bank, from the State Government, are eligible under this GSP.

2. Upon retirement, voluntary retirement, compulsory retirement, dismissal/removal from the service or the closure of the Salary Account, the Employees shall no longer be eligible for the benefits outlined in this MoU.

3. If the Employee is already maintaining his/her Saving Bank Account with the Bank, the account shall be flagged as Salary Account under Government Salary Package, and he/she can enjoy the benefits provided by the Bank under this MoU after 45 days from the day on which MoU is signed between the State Government and the Bank. If any Employee approaches the Bank to open a new Salary Account or port his/her salary account from another bank to Union Bank of India under the Union Super Salary Scheme/Category, he/she shall be eligible for benefits provided by the Bank under this GSP 45 days after credit of first salary into the said Salary Account.

   In this juncture, DAT authorizes the Bank that the existing Saving Account of an Employee held with the Bank where Monthly salary credit is being received, should be flagged and grouped as Salary Account under GSP by the Bank on receipt of the line data/reference data of the Employees from the DAT. Upon flagging under GSP, the Bank should notify the Employee/s through short messaging service (SMS)/ email/ letter, if such service is available.

4. In case of new Employee's or existing Employee's account is found not to have been categorised as 'Salary Account', the concerned Employee shall submit physical application for categorization of his/her account as 'Salary Account' under GSP, to the home branch (branch of the Bank where the account is maintained) and the Bank shall make necessary correction and categorization of the account within 7 (seven) working days of receiving the request.(Annexure-I).

5. A refresh list of all eligible employees will be shared by Director of Treasuries and Accounts, Government of PUDUCHERRY to the Bank by 15th of every month as a reference document to facilitate the Bank to ensure flagging of the Salary Accounts of all new employees who has opened their Salary Accounts with the Bank and eligible for such coverage under GSP and list of Employees becoming ineligible for coverage under GSP on account of shifting of Salary Account to other

Bank/death/retirement/loss of employer-employee connection due to any reason with Government of PUDUCHERRY.

6. In this juncture, the Banks should reciprocally provide the data pertaining to the Employees whose Salary Accounts are flagged/categorised under GSP, on 30th of every month or as and when required by the DAT. The exchange of data between DAT and the Bank, as mentioned in Para 5 and 6 is for cross reference purpose only.

II. **Term Life Insurance (TL) and Personal Accidental Insurance (PAI) in the event of Death of the Employee:**

1. The Employees who are covered under GSP are eligible for Term Life Insurance and Personal Accidental Insurance coverage at free of cost. The insurance premium will be borne by the bank.

2. Since, the Government service is 24 X 7 and warranted under any circumstances, in case of death of an Employee even on holidays or out of office hours or outside the headquarters of the Employee, he/ she shall be considered for insurance claim.

3. The Term Life Insurance and Personal Accidental Insurance benefits will be paid to the Employee's nominee, unless any court order is received otherwise. In case of absence of nomination, the benefits have to be paid as per IRDAI guidelines.

4. The Bank should facilitate hassle free processes for settlement of claims to nominee/ legal heirs of the Employee.

5. The Bank undertakes to provide the Term Life Insurance and Personal Accidental Insurance benefits as detailed below:

Applicability	Minimum Insurance coverage	Amount (Rs)
Employee	Term Life Insurance: The terms and conditions attached to the coverage are mentioned in Annexure-III(A)	Rs. 10,00,000.00 (Rs. Ten Lacs Only)
	Personal Accidental Insurance: The terms and conditions attached to the coverage are mentioned in Annexure-III(B)/III(C)	Rs. 1,20,00,000.00 (Rs. One Crore Twenty Lacs Only)

6. Only primary Salary Account holders shall be eligible for coverage under the Insurance Policy/ies. (i.e. account holder for whom salary is being credited).

There should be minimum one Salary credit within 90 days prior to the date of accident/death for claims being eligible.

III. **Disability arisen out of Personal Accident**:

1. Permanent Total Disability (PTD): In event of injury occurring solely and directly from accident caused by external, violent and visible means resulting in Permanent Total Disability, the claim will be settled as per terms and conditions on PTD of Insurance Company under the ambit of IRDAI guidelines.
2. Permanent Partial Disablement (PPD): Where a part of the body becomes permanently disabled (i.e partial loss) due to an accident, the claim will be settled by Insurance Company as per their terms and conditions under the ambit of IRDAI guidelines.
3. The cost towards the Charges/ Premium will be borne by the Bank.
4. Since, the Government service is 24 X 7 and warranted under any circumstances, in case of PTD/ PPD of an Employee due to accident even on holidays or out of office hours or outside the headquarters of the Employee, he/she will be considered for insurance claim.
5. The percentage of PTD/ PPD will be calculated by the Insurance Company as per the prevailing IRDAI guidelines.
6. Based on the disability percentage, the benefit will be disbursed to the claimant's account as per prevailing IRDAI guidelines.
7. The disability percentage sheet (as per IRDAI guidelines) prevailing at the time of signing of MoU is annexed. (Annexure-II). If there are any changes in the IRDAI guidelines, the same will be final. Any modification or alteration made by IRDAI in this regard will apply as such.

IV. General Conditions:

1. Since the Bank is offering the above insurance coverages under Group Insurance Policies, the claims under the Insurance Policies should not be rejected on the following grounds, if otherwise eligible for the claim:
    a. Non usage of debit card (except for the add-on marriage assistance under the Group Insurance Policy taken by the Bank for Debit Card Holders),
    b. Non-updation of the Nominee.
2. The detailed Terms & Conditions in respect of the Group Insurance Policies, policy coverage, scope of cover, standard exclusions, claims administration, IRDAI Permanent/Partial Disablement Guidelines, procedure for claim intimation, document checklist, claim settlement, claim forms, escalation matrix are mentioned in the Annexures-III(A) to III(E).

V. MISCELLANEOUS

1. In the event of non-credit of monthly salary continuously for three months in the Salary Account and/or default in loan accounts of any Employee, all benefits extended to the Employee under this MOU will be withdrawn immediately and Bank shall convert such account to normal Savings Bank Account. On resumption of Monthly salary credits to the account, Employee may approach the Bank and submit a consent/undertaking letter, for conversion of the account again to Salary Account under GSP, to avail benefits of the MOU from the date of such conversion.

2. As regards "**Know Your Customer norms**" as per RBI guidelines, PAN, AADHAAR and one Officially Valid Documents (OVDs) to be provided for opening of Bank accounts. These instructions will be governed by directions issued by RBI/ Bank from time to time. Along with PAN & OVD a certificate/ letter issued/ countersigned by the authorized signatory from the Employee's office, certifying his/her employment status and present address along with certified copy of salary slip/certificate will be acceptable to the Bank.

3. This MoU will be governed by the Laws of India and will be subject to the jurisdiction of the Courts in Puducherry.

4. The Salary Package is being offered to the Employees of State Government of PUDUCHERRY by the Bank as a comprehensive solution for the purpose of providing various banking services and associated features.

5. All new Salary Accounts opened, and existing accounts converted into Salary Accounts under this MoU should be mandatorily brought under the GSP as per this MoU.

6. In case of accidental death, the deceased employee shall be eligible for both Term Life Insurance and Personal Accident Insurance coverage. In the case of natural death, only Term Life Insurance coverage shall be applicable, with no entitlement to Personal Accident Insurance.

7. The definitions and conditions pertaining to accidental and natural deaths shall be strictly determined by the Insurance Companies in accordance with the guidelines issued by IRDAI.

8. The timeline for claim intimation and submission of documents are outlined in the Annexure-III(E). The nominee/claimant to ensure that they follow the timeframe defined, else the claim would not be entertained by the Insurance Company/ies.

9. The Employees who are covered under GSP are eligible for Term Life Insurance and Personal Accidental Insurance coverage at free of cost. The insurance premium will be borne by the Bank and the responsibility to keep the Insurance

Policies live and ensure that claims are not denied due to non-payment of Premiums, rests with the Bank.

VI. **Various Timelines related to insurance claims:**

Step 1: Information to the Insurance Companies through Bank:

- The nominee/claimant/legal heir/Government should inform occurrence of incident/s leading to claim, to the bank by visiting the branch immediately on occurrence of incident/s. (Timelines are mentioned in Annexure-III(E)).

Step 2: Submission of Required Documents:

- The nominee/claimant/legal heir must provide the claim documents to the branch manager of the concerned branch of the Bank, within the specified timelines. The timelines and the claim procedure, checklist of documents, claim form etc are furnished in Annexures–III(A) to III(E).

VII. **Regular/special benefits to GSP:**

All regular/special benefits to GSP under this MoU are mentioned in the **Annexure-IV(A).**

VIII. **Nodal officers at the Bank level:**

The Bank should nominate one senior level official at the State Headquarter level and they should coordinate with the government department and their Branch Managers where the claim has arisen. The names of the Nodal Officers shall be intimated to the DAT.

As per format shared Monitoring committee at Government level para is not available, Please check before execution.

Index of Annexures

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Annexure I

Application –cum-undertaking letter for opening/conversion of Savings account into GSP- Government of PUDUCHERRY

From
{Your Name},
{Account Number}
IFHRMS EMPLOYEE ID,
Designation,
Department Name,
Address

To
The Branch Manager,
[Bank Name],
[Branch Name]

Subject: Request to Convert Existing SB Account ({Account Number}) to Government Salary Package Account

Dear Sir/Madam,

** I maintain a SB account with your branch and the account number is …….. and I intend to convert my existing SB account to Union Super Salary Account under the Government Salary Package.
OR
** I wish to open a new Union Super Salary Account under the Government Salary Package
(** Delete whichever is not applicable)

I am presently employed as ……with …….. …….., my Employee Number is …….…… and my Date of Birth is_ ……., My mobile number is……..

My present address is appended below which may please be incorporated in your records for which I am enclosing , certificate issued from the unit and request you to accept it for satisfying the KYC norms as prescribed by your bank, along with other document[s] as prescribed by the RBI.

Since I am presently posted at ……../ is being posted to……I request that my account should be transferred to…… Branch of Union Bank of India for ease of operation.

Further, I hereby give my consent to your bank to share my personal data with the companies/ entities offering the complimentary benefits/ special features related to the salary package account for the purposes of availing such benefits/ features.

Thanking you.

Yours faithfully,

(Signature)

Date :
Place:

Name :
Mob. No :

Documents Enclosed:
Copy of SB Account Passbook / Statement
Copy of Government Employee ID Card/Appointment Letter/Certificate from Head/In-Charge of the department.
Latest Salary Slip.
KYC Documents (Aadhaar, PAN, etc.).
Any other documents required by the bank.

Bank specific forms can be downloaded from respective bank's portal. Banks should provide all the necessary forms and applications to DAT.

Annexure-II

Disability percentage sheet (IRDA Guidelines)

Sr. No	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability:	
	1. Loss of Sight (both eye)	100
	2. Loss of two limbs	100
	3. Loss on one limb and one eye	100
	4. Permanent total and absolute disablement as certified by Medical Practitioner	100
3	Permanent Partial Disability	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	50
H	Loss of hearing-one ear	20
I	Loss of speech	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i)Three phalanges	10
	ii)Two phalanges	8
	iii)One phalanges	4
O	Loss of Middle finger	
	i)Three phalanges	6
	ii)Two phalanges	4

Sr. No	Table of Benefits	% of Capital Sum Insured
	iii)One phalanges	2
P	Loss of Ring Finger	
	i)Three phalanges	5
	ii)Two phalanges	4
	iii)One phalanges	2
Q	Loss of little finger	
	i)Three phalanges	4
	ii)Two phalanges	3
	iii) One phalanges	2
R	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company
S	Loss of Metacarpals	
	(i) First or Second (Additional)	3
	(ii) Third, Fourth or Fifth (Additional)	2

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Annexure-III.

Detailed process such as Terms & Conditions, Policy Coverage, scope of cover, standard exclusion under the policy, claims administration, IRDA Permanent / Partial Disablement Guidelines, claim intimation, claim application form, Document checklist, Claim settlement, escalation matrix are mentioned in the Annexures-III(A) to III(D).

Annexure-III(A)

Term Life Insurance Cover through LIC of India
(Premium borne by the Bank)
Policy Terms and Conditions, Claim Procedure and
Check-list of documents to be submitted for the Claim & Claim Form

Sl No.	Item/Particulars	Remarks
	General Information	
1	Insurance provider	Life Insurance Corporation of India Ltd
2	Policy No.	
3	Policy Period	
4	Type of Policy	Group Term Life Insurance Policy for Salary/CASA Accounts
5	Cover Amount	Rs.10.00 Lacs (Rs. Ten Lacs Only)
6	Coverage	Death
7	Age of the Insured	18 to 60 years
7	Insurance Broker	Anand Rathi Insurance Brokers Ltd
8	Coverages for Account holders	• Cover all kinds of death including but not limited to natural death, accidental death, suicidal death and death due to any illness including COVID, death due to any pre-existing illness including critical illness will also be covered. • Waiting period of any kind of death including suicidal death is waived off for the existing account holders. • Waiting period of 45 days for any of kind death except accidental death applicable for new account holders. • Waiting period of 1 year for suicidal death will be applicable for all new account holders. • If an account holder commits suicide within one year of joining, the insurance company will pay 80% of the deceased member's premium to their nominee and no extra death benefits will be applied. • Worldwide Cover 24x7 Cover. • Defence/Armed forces/Navy Personnel/Police also covered under the Policy.

**The terms mentioned in point no. 8 above cannot be modified at our level as the same is fixed by the insurer.*

The claimant/Nominee /legal heir /legal representative shall submit the following documents to broker in support of the Claim at the earliest:

1. Claim form duly signed by nominee/legal heir
2. KYC documents of account holder and nominee/ legal heir.
3. Copy of Death Certificate issued by Municipal authority/ Local Authority.
4. Police Panchnama, Police inquest report and FIR copy in case of Accidental, unnatural death.
5. Post-mortem report in case of Accidental/ Unnatural death.
6. Attending Practitioner's certificate and all medical report (admission notes, discharge/ death summary, test reports, etc) in case of medical natural death.
7. Passbook copy of nominee and customer.

Please note that Insurance Company may request for additional document in addition to above mentioned documents

Note: All documents should be duly attested by bank with stamp & signature.

All the documents to be sent at following address;

To,
Kavya Shetty,
Anand Rathi Insurance Brokers Ltd
Regent Chambers, 10th Floor,
Jamnalal Bajaj Marg, Nariman Point,
Mumbai – 400021.

Claim Application form for Term insurance

LIFE INSURANCE CORPORATION OF INDIA
Pension and Group Schemes Department, MDO-I,
5th Floor, LIC Digital Building, C-10, G-Block,
Bandra Kurla Complex, Mumbai 400 051
E-mail: bo_g706@licindia.com

Claim Form for Non-Employer-Employee Group Insurance Scheme

To be completed by the claimant and Master Policyholder

1. Name of the scheme Group Insurance Scheme: _____
2. Master Policy No. :_____
3. Full Name & Address of Master Policy holder : _____
   _____
   _____
4. Full Name of the deceased Member: _____
   LIC ID: _____
5. Membership No. : _____ Category: _____
6. Date of Birth: _____ Date of entry into scheme: _____
7. Date of death of the Member: _____ Time of Death: _____
   (Original/certified copy of Death Certificate should be enclosed)
8. Cause of Death: _____
   Place of Death: _____
9. Amount of Sum Assured: _____ Outstanding amount of loan if any: _____
10. If the claim is being intimated after month from the date of death, Please give reason for delay:

_____

_____

11. Last Premium paid on: _____ For Due: _____ Mode of payment M/Q/H/Yly
12) Name of Nominee: _____
    Nominee address: _____

13) Relationship with member: _____

14) Beneficiary Details (*all details are Compulsory)

(i) S.B.A/C No. of Nominee *:

(ii) Name of the Bank *:_____

(iii) Branch Name *:_____

(iv) IFSC No. of the Bank-Branch * (11 characters)

(v) Type of the KYC document submitted for identity proof :- (any of the below)

Type of KYC	KYC ID Number
Aadhar Card	
Electoral Photo Identity Card (EPIC)	
Driving License	
PAN Card	
Passport	

(vi) Name of the KYC document submitted for address proof :- (any of the below)

Name of KYC	KYC ID Number
Aadhar Card	
Electoral Photo Identity Card (EPIC)	
Driving License	
PAN Card	
Passport	

(vii) Beneficiary mobile number: _____

I hereby declare that the answers to all the above question are true in every respect.

Place: _____

Date: _____ (Signature of Claimant)

Certified that the replies to the above questions are correct in every respect and have been verified with the membership register kept for this purpose that the deceased member was covered by the scheme and eligible for the benefits there under as on the date of his death.

Place; _____

Date: _____ (Signature of Designated Official of the Nodal Agency / Master Policy Holder)

Annexure -III(B)

Personal Accident Insurance Cover for USSA Account Holders
(Premium borne by the Bank):
Policy Terms and Conditions, Claim Procedure and
Check-list of documents to be submitted for the Claim & Claim Form

Sl No.	Item/Particulars	Remarks
	General Information	
1	Insurance provider	United India Insurance Co Ltd
2	Policy No.	
3	Policy Period	
4	Type of Policy	Group Personal Accident Policy
5	Age of the Insured	18 to 60 years However, if pension is regularly routed through the existing salary account with Union Bank of India, coverage will be available up to the age of 70 years.
6	Insurance Broker	Anand Rathi Insurance Brokers Ltd
7	Coverages for Account holders	• Accidental Death cover • Permanent Total Disability • Permanent Partial Disability • Defence /Armed force/Navy personnel/police to be covered • Death/PTD/PPD due to war like situations for all kind of Defence / Armed force/Navy /police personnel to be covered • Death/PTD/PPD due to any kind of air accident irrespective of any type of plane /helicopter • Terrorism Cover/Naxalite/Militant Activities to be covered • Death due to Animal Bite/Insect Bite/Snake bite/ Act of God Perils/Riot, Strike and Malicious Damage (RSMD) to be covered • Worldwide Cover 24x7 Cover • If such accident injury shall, within the twelve calendar month of its occurrence, be the sole and direct cause of death of the insured, the Capital Sum Insured opted by the Insured shall become payable subject to terms and condition of the Policy.
8	Sum Insured	Type of Account / Sum Insured (Rs. In lacs)

Sl No.	Item/Particulars	Remarks	
		USSA-Classic, USSA-Platinum, USSA-Executive	120.00 (Rs. One Crore Twenty Lacs Only)
	Additional Cover/Add-on Cover		
9	Transportation Charges	Rs.2,500/- or actual expense whichever is less- Reimbursement of Transportation of Insured Person's body to the place of Residence	
10	Ambulance Charges	Rs.1,000/- or actual expense whichever is less- Reimbursement of Ambulance Charges for transportation of Insured Person to Hospital following accident.	
11	Children Education Bonus	Rs.15,000/- or 5% of Sum Insured, whichever is less. (Max 2 children, but within the overall cap of Rs.15,000/- or 5% of Sum Insured)	
	Additional cover/Add-on Cover		
12	Higher Education Cover	Rs.6.00 lacs or 10% of Sum Insured, whichever is less. Max 2 Children, but within the overall cap of Rs.6.00 lacs or 10% of Sum Insured.	
13	Transportation of Imported Medicine	Rs.2.00 lacs or 5% of Sum Insured, whichever is less	
14	Cost of Plastic Surgery (Burn)	Rs.2.00 lacs or 5% of Sum Insured, whichever is less	
15	Air Ambulance	Rs.6.00 lacs or 10% of Sum Insured, whichever is less	
16	Family Transportation	Rs.20,000/- or Actual Cost, whichever is loss. To reach place of accident (immediate 2 family members)	
17	Repatriation of mortal remains	Rs.20,000/- or Actual Cost, whichever is less	
	Miscellaneous Information		
18	Claim Settlement Period	All the documents being in order, the Insurer shall settle the claim within 15 working days from the date of receipt of documents.	
19	Deficiencies in documents	Any requirement/deficiencies in the documents submitted shall be sought by the Insurer within 7 working days of receipt of claim documents	
20	Delayed settlements	In case of unexplained delay of beyond 30 working days, the Insurer shall pay interest @2% above the prevailing Bank rate from the date of claim, on the claim amount.	

**The terms mentioned in point no. 7 above cannot be modified at our level as the same is fixed by the insurer.*

21. Permanent Partial Disability: Disability due to the total and continuous loss or impairment of a body part or sensory organ, with the percentage of disability as under:

Loss of Use/ Physical Separation:	50%
One entire hand	50%
-One entire foot	50%
Loss of Sight of one eye	50%
'Loss of toes — all	20%
Great both phalanges	5%
Great—one phalanx	2%
Other than great if more than one toe lost	1%
Loss of Use of both ears	50%
Loss of Use of one ear	20%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	35%
Loss of thumb	
both phalanges	25%
one phalanx	10%
Loss of Index finger-	
three phalanges	10%
two phalanges	8%
one phalanx	4%
Loss of middle finger—	
three phalanges	6%
two phalanges	4%
one phalanx	2%
Loss of ring finger -	
three phalanges	5%
two phalanges	4%
one phalanx	2%
Loss of little finger—	
three phalanges	4%
two phalanges	3%
one phalanx	2%
Loss of metacarpus -	
first or second (additional)	3%
third, fourth or fifth (additional)	2%
Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

22. Policy Exclusions:

The Insurer shall not be liable under this Policy for:

1. Payment of compensation in respect of Death,
   a. from intentional self-injury, suicide or attempted suicide,
   b. whilst under the influence of intoxicating liquor or drugs
   c. 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. This exclusion will not apply to Defence / Armed force/Navy /police personnel.
   d. directly or indirectly caused by VENEREAL DISEASES, AIDS OR INSANITY,
   e. arising or resulting from the insured person committing any breach of law with criminal intent.

{Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine}.

2. Payment of compensation in respect of death due to or arising out of or directly or indirectly connected with or traceable to declared war, invasion, civil war, rebellion, insurrection, mutiny, Military or usurped power seizure, capture, arrests, restraints, and detainments of all kings, princes and people of whatsoever nation condition or quality. However, death/PTD/PPD due to war like situations will be covered for Defence / Armed force/Navy /police personnel.

3. Payment of Compensation in respect of death to the Insured person—

   a. Directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
   b. Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

4. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

23. Claim Procedure:

The fulfilment of the terms and conditions of this Policy (including the realization of premium) in so far as they relate to anything to be done or complied with by the Policy holder, including complying with the following steps by the Claimant for admissibility of the Claim.

i. Claims Intimation in the event of accident which has resulted in a Claim or may result in a Claim covered under the Policy, the claimant/Nominee /legal heir /legal representative must notify to the insurer/ Broker through telephone/email/ fax/letter immediately. Relevant documents to be submitted after the date of (death/PPD/PTD) at the earliest.

ii. The following details are to be provided to the insurer/ broker at the time of intimation of Claim
   a. Name of the Account Holder
   b. Account Number
   c. Brief note on incident
   d. Loss amount
   e. Date of Accident
   f. Date of Death (if applicable)

3. The claimant/Nominee /legal heir /legal representative shall submit the following documents to broker in support of the Claim at the earliest:

For Accidental Death:

1. Claim form duly filled in and signed by the legal heir/nominee/legal representatives and attested by bank official.
2. Certificate by Bank.
3. NEFT Form.
4. KYC form of the Nominee.
5. Aadhar Card and PAN Card of the Deceased and Nominee attested by bank official.
6. Statement of account of the Deceased (last 6 months) duly attested by Bank officials.
7. Cancelled Cheque or copy of the first page of the Bank Passbook of the Nominee.
8. Office ID Card copy of the Deceased.
9. Death certificate in original or copy of death certificate duly attested by bank officials or gazette officer.
10. Copy of First Information Report (FIR)/Police intimation (attested by bank official)/General diary with brief details of incident duly attested by police official/attested by bank official.
11. Copy of post-mortem report and viscera report if it is conducted (attested by bank officials). In case post- mortem not conducted, other supporting document which confirms cause of death may be required.

12. Discharge/death summary (In case insured was admitted to hospital for treatment).
13. If the death occurs in the hospital a medical certificate to be submitted.
14. Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident.
15. Proof of payment for transportation charges incurred if any to move insured's dead body to the place of residence.
16. Money receipt for payment of school/college fees of dependent children along with the birth certificate of the children.
17. In the event of a missing person declared dead by the governing authority then in such a situation the claim should be settled by the insurer on the basis of FIR/ Police intimation (attested by bank official)/General diary with brief details of incident by police official/ attested by bank official, claim form and claim intimation only
18. With regards to air accident any documents substantiating the claim

Permanent Total Disability/ Permanent Partial Disability:

1. Claim Form signed by the account holder/ legal heir/nominee/legal representatives and attested by bank official.
2. Certificate by Bank.
3. NEFT Form.
4. KYC Documents of the disabled account holder.
5. Documents supporting for customer ID if available.
6. Disability certificate / Report issued by treating Medical Practitioner
7. Discharge Summary with supporting documents i.e. Investigation reports, x ray, MRI, Consultation Reports, Lab Reports etc.
8. Photograph of the disabled customer showing the disability if available.
9. FIR / Police Complaint wherever applicable (In case of Accident)
10. Any other document supporting the claim.

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UNITED INDIA INSURANCE COMPANY LIMITED

(Regd. & Head Office: United India House, 24, Whites Road, Chennai – 600 014)
CIN: U93090TN1938GO1000108

PERSONAL ACCIDENT CLAIM FORM

To be submitted for claiming Personal Accident Insurance (Death / PTD / PPD) of CASA account holders of Union Bank of India within 30 days after date of Death / Accident. Please return the form duly completed within 30 days of the accident together with the supporting documents.

The issue of this form does not constitute admission of liability.

1	Name of CASA Account holder	
	Address in full of the CASA Account Holder	
2	Details of CASA Account Holder	
	a) Age of the Account Holder at the time of accident	
	b) Occupation	
	c) CASA Account No.	
	d) Type of Account (Savings A/c / Salary Savings A/c)	
	e) Details of Union Bank of India Branch where SB Account is maintained	Name:
		Branch Code:
		Address:
	f) Sum Insured Opted and Cover	
3	Details of Accident	
	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	

	e) Details of Accident	
	f) Was the injured person under the influence of drugs or intoxicating liquor at the time of accident.	
4	Details of Medical Treatment	
	a) Give details of medical attention given and the name & Address of the Medical Attendant.	
	b) If the Medical Attendant name above is not the injured Person's usual Medical Attendant, give the Name and Address of his / her usual Medical Attendant	
	c) Has he/she or any other Medical treated the injured Person previously for any illness or injury?	
5	Details of Nominee in case of Death Claims	
	a) Name of Nominee / Joint Account holder in the SB account [If Available]	
	b) Relationship of Nominee/ Joint Account holder with Account Holder [If Available]	
	c) Full Address of the Nominee	
	d) E Mail ID of Nominee (if available)	
	e) Mobile Number of Nominee	

Note: Please submit the following documents with translation in English if it is in regional language:

1. FIR
2. Panchnama
3. Postmortem report
4. Death Certificate
5. Any other documents pertaining to the claim

Note: Bank Statement of the Deceased Account holder from the Date of Opening of SB Account or Six months whichever is maximum period to be submitted duly certified by the Branch Manage

The foregoing details are true to the best of my / our knowledge and belief.

Signature of person Intimating Claim

……

Full Name of person Intimating Claim

……

Relationship with Deceased Account Holder

……..

Contact details of person Intimating Claim

Landline No …….

Mobile No ……

Email ID ……

(Intimation may be advised through Email, Post, Telephone/ Fax)

UNITED INDIA INSURANCE COMPANY LIMITED

(Regd. & Head Office: United India House, 24, Whites Road, Chennai – 600 014)
Bancassurance Divisional OfficeNo.:8: Union Co-op. Insurance Bldg., 5th Floor,
Sir Pm Road, Fort, Fort, Mumbai-400 001. CIN: U93090TN1938GO1000108

NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
(To be submitted by the claimant only)

Sir,

I/We furnish below details of my/our bank account to be used for effecting payments due to us by NEFT/RTGS

1.	**Registration for NEFT/RTGS payments**	
	Name of the Insured (Account Holder)	
	Category	Personal Accident Insurance Death / PTD / PPD claim /Accident Insurance claim UBI SB Account Holders
	Policy Number	
	Policy Period	
	Claim number, if any, provided (policyholders only)	
	Permanent Address	Address for Communication

2.	**Bank Account Details for NEFT/RTGS**	
	Name of account Holder/Claimant	
	Bank Name	
	Bank Branch Name	
	Bank Branch Address	
	MICR Code	
	Full Bank Account No. (for NEFT)	
	IFSC Code	

Please attach a copy of a cancelled cheque leaf or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, and IFSC code. Please verify the details with your bank before submitting.

I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of claim proceeds through the mode indicated above. Notwithstanding my/our choice of mode, United India Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold United Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

Signature of the Applicant (Claimant)

Place:

Date:

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only (To be filled by financial institution)

Application Type* ☐ New ☐ Update
KYC Number (Mandatory for KYC update request)
Account Type* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS* (Please refer instruction **A** at the end)

	Prefix	First Name	Middle Name	Last Name
☐ Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				

Date of Birth* D D – M M – Y Y Y Y
Gender* ☐ M- Male ☐ F- Female ☐ T-Transgender
PAN* ☐ Form 60 furnished

☐ 2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction **B** at the end)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number
☐ B-Voter ID Card
☐ C-Driving Licence
☐ D-NREGA Job Card
☐ E-National Population Register Letter
☐ F-Proof of Possession of Aadhaar
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar

☐ PHOTO*

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

☐ 3. CURRENT ADDRESS DETAILS (Please refer instruction **B** at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ A- Passport Number
☐ B-Voter ID Card
☐ C- Driving Licence
☐ D-NREGA Job Card
☐ E- National Population Register Letter
☐ F - Proof of Possession of Aadhaar
II ☐ E-KYC Authentication
III ☐ Offline verification of Aadhaar
IV ☐ Deemed Proof of Address - Document Type code
V ☐ Self Declaration

Address

Line 1*
Line 2
Line 3 City / Town / Village*
District* Pin / Post Code* State/U.T Code* ISO 3166 Country Code*

☐ 4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) – Tel. (Res) – Mobile –

Email ID

☐ 5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date : D D – M M – Y Y Y Y Place:

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY		INSTITUTION DETAILS	
Date	D D – M M – Y Y Y Y	Name	
Emp. Name		Code	
Emp. Code			
Emp. Designation			
Emp. Branch			

[Employee Signature]

[Institution Stamp]

Annexure -III(C)

Personal Accident Insurance Cover for DEBIT CARD Holders (Premium borne by the Bank): Policy Terms and Conditions, Claim Procedure and Check-list of documents to be submitted for the Claim & Claim Form

Sl No.	Item/Particulars	Remarks
	General Information	
1	Insurance provider	National Insurance Co Ltd
2	Policy No.	
3	Policy Period	
4	Type of Policy	Group Personal Accident Policy for Debit Card Holders
5	Age limit for the Insured	18 to 60 years
6	Insurance Broker	Anand Rathi Insurance Brokers Ltd
7	Coverages for Account holders	All active card holders under o Rupay Classic/Platinum/Select, - Visa Classic/Platinum/Signature, - MasterCard Classic/Platinum, - Rupay JCB Platinum URNRE/URNRO, - Rupay Select/Visa Signature/VISA infinite/ MasterCard Word issued under USSA-II, USSA-III, SBSM2 & SHNP • Accidental Death cover • Terrorism Cover/Naxalite/Militant Activities to be covered • Death due to Animal Bite/Insect Bite/Snake bite/ Act of God Perils/Riot, Strike and Malicious Damage (RSMD) to be covered • Worldwide Cover 24x7 Cover • Air Accident Cover (Death) (Applicable only if journey done by commercial flight) (Over and above the Base Sum Insured). • If such accident injury shall, within the twelve calender month of its occurrence, be the sole and direct cause of death of the Insured, the Capital Sum insured opted by the Insured shall become payable subject to terms and conditions of the PAI.

<table>
<tr><td>Sl No.</td><td>Item/Particulars</td><td>Remarks</td></tr>
<tr><td>8</td><td>Sum Insured
Accident Cover (Death)</td><td><table>
<tr><td>Card Variant</td><td>Sum Insured (Rs. In lacs)</td></tr>
<tr><td>Platinum (Rupay/VISA/ MasterCard)</td><td>2.00</td></tr>
<tr><td>Rupay Select/Visa Signature/Visa Infinite/ MasterCard World (issued in USSA-II, USSA-III, SBSM2 and SBHNP)</td><td>5.00</td></tr>
</table></td></tr>
<tr><td>9</td><td>Sum Insured
Air Accident Cover (Death)
(over and above the Basic Sum Insured, ie. ADD-ON Cover)</td><td><table>
<tr><td>Card Variant</td><td>Sum Insured (Rs. In lacs)</td></tr>
<tr><td>Platinum (Rupay/VISA/ MasterCard)</td><td>5.00</td></tr>
<tr><td>Rupay Select/VISA Signature/VISA infinite/ MasterCard World issued in USSA-II, USSA-III, SBSM2 & SBHNP)</td><td>100.00</td></tr>
</table></td></tr>
<tr><td>10</td><td>Active Card</td><td>The Cards must be used for financial or non-financial transaction, 90 days within the date of accident of the card holder. This condition is applicable only for debit card.</td></tr>
<tr><td></td><td colspan="2">Additional Cover/Add-on Cover</td></tr>
<tr><td>11</td><td>Transportation Charges</td><td>Rs.10,000/- or actual expense whichever is less- Reimbursement of Transportation of Insured Person’s body to the place of Residence.</td></tr>
<tr><td>12</td><td>Ambulance Charges</td><td>Rs.1,000/- or actual expense whichever is less- Reimbursement of Ambulance Charges for transportation of Insured Person to Hospital following accident.</td></tr>
<tr><td>13</td><td>Children Education Bonus</td><td>Rs.15,000/- or 5% of Sum Insured, whichever is less. (Max 2 children, but within the overall cap of Rs.15,000/- or 5% of Sum Insured)</td></tr>
<tr><td>14</td><td>Baggage Loss cover (Rupay Select, VISA Signature, Rupay Select/VISA Signature issued under USSA-II, USSA-III, SBSM2 & SBHNP)</td><td>Rs.15,000/- (Subject to a condition that the air ticket is purchased using the Debit Card of Union Bank of India)</td></tr>
</table>

Sl No.	Item/Particulars	Remarks
15	Girl Child Cover (For marriage) (Rupay Select, VISA Signature, Rupay Select/VISA Signature issued under USSA-II, USSA-III, SBSM2 & SBHNP)	20% of PAI Sum Insured subject to a Maximum of Rs.2.00 Lacs Subject to: Insured person expired due to accident other than road accident, Age of girl child to be in the 18-25 years bracket during the death of the Insured, marriage of the girl should take place after death of the insured, but not later than attaining 25 years, payable after producing marriage certificate.
	Miscellaneous Information	
16	Claim Receipt	On receipt of the claim, the Insurer shall send an acknowledgement to the Claimant/Sender
17	Claim Settlement Period	All the documents being in order, the Insurer shall settle the claim within 15 working days from the date of receipt of documents.
18	Deficiencies in documents	Any requirement/deficiencies in the documents submitted shall be sought by the Insurer within 7 working days of receipt of claim documents
19	Delayed settlements	In case of unexplained delay of beyond 30 working days, the Insurer shall pay interest @2% above the prevailing Bank rate from the date of claim, on the claim amount.
20	Claim under multiple cards	If Card holder is having multiple cards, claim shall be paid for each card separately
21	Other	Card holders may be covered under many other separate PAI policies. Claim can be triggered as under each of the policies and the same should be payable separately.

22. Policy Exclusions:

The Insurer shall not be liable under this Policy for:

1. Payment of compensation in respect of Death,
a) from intentional self-injury, suicide or attempted suicide,
b) whilst under the influence of intoxicating liquor or drugs
c) 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.
d) directly or indirectly caused by VENEREAL DISEASES, AIDS OR INSANITY,
e) arising or resulting from the insured person committing any breach of law with criminal intent.
{Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine}.

2. Payment of compensation in respect of death due to or arising out of or directly or indirectly connected with or traceable to declared war, invasion, civil war, rebellion, insurrection, mutiny, Military or usurped power seizure, capture, arrests, restraints, and detainments of all kings, princes and people of whatsoever nation condition or quality.

iii. Payment of Compensation in respect of death to the Insured person—

a. Directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
b. Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
c. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

23. **Claim Procedure:**

The fulfilment of the terms and conditions of this Policy (including the realization of premium) in so far as they relate to anything to be done or complied with by the Policy holder, including complying with the following steps by the Claimant for admissibility of the Claim.

1. Claims Intimation in the event of accident which has resulted in a Claim or may result in a Claim covered under the Policy, the claimant/Nominee /legal heir /legal representative must notify to the insurer/ Broker through telephone/email/ fax/letter immediately. Relevant documents to be submitted after the date of death at the earliest.

2. The following details are to be provided to the insurer/ broker at the time of intimation of Claim:
    a) Name of the Deceased
    b) Debit Card
    c) Account Number
    d) Date & Time of accident
    e) Date & Time of Death
    f) Cause of accident
    g) Place of accident
    h) Sum Insured
3. The claimant/Nominee /legal heir /legal representative shall submit the following documents to broker in support of the Claim at the earliest:

For Accidental Death:

1. Claim intimation by the legal heir/nominee/legal representatives to the Bank.
2. Claim form duly filled in and signed by the legal heir/nominee/legal representatives and attested by bank official.
3. Death certificate in original or copy of death certificate duly attested by bank officials or gazette officer.
4. Copy of First Information Report (FIR)/Police intimation (attested by bank official)/General diary with brief details of incident duly attested by police official/attested by bank official.
5. Copy of post-mortem report and viscera report if it is conducted (attested by bank officials). In case post- mortem not conducted, other supporting document which confirms cause of death may be required.
6. Statement of account of the Deceased (last 6 months) duly attested by Bank officials.
7. Discharge/death summary (In case insured was admitted to hospital for treatment).
8. If the death occurs in the hospital a medical certificate to be submitted.
9. Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident.

10. Proof of payment for transportation charges incurred if any to move Insured's dead body to the place of residence.
11. Money receipt for payment of school/college fees of dependent children along with the birth certificate of the children.
12. In the event of a missing person declared dead by the governing authority then in such a situation the claim should be settled by the insurer on the basis of FIR/ Police intimation (attested by bank official)/General diary with brief details of incident by police official/ attested by bank official, claim form and claim intimation only
13. With regards to air accident any documents substantiating the claim
14. Copy of KYC documents of deceased card holder and legal her/nominee/legal representative attested by bank official.

Documents for Add-on Covers:

a) Checked-in-baggage loss cover
- Copy of Airline Ticket attested by bank official
- Copy of Boarding pass attested by bank official
- Details of luggage
- Proof of Airline ticket purchased by using Union Bank of India's Debit Card
- Any other documents substantiating the claim

Girl Child cover for marriage1
- KYC document of daughter of debit card holder
- Any document substantiating the girl child relation with debit card holder
- Marriage certificate duly attested by local authority.

***

Annexure-III(D)

Claim Procedure for Hospicash (Medi-claim) facility

Sl No.	Item/Particulars	Remarks
	General Information	
1	Insurance provider	Go Digit General Insurance Ltd
2	Policy No.	
3	Policy Period	
4	Type of Policy	Group Hospicash Policy for account holders of the Bank
5	Insurance Broker	Anand Rathi Insurance Brokers Ltd
6	Coverages for Account holders	All active account holders
7	Coverage Amount	➢ Rs.500/- per day for Maximum 30 days during the Policy period. ➢ Rs.1000/- per day for Maximum 30 days during the Policy period, in case of ICU.
7	Age limit for the Insured	18 to 60 years
8	Other terms and conditions	➢ The Policy will provide the fixed Sum Insured for each day of hospitalization of more than 24 hours ➢ No waiting period applicable for any diseases ➢ Pre-existing diseases to be covered from Day-1. ➢ Initial waiting period waived off. ➢ Exclusions as per Policy will apply.

**The terms mentioned in point no. 8 above cannot be modified at our level as the same is fixed by the insurer.*

2. Claims:

All claims under Hospicash Benefit will be paid on "Reimbursement Basis only".

3. Claim procedure:

1. Claim intimation in the event of hospitalization which has resulted in a Claim or may result in a Claim must be notified to the Insurer/Broker through email to **healthclaims@godigit.com.**

2. The following details are to be provided to the Insurer/Broker at the time of Intimation of Claim:

    a) Name of the account holder
    b) Account Number
    c) Brief note on incident
    d) Loss Amount
    e) Date of Hospitalization
    f) Date of Discharge

4. Documents required for submission of Claim:

Below Documents are mandatorily to be submitted for processing of the claims under the Hospicash benefit.

a) Copy of Claim Intimation sent via email as mentioned above.
b) KYC documents of the account holder.
c) KYC documents of legal heir/nominee/legal representatives (if applicable).
d) Prescription from certified medical practitioner
e) Hospital admission and discharge card
f) Copy of medical records (consultation notes, treatment records, admission notes, hospital indoor case papers, discharge summary, investigation reports).
g) Hospital bills, day care summary, discharge certificate/ summary, medicine bills etc.
h) Discharge certificate/card containing all the relevant details from Hospital.
i) NEFT details for processed claim payment.
j) All the documents to be sent via email to **healthclaims@godigit.com**with copy to kavyashetty@rathi.com

***

Annexure -III(E)

TIMELNES FOR CLAIM HANDLING/SETTLEMENT

Activity	Responsibility Lies with	Term Insurance	Accidental Insurance	Permanent Total/ Partial Disability
(A)	(B)	(C)	(D)	(E)
		Date of Death/Accident= T		
Claim initiation = C	Claimant/ Nominee/ legal heir	Within T+10 days	Within T+10 days	Within T+10 days
Document submission to Bank= DSB	Claimant/ Nominee/ legal heir	Within C+20 days	Within C+20 days	Within C+30 days
Raising of queries if any by Bank=QBB	Bank	Within DSB+7 days	Within DSB+7 days	Within DSB+7 days
Submission of documents/reply to Bank Queries =DSQ	Claimant/ Nominee/ Legal Heir	Within QBB+7 days	Within QBB+7 days	Within QBB+7 days
Verification of documents by Bank and submission to Insurance Agent = VBB	Bank	Within DSQ+30 days	Within DSQ+30 days	Within DSQ+30 days
Submission of documents by Insurance Agent to Insurance Company=DSA	Insurance Agent	Within VBB+7 days	Within VBB+7 days	Within VBB+7 days
Raising of queries if any by Insurance Company= QBI	Insurance Company	Within DSA+7 Days	Within DSA+7 Days	Within DSA+7 Days
Final submission of documents for queries to Insurance Company= FDI	Claimant/ Nominee/ legal heir	Within QBI+15 days	Within QBI+15 days	Within QBI+15 days
Disbursement of benefits or decision on the claim= FCS	Insurance Company	Within FDI+15 days	Within FDI+15 days	Within FDI+15 days

The timelines outlined in this MoU are based on ideal operational conditions. However, the Parties acknowledge that unavoidable delays may arise in reporting incidents (e.g., accidents, deaths) or submitting required documents due to exceptional circumstances, administrative processes, or third-party dependencies. In such cases, the concerned Party (Bank/Insurer) shall promptly notify the other Party in writing of the delay, provide a justification, and propose a revised timeline for resolution. Extensions shall be granted in good faith, provided they are reasonable, necessary, and mutually agreed upon in writing. Both Parties shall act diligently to minimize delays and adhere to the revised schedule once approved.

***

Annexure-IV(A)
Details of all benefits be offered by the bank for GSP under MOU with Government of PUDUCHERRY

Sl No.	Particulars	USSA-Classic	USSA-Executive	USSA-Premier
	General Information			
1	Eligibility	Employees drawing regular salary	Employees drawing regular salary	Employees drawing regular salary.
2	Gross Salary (Average of last 3 months gross salary/Pension)	Less than Rs.25,000/- per month	Rs. 25,000/- to Rs. 74,999/- per month	Rs. 75,000/- and above per month
3	Quarterly Average Balance	Nil	Nil	Nil
4	Zero Balance Account to Family members	Yes, for 3 family members (Spouse + 2 Children)	Yes, for 3 family members (Spouse + 2 Children)	Yes, for 3 family members (Spouse + 2 Children)
	Debit Card			
5	Type of ATM Card	Platinum	Rupay Select	Rupay Select
6	Debit Card Issuance Charges	Free	Free	Free
7	Debit Card AMC Charges	Free	Free	Free
8	ATM Cash Withdrawal Limit	Rs.75,000/- per day	Rs.1,00,000/- per day	Rs.1,00,000/- per day
9	POS Limit	Rs.1,50,000/- per day	Rs.3,00,000/- per day	Rs.3,00,000/- per day
	ATM Facility			
10	Free ATM Card access at own ATM	5 transactions FREE per month (Financial + Non-Financial)	Unlimited	Unlimited

Sl No.	Particulars	USSA-Classic	USSA-Executive	USSA-Premier
11	Free ATM Card access at other Bank ATMs	- **3 transactions FREE per month at Metro Cities;** OR **5 transaction FREE PER month at Other Centres;** (Financial + Non-Financial)	Unlimited	Unlimited
	Remittance Facilities			
12	Demand Drafts/NEFT	2 (Two) transactions Demand Draft/NEFT per month FREE (Max Rs.25,000/- per month)	5 (Five) Transactions Demand Draft/NEFT per month FREE (Max Rs.50,000/- per month)	Free and Unlimited
13	IMPS	As per applicable Bank Charges	Free and Unlimited	Free and Unlimited
14	RTGS	As per applicable Bank Charges	As per applicable Bank Charges	Free and Unlimited
	Other Banking Facilities			
15	SMS Charges	As per applicable Charges	Free	Free
16	Personalized Cheque Book	40 leaves FREE per year	60 leaves FREE per year	100 leaves FREE per year
17	Locker Facility	Normal Charges	25% concession on 1st year Rent	50% concession on 1st year Rent
	Overdraft Facility			

Sl No.	Particulars	USSA-Classic	USSA-Executive	USSA-Premier
18	Temporary Overdraft facility	Up to 90% of one-month's Net Salary, with Max of Rs.20,000/-	Up to 90% of one-month's Net Salary, with Max of Rs.50,000/-	Up to 90% of two-months' Net Salary, with Max of Rs.2,00,000/-
	Concessions in Loan Processing Fees:			
19	Processing Fee for Home Loan of Rs.25.00 Lacs and above	100% concession	100% concession	100% concession
20	Processing Fee for Home Loan below Rs.25.00 Lacs	50% concession	50% concession	50% concession
21	Processing fee for all other Retail Loans (other than Home Loans), i.e Vehicle Loan, Education Loan, Personal Loan etc	50% concession	50% concession	50% concession
	Concessions in applicable Rate of Interest on Loans: (Concession in Rate of Interest are subject to maintaining salary accounts for more than 6 months)			
22	Rate of Interest on Home Loan	0.05% concession	0.05% concession	0.05% concession
23	Rate of Interest on Vehicle Loan	0.10% concession	0.10% concession	0.10% concession
24	Rate of Interest on Education Loan	0.10% concession	0.10% concession	0.10% concession
25	Rate of Interest on Personal Loan	0.10% concession	0.10% concession	0.10% concession
26	Rate of Interest on Mortgage Loan	0.10% concession	0.10% concession	0.10% concession
	Free Group Term Life Insurance Cover: (Under Group Term Life Insurance Policy taken by the Bank for Account Holders- Premium borne by the Bank- Group Policy terms and conditions to be complied with)			
27	Free Term Life Insurance Cover (Death)	Rs.10.00 lacs	Rs.10.00 lacs	Rs.10.00 lacs
	Free Group Personal Accident Insurance (PAI) Cover: (With Account- Under Group Personal Accident Insurance Policy taken by the Bank for Account Holders- Premium Borne by the Bank- Group Policy terms and conditions to be complied with)			

Sl No.	Particulars	USSA-Classic	USSA-Executive	USSA-Premier
28	Free PAI (Death)- (Air-Accident also included) With Account	Rs.120.00 lacs	Rs.120.00 lacs	Rs.120.00 lacs
29	Free PAI (Partial Permanent Disability/ Total Permanent Disability)- (Air-Accident also included) With Account	Up to Rs.120.00 lacs	Up to Rs.120.00 lacs	Up to Rs.120.00 lacs
	Free Group Personal Accident Insurance (PAI) Cover: (With Debit Card- Under Group Personal Accident Insurance Policy taken by the Bank for Debit Card Holders- Premium Borne by the Bank- Group Policy terms and conditions to be complied with)			
30	Free PAI (Death)- With Debit Card (Rupay Select)	Rs.4.00 lacs (Rs.2.00 lacs by Bank+ Rs.2.00 lacs by NPCI)	Rs.15.00 lacs (Rs.5.00 lacs by Bank+ Rs.10.00 lacs by NPCI)	Rs.15.00 lacs (Rs.5.00 lacs by Bank+ Rs.10.00 lacs by NPCI)
31	Free Air-Accident Insurance (In case of Death) (Over and above benefits mentioned at Sl No.30 above)	Rs.5.00 lacs	Rs.100.00 lacs	Rs.100.00 lacs
	Marriage Assistance to unmarried daughter(s) of the deceased employee: (Linked to Debit Card usage- Under Group Personal Accident Insurance Policy taken by the Bank for Debit Card Holders- Premium borne by the bank- Group Policy terms and conditions to be complied with)			
32	Marriage assistance to girl child	Rs.2.00 lacs	Rs.2.00 lacs	Rs.2.00 lacs
	Higher Education Assistance to wards of the deceased employee: (With Account- Under Group Personal Accident Insurance Policy taken by the Bank for Account Holders- Premium borne by the bank- Group Policy terms and conditions to be complied with)			
33	Single Child	Rs.6.00 lacs	Rs.6.00 lacs	Rs.6.00 lacs
34	More than one child, each child will receive- (Max of 2 children)	Rs.3.00 lacs	Rs.3.00 lacs	Rs.3.00 lacs
	Higher Education Assistance to wards of the deceased employee:			

Sl No.	Particulars	USSA-Classic	USSA-Executive	USSA-Premier
	(Linked to Debit Card usage- Under Group Personal Accident Insurance Policy taken by the Bank for Debit Card Holders- Premium borne by the bank- Group Policy terms and conditions to be complied with)			
35	Single Child	Rs.15,000/-	Rs.15,000/-	Rs.15,000/-
36	More than one child, each child will receive- (Max of 2 children)	Rs.7,500/-	Rs.7,500/-	Rs.7,500/-
	Free Hospi-Cash (Medi-claim) for In-patient Hospitalization:			
37	Free Hospi-Cash (Medi-claim) for IPD	Nil	- Rs.500/- per day for hospitalization as IPD (Continuous 24 hours); - Rs.1000/- per day for ICU (Continuous 24 hours) - Both (a)+(b) subject to maximum of 30 days during the Policy period - Max Amount Rs.30,000/-	- Rs.500/- per day for hospitalization as IPD (Continuous 24 hours); - Rs.1000/- per day for ICU (Continuous 24 hours) - Both (a)+(b) subject to maximum of 30 days during the Policy period - Max Amount Rs.30,000/-
	Other add-on features/benefits			

Sl No.	Particulars	USSA-Classic	USSA-Executive	USSA-Premier
38	Under Group Personal Accident Insurance Policy taken by Bank for Account Holders: Add-on benefits of Rs.10.23 lacs as below: 1. Reimbursement of Transportation of Insured Person's dead body to the place of residence- Actual expenses subject to a maximum of Rs.2,500/-. 2. Reimbursement of ambulance charges for transportation of Insured Person to Hospital following incident – Actual expenses subject to maximum of Rs.1000/-. 3. Transportation of Imported Medicine- 5% of PAI cover or Rs.2.00 lacs, whichever is lower. 4. Cost of Plastic Surgery (Burn)- 5% of PAI cover of Rs.2.00 lacs, whichever is lower 5. Air Ambulance- 10% of PAI cover of Rs.6.00 lacs, whichever is lower. 6. Family transportation to reach place of accident (immediate 2 family members): Actual cost of Rs.20,000/- whichever is lower. 7. Repatriate of mortal remains- Actual cost or Rs.20,000/-, whichever is lower.			
39	Under Group Personal Accident Insurance Policy taken by Bank for Debit Card Holders: Add-on benefits of Rs.0.26 lacs as below: 1. Reimbursement of Transportation of Insured Person's dead body to the place of residence- Actual expenses subject to a maximum of Rs.10,000/. 2. Reimbursement of ambulance charges for transportation of Insured Person to Hospital following incident – Actual expenses subject to maximum of Rs.1000/-. 3. Checked in Baggage Loss Cover- Actual loss of Rs.15,000/- whichever is lower, subject to a condition that the air ticket is purchased using the Debit Card of Union Bank of India.			
40	Benefits associated with Rupay Select Debit Card: For availing benefits associated with Rupay Select Debit Card, please refer/login to the official website of Rupay Card/National Payments Corporation of India (NPCI)			

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Annexure IV(B)

Request for issuance of NOC to transfer the Salary account from Union Bank of India to another Bank

To:
The Branch Manager,
_____ Branch

Sub: UNION SUPER SALARY ACCOUNT - Request for issuance of No Objection Certificate to transfer salary from Union Bank of India to _____bank

I maintain a Union Super Salary SB account with your branch and the account number is_____
I am presently employed as _____with A.P NLCIL (Unit :_____) and my Mobile Number is_____.
My present address is _____
I request you to issue me a No Objection Certificate as I desire to change my salary bank from where I draw my monthly salary.
In the event of failure to Issue the NOC within 72 hours (3 working days) , I will assume that Union Bank of India has no dues / objection and I will be at liberty to change my salary account from Union Bank of India to _____ Bank.

Yours faithfully,
Name :
Designation :
Office Address: Permanent Address:
Place:
Date:
To be submitted to the Bank in duplicate and acknowledgement obtained from the Branch Manager/ Authorised signatory of Union Bank of India on the second copy, duly stamped including date of receipt by the Bank and signature of the Bank signatory.
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Annexure IV(C)

Overdraft application form for Union Super Salary Account

To:
The Branch Manager,
Union Bank of India
_____Branch

Dear Sir/Madam.
Union Super Salary Account-REQUEST FOR OVERDRAFT FACILITY

I am maintaining a Saving Bank account No_____with your branch and my employee Number is _____. At my request, you have agreed to grant me an overdraft limit (facility) of Rs._____ (Rupees _____ only) which is approximately as per the features of Union Super Salary Account. I am enclosing photocopies of my salary slips for your ready reference. I have represented to you that the said loan is required to meet my urgent personal/domestic expenses and not for speculative/real estate purposes.

In consideration of your granting me the above facility, I undertake to liquidate the outstanding in the facility with interest from my next salary (ies)/within a period of _____ months from the date of sanction of the facility. I also undertake and agree to pay interest for the above facility, at the rate applicable to Clean Overdraft i.e. _____ % per annum above EBLR/MCLR floating, currently _____% p.a. with monthly rests. I also agree that the said rate of interest shall undergo change from time to time as applicable to on overdraft account.

I undertake to repay the facility with interest in such instalments as mentioned above and to facilitate such repayment, I hereby authorize you to deduct such amount as may be required from my above account. In case, my salary is not credited to the above account for any reason whatsoever, I undertake to pay the monthly instalment with interest on or before the due date.

Yours faithfully,

Name:
Mobile Number:
E-mail id:
Office Address:

Annexure-V

1. Progress on salary package flagging by Banks.
2. Benefit wise claim settlement status report
3. Any other reports

(All the formats can be mutually agreed upon by the parties)

Annexure-VI

(The details of escalation matrix to assist the claimant and servicing the claims of various types)

Escalation matrix

In case of any difficulties faced, which requires our attention, you can approach the appropriate level of officials as given below: -

Level 1: The Chief Manager,
Puducherry Branch,
Ground floor,100 Feet Road, Savitha Plaza,
Opp.Indiragandhi signal, Puducherry-605005.
ubin0904422@unionbankofindia.bank.in

Level 2:
The Regional Head,
Union Bank of India,
Kancheepuram.
Email: Rh.kancheepuram@unionbankofindia.bank.in

Level 3:
The Chief Manager
Zonal LEAP Office,
Zonal Office, Third Floor,
Union Bank Bhavan,
139, Broadway, Chennai – 600108
Email: zlo.chennai@unionbankofindia.bank.in
pmo.fgmochennai@unionbankofindia.bank
Gbd.zochennai@unionbankofindia.bank.in

Level 4:
The Assistant General Manager
Zonal LEAP Officer,
Zonal Office, Third Floor,
Union Bank Bhavan,
139, Broadway, Chennai – 600108
Email: zlo.chennai@unionbankofindia.bank.in
fgm.chennai@unionbankofindia.bank.in

(Any changes in the above escalation matrix will be intimated by the Bank to the DAT)