

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office _____ Branch Office _____

GUIDELINES FOR PROCESSING OF DISABILITY CLAIMS DUE TO ACCIDENT AND SICKNESS UNDER NAV PRABHAT PLAN (T -137)**PROCESS:**

The assessment of disability claims due accident and sickness comprises of :

- a) Assessment of non medical evidence such as waiting period conditions, completeness of claim form, non disclosure of medical condition, exclusions etc. to be done and final claim decision to be taken by Manager(Claims)
- b) Assessment of medical evidence/documentary evidence to be done by Medical Referee.

a) Assessment of non medical evidence :

Basic scrutiny would include

- ® Check for status of policy
- ® Completeness of claim form, eg duly completed, dated and signed. Signature should match with that appended/recorded in proposal form.
- ® Check all documents, medical and non medical, for the name of the person, address, age, sex, etc.. to confirm the identity of the LA.

Detailed scrutiny involves checking for policy conditions such as waiting period, notification period, etc being satisfied. Some crucial check points to be looked at are detailed as below:

- ® **Check for the cause of the claim event** : Whether due to accident or sickness.

If the cause of the claim is due to accident (as in case of blindness, third degree burns, paralysis, injury to spinal cord, haematoma, brain haemorrhage, etc.), the appropriate police report (FIR, Panchanama, Final Investigation report, newspaper cutting) for the event and identity of the LA should be verified.

If the cause of the claim is due to sickness (as in case of heart ailments, paralysis, brain haemorrhage, etc.) the appropriate medical evidence i.e. hospital reports, medical investigation reports, discharge summary for the event and identity of the LA should be verified.
- ® **Waiting Period** : For claims as per clause D, E & F, there will be a **waiting period of 6 months after the onset of disability during which time policy must be kept in force by payment of due premiums.**
If the disability persists after the waiting period and the claim is admissible, the payment of instalments shall be made retrospectively from date of disability or date of notification to the Corporation, whichever is later.
However, the waiting period condition shall not apply to conditions such as A) Death, B) & C) Permanent Disability, either Total or Partial, arising directly out of accidents.
- ® **Notification period** :The full particulars of the disability arising out of claim event must be notified in writing to the Corporation immediately after happening of disability. Proof of disability must be given to the Corporation within 120 days of the occurrence of disability and subsequently, as and when required on continuance of such disability.
- ® **Exclusion Clause**: Check for the exclusions clause. eg. if cause of claim event arises directly or indirectly from, through or in consequence of the exclusions as mentioned in the policy conditions, such as self inflicted injury, involvement in criminal activity, war, under the influence of alcohol, engaged in aviation other than fare-paying, part-paying or non-paying passenger, activities such as hunting, etc , then the claim does not qualify to be paid.
- ® **Claims document check for non disclosure**:Checking the documents such as claim form and medical evidence for any non- disclosure of medical condition at proposal stage and with underwriting decision.
- ® **Documentation regarding claims** : The following documents have to be scrutinized,
 1. Claim form completed by the claimant. (Annexure B)
 2. Questionnaire completed by the Doctor/Hospital where the life assured was undergoing treatment (Annexure A)
 3. ADL Test to be completed by the Medical Examiner on LIC Panel (Annexure C)
 4. Earning Test Qn. to be completed by the Medical Attendant of the Life Assured (Annexure D)
 5. Earning Test Qn. by the Employer of the Life Assured (Annexure E)
 6. Certified copies of Income Tax Returns for last two years, if filed. (For selfemployed group and Professionals)

The above scrutiny is in addition to that of the other documentation, such as

- a) Hospital reports and all medical investigation reports
- b) Discharge summary
- c) Medical Attendant s reports.

If the disability claim is due to accident , check for receipt and accuracy of information in FIR, Panchanama, Final Investigation Report and newspaper cuttings, if any. All claim documents should be scrutinised for accuracy of information and authenticity of documents.

b) Assessment of medical evidence/documentary evidence to be done by Medical Referee :

Guidelines to Medical Referees in considering the claim for Accident / Disability Benefit under Nav Prabhat Plan

A claim for Accident or Disability Benefit arising out of accident/sickness resulting in either death or permanent disability, as defined below, can be made during the term for which such benefit is in force :

A. Death of the Life Assured; (the usual death claim process is to be followed)

B. Total and Permanent Disability :

- i) amputation of both hands at or above the wrists, or
- ii) amputation of both feet at or above the ankles or
- iii) amputation of one hand at or above wrist and amputation of one foot at or above the ankle, or
- iv) any other severe conditions such as Paralysis, Brain Haemorrhage due to Haematoma, injury to spinal cord, etc. resulting in total and permanent disability due to accident.

C. Partial and Permanent Disability :

- i) Amputation of one hand at or above the wrist, or
- ii) Amputation of one foot at or above the ankle.

D. Total and irrecoverable loss of use of :

- i) both feet or
- ii) both hands or
- iii) both eyes or
- iv) one eye and one hand or
- v) one eye and one foot or
- vi) one foot and one hand.

E. Total and irrecoverable loss of use of :

- i) one foot or
- ii) one hand or
- iii) one eye or
- iv) both ears

F. Total and Permanent Disability due to Sickness.

All the claim cases for disability due to accident or sickness have to be referred to the Medical Referee by the PS/Claims Department of Divisional Offices after scrutiny for admission of claim at Branch Offices.

The Medical Referee should peruse the documentary evidences received under the policy for claim in respect of the above mentioned contingencies. The MR should be satisfied that the event/disability being claimed for **is in accordance with the definition of that event/ disability as given in the policy conditions.**

PART- I Exclusions:

The Medical Referee should take into account the following exclusions while examining the claim and ensure that no benefit is paid if the disability or death of the life assured takes place as a result of :

1. intentional self-injury, attempted suicide, insanity or immortality or whilst the Life Assured is under the influence of intoxicating liquor, drug or narcotic; or
2. accident while the Life Assured is engaged in aviation or aeronautics in any capacity other than that of a fare-paying, part-paying or non-paying passenger in any aircraft which is authorized by the relevant regulations to carry such passengers and flying between established aerodromes, the Life Assured having at that time no duties on board the aircraft or requiring descent therefrom; or
3. injuries caused from riots, civil commotion, rebellion, war (whether war be declared or not), invasion, hunting, mountaineering, steeple-chasing or racing of any kind; or
4. any breach of law committed by the Life Assured; or
5. employment of the Life Assured in the armed forces or military service of any country at war (whether war be declared or not) or from being engaged in Police duty in any military, naval or Police organization; or
6. failure on the part of the Life Assured to follow medical advice; or
7. being found directly or indirectly attributable, in the opinion of the Medical Officer of the Corporation, to an Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV), for which purpose

- the definition of AIDS shall be that used for the time being by the World Health Organisation or by any Successor body or by such other body or governmental or International Organisation as the Corporation shall from time to time decide at its discretion.

- Infection by any HIV shall in any event be deemed to have occurred, if blood tests indicate, in the opinion of the Corporation's Medical Referees, either the presence of any HIV or of antibodies to such a virus but the absence of any such indication shall not preclude the Corporation's Medical Referee from forming the opinion that such infection has occurred.

On the basis of the information furnished by the assured alongwith the documentary evidence received and the proposal form/Medical Report submitted earlier for insurance and/or at the time of revival, the Medical Referee should ensure that causes/reasons which have been stated/occurred prior to the date of proposal/revival have not led to the present disability for which claim has been made by the life assured.

The documentary evidence with regard to the disabilities due to accident/sickness which are to be perused by the Medical Referee are :

1. FIR, Panchanama, Final Investigation report.
2. Hospitalisation papers
3. Discharge Summary
4. Medical Attendant s Report
5. Earning Test : The questionnaire is to be obtained from the Employer and the Medical Attendant of the life assured
6. Activities of Daily Living (ADL) Test
7. Annexure B _____ (to be completed by Life Assured)
8. Annexure A. _____ (to be completed by Doctor/Hospital who/which treated theLife Assured)

The Medical Referee has to ensure the following from the abovementioned reports.

1. The FIR, Panchnama and Final Investigation report is to be examined where the cause of the event is accident.
2. The treatment details relating to the Accident/Sickness i.e. Hospitalisation papers, Discharge Summary are to be examined to confirm the nature and extent of disability/sickness. He has to ensure from the diagnosis of the Medical Attendant based on the relevant supporting medical reports (depending on the nature of disability due to accident/sickness, as in case of paralysis, brain haemorrhage, haematoma, blindness, third degree burns, injury to spinal cord, brain haemorrhage, etc.) such as X-ray, Scan plate, Nephrologist s report, Physiotherapist s report, Blood report/s, CTMT, ECG tracing, Ophthalmic report, **the extent of incapacitation as a result of the accident/sickness and the consistency of treatment with the medical condition.**

3. Earning Test Qn.:

This form is required to be completed if the life assured is aged not over 65 years and is earning as on the date of accident or sickness. The extent of incapacitation of the life assured and his inability or otherwise to continue in his occupation as a result of the disability/sickness, as confirmed by the medical attendant, is to be confirmed.

4. ADL Qn.:

The following activities constitute ADL

- i) Dressing & undressing : the ability to dress and undress and to put on and take off any surgical appliances usually worn
- ii) Washing & bathing : the ability to wash in the bath or shower or by other means to maintain personal cleanliness.
- iii) Using the lavatory : the ability to do all of the following : to get to and from the lavatory; to get on and off the lavatory; to maintain an adequate level of hygiene.
- iv) Continence : the ability to voluntarily control bowel and bladder functions or to otherwise maintain an adequate level of personal hygiene with or without the use of catheters, incontinence pads or other artificial aids.
- v) Mobility : the ability to walk 400 meters on the level without stopping and without severe discomfort.

He has to ascertain the number of activities the life assured is unable to perform because of the disability. If the Life Assured is **unable to carry out any four of the five activities of daily living**, mentioned hereinabove, it will constitute disability as defined in the policy conditions. (The original reports submitted can be returned to the party after verification by MR, retaining a copy thereof for our records)

In case any further information/clarification is required by the MR, the same may be called for from the party through the Manager (Claims).

After the medical opinion is received from the Medical Referee, the case should be finally decided by the Manager (Claims).
