

MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN

UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES
SAIFAI



&

Bank of India



duly authorised officer **Shri Sunit Kumar Agarwal** ,(Zonal Manager, Agra Zone) of the OTHER PART.

(Wherever the context so requires, the **Bank** and **Employer** are collectively referred to as the '**Parties**' and individually as "**Party**" also in this MOU)

W H E R E A S

A. The Employer in its efforts to simplify and streamline the salary credit procedure and to make available modern banking facilities to its personnel and has decided to provide an option to open/transfer the salary accounts of its employees (hereinafter referred to as "Employee" or "Personnel") in the various branches of Bank of India connected to Core Banking Services (CBS) and requested the Bank for the same. The term '**Employee**' or '**Personnel**' shall include **Permanent Employee** which are getting direct salary credit from "**Uttar Pradesh University of Medical Sciences, Saifai**" (i.e. without any vendor).

B. All new accounts being opened by the bank in the Centres/All offices/Stations/ Depot will be opened under **Government Salary Saving Account (Govt. Employee - Scheme Code SB163)**.

Now therefore in consideration of the above premises, this MOU witnessed as under:

Both parties have mutually agreed as follows: -

1. Period of MOU

This MOU shall be operative for a period of 3 years (Subjected to annual review) with effect from 03-04-2026 and will be enforced, unless terminated earlier or till the next MOU is signed, as mutually agreed by both parties .However, the MOU shall be reviewed by BOI in consultation with Uttar Pradesh Medical University- Saifai every year for any amendments/ addition/Deletion of features of Salary Package except for the charges brought to meet regulatory guidelines.

2. Opening/Transfer/Closing of Salary Accounts by the Bank:

- The Employees whose salaries are to be paid by the employer, directly through Banking Channel, shall have to open their salary savings account with the CBS connected Branches of the Bank, following the Bank's procedure for the same inter-alia mentioning their Staff Personnel Number and Salary Code etc. (if any, allotted by the Employer) in the Account opening form/E-platform/Web Journey at the time of opening their salary account with the Bank.
- Bank may approach to the employees of the Uttar Pradesh University of Medical Sciences, Saifai and vice versa to open the salary account. It will be sole discretion of the employee to open salary account with a particular Bank. Bank may also promote Bank's Products & Services among the employees.
- Bank will check the eligibility of the employee of Uttar Pradesh University Of Medical Sciences Saifai prior to opening of account. The employee to comply with the KYC norms and other guidelines issued time to time by the Bank/RBI.
- Bank will obtain the required documents from the Employee for providing any credit facilities as per the Bank norms.
- The employer will officially make aware to their all employees about the tie-up/MOU for opening of their salary account with Bank of India.
- Uttar Pradesh University Of Medical Sciences, Saifai has hereby given approval to the bank for opening of salary accounts (under SB163) of employees (Regular and contractual both), who so ever interested to open the salary account with the Bank), getting direct salary credit from the employer.

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- The Employer will directly credit the salary of the Employees, who opt for the opening of their salary account with BOI in their salary account (under SB163) by remitting the salary through their banking channel.
- The said MOU is non-binding on the Employer/Employee and all employees are having discretion to open their salary accounts with particular bank.

3. Recall of Salary:

In case of erroneous disbursement of salary to employees, such issues shall be settled by the employer directly with the employees and bank shall not be liable or bound to refund any amount withdrawn by any employees for whatever reason. However, the bank shall extend all possible help and support to assist Uttar Pradesh University of Medical Sciences, Saifai to resolve the issue.

4. Facilities (Salary Package) Offered by the Bank:

Bank may at its sole discretion provide certain complimentary facilities to the Employees which are subjected to revision or may vary from time to time. Such complimentary facilities provided may be modified or withdrawn or made a paid service by the Bank without prior notice to the Employer and/or the Employees. Notwithstanding anything contained herein or in any other document, writings, between the Parties herein or between the Bank and the Employer/Employee the services/complimentary facilities extended to the Employees shall cease immediately upon termination of this MOU or on discretion of the bank from the date of the Employee ceasing to be in the service of the Employer, whichever is earlier. Upon ceasing of the facilities, the account will be treated as normal savings account and from this date the account holder shall also be liable to pay all service charges, commission, interest etc. as applicable to that of a normal customer of the Bank.

BOI Government Salary Account package (Scheme Code-SB163) is a **Zero Balance Account**, there will be no charge for non-maintenance of Balance in the account. However, the account holder will get more/additional benefits upon maintaining the specified Average Quarterly Balance (AQB).

Facilities/Features offered under Govt. Salary Saving Account (Scheme Code-SB163) are as under:

Insurance Facility:

A) **Free Term/Life Insurance OR Normal Death Cover - Up to Rs. 11 Lakhs*.**

- Employees (Between the age of 18 years to 60 years), who will be getting his/her salary (Scheme Code-SB163) will be eligible for Term/Life Insurance Cover OR Normal Death Cover up to Rs. 11 Lakhs.
- The Term Insurance Cover will be effective after 30 days from 1st salary credit in Salary Account of the individual employee, after execution of this MOU.
- Term Insurance provider is LIC and the Group Term Insurance policy is effective from 11-09-2025 to 10-09-2026

B) **Base coverage - Group Personal Accidental Insurance Cover #:**

Coverage available for all Employees	Cover Amount
Group Personal Accidental (Death) Insurance Cover	Rs.100 Lakhs
Permanent Total Disability Cover (100%)	Up to Rs.100 Lakhs
Permanent Partial Disability Cover (50%)	Up to Rs. 50 Lakhs
Air Accidental (Death) Insurance Cover	Up to Rs. 200 Lakhs
Child Higher Education Benefit (for maximum 2 Child)	Up to Rs. 10 Lakhs

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C). Add on cover as per the table given below.

No	Coverage Type	Maximum Coverage
1	Girl Child Marriage Cover (18-25 years) maximum 2 girl child Rs.5 Lakhs for each	Upto Rs. 10 Lakh
2	Transportation of Mortal Remains	Upto Rs. 0.5 Lakh
3	Cost of Plastic Surgery/Burn	Upto Rs. 10 Lakh
4	Air Ambulance Cover	Upto Rs 10 Lakh
5	Ambulance Cover	Upto Rs. 0.5 Lakh
6	Cost and Transportation of Imported Medicine	Upto Rs. 5 Lakh

Please Note:

The Group Personal Accident Insurance Cover is inbuilt benefit to the SB Account holders and its coverage amount is linked to Scheme Type. (Insurance cover will prevail as per Bank's issued guidelines from time to time). There is no age bar for Group Personal Accident Cover. To avail the benefits of Insurance cover etc., Employee has to sign and submit a letter of undertaking prescribe by the Bank.

Capital Sum Insured (CSI), i.e. maximum 'insurance Cover available is **either** 10 times Gross annual income of account holder **or** any of the above mentioned applicable Insurance Coverage, whichever is less. The CSI will be calculated on standalone basis for each of the insurance claims separately. (As the case may be).

Educational Benefit:

In the event of death or permanent total disablement of the Insured due to an accident as defined, the Policy shall pay as education grant for the dependent children (Maximum 2 child) for graduation as below:

- If the Insured Person has one or more than one dependent child below the age of 25 years, the payable amount will be as per the Insurance Company / IRDAI norms subject to a maximum of Rs. 10,00,000/-

The payment as above will be made along with the CSI to the same person/s who is/are entitled to receive CSI.

The total benefits under this regulation, shall be limited to a maximum of Rs. 10 Lakhs in case there is one or more than one dependent child. The amount so payable shall be borne by all the policies in proportion to the original sum insured.

Enclosures: (Which shall be integral part of this MOU):

- General Guidelines (GPA cover & Term Insurance Cover)
- SOP for Submission of Insurance Claim (GPA cover & Term Insurance Cover)
- Insurance Claim Forms (GPA & Term Insurance)
- Format of eye witness certificate and Medical Certificate
- Employee Undertaking (Annexure I and Annexure II)


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FEATURES	ACCOUNT CATEGORY				
	Normal	Classic	Gold	Diamond	Platinum
Minimum Balance	NIL	NIL	NIL	NIL	NIL
Average Quarterly Balance (AQB)	NIL	Above Rs. 10,000	Above Rs. 1.00 lakh	Above Rs. 5.00 lakh	Above Rs. 10.00 lakh
Pass book Issuance	Free				
Free Cheque Leaves	25 leaves per quarter	25 leaves per quarter	Unlimited	Unlimited	Unlimited
RTGS/NEFT Charges	Free	Free	Free	Free	Free
DD/PO Charges	Free	Free	Free	Free	Free
SMS/WhatsApp Alert Charges	Chargeable	Free	Free	Free	Free
Locker Rent Concession	NA	50%	100%	100%	100%
The proposed concession will be available for Locket Type A and B for First year only.					
Waiver of Debit card issuance charges (only 1 card & 1 st issuance)	VISA Classic	VISA Classic	Rupay Platinum	Rupay Select	Visa Signature
At the time of issuance /replacement/renewal and AMC system will apply the charges as per the prevailing categorization of accounts. Rupay NCMC will be there in free choice with all variants.					
Waiver of Debit card AMC charges (Subject to Avg. Yearly Balance)	75,000	75,000	1,00,000	2,00,000	5,00,000
Free Transactions at BOI ATM per month	10	10	10	10	10
Free Transactions at Other Bank ATM per month	5*	5*	5*	5*	5*
*Financial & Non-Financial transactions. In case of ATMs located in six metro cities i.e. New Delhi, Mumbai, Kolkata, Chennai, Bengaluru, Hyderabad - 3 free transactions per month. Rules in this regard will prevail as per RBI/Bank's prevailing guidelines.					
Retail Loans - Concession in Processing Charges	NIL	50%	50%	100%	100%
Retail Loans – Concession in Rate of Interest	NA	NA	5 bps	10 bps	25 bps
In case of any other concession already offered to Retail loan customers viz. festival offers, special concession to women beneficiaries, any special concession etc. the above mentioned concession proposed to account holders vide this scheme is automatically withdrawn.					
Salary /Pension Advance	Equal to 1 month Net Salary				
Instant Personal Loan	Equal to 6 months Net Salary (All other Terms & Conditions as Net Take Home {NTH}, ROI will be as per Bank's prevailing guidelines for Personal Loan)				
Health Insurance	Health Insurance available at attractive & competitive premium through our Health insurance tie-up partners.				

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5. Commercial:

The Bank will not charge any commission or service charges either from the salary account holder or from Uttar Pradesh University of Medical Sciences, Saifai for this services. Any changes in statute, Rules & Regulations of applicable laws will have overriding effect on this MOU.

6. Insurance Cover:

The Insurance Cover is Subject to settlement of Claim by the Insurance Company without any Liability to the Bank. The rights and liabilities of the insured shall be with the Insurance Company. It is clarified that Insurance Contracts or any of its terms shall not be binding on the Bank and the Bank takes no responsibility to either the Insurance Company or the Insured. Bank holds the right to withdraw the facility at its discretion in subsequent year without any prior notice.

7. Confidentiality:

Employer shall treat as confidential all information obtained as a result of entering into or performing this MOU, except when bound to disclose such information if required by operation of law or by judicial or regulatory or government authorities provided prior intimation has been given to Bank. The Confidentiality obligation of Employer shall survive termination / expiry of this MOU.

8. Resolution Mechanism:

A standing one-point team comprising a Special Relationship Manager from the Bank of India and a member from the Employer will be constituted to resolve all operational issues.

9. Termination:

This MOU shall be operative for a period of 3 year with effect from 03-04-2026 , Subjected to annual review) and will be enforced, unless terminated earlier or till the next MOU is signed , as mutually agreed by both parties .However , the MOU shall be reviewed by BOI in consultation with Uttar Pradesh Medical University- Saifai every year for any amendments/ addition/Deletion of features of Salary Package except for the charges brought to meet regulatory guidelines.

10. Force Majeure:

The parties shall not be liable for any failure to perform any of its obligation under this MOU if the performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligations shall be suspended for so long as the Force Majeure event continues. Each party shall within a week inform the other of the existence of a Force Majeure event and shall consult together to find a mutually acceptable solution.

Force Majeure event means any event due to any cause beyond the reasonable control of the party, including limitation, unavailability of any communication system, sabotage, fire, flood, explosion, act of God, civil commotion, strikes or industrial actions of any kind, riots, insurrections, war or acts of government.

11. Publicity:

The Bank may publish/market about its services extended to the Employer under this MOU and/or promote its business objectives from time to time.


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Annexure I

Account Category	Normal	Classic	Gold	Diamond	Platinum
Average Quarterly Balance (AQB)	Nil	Above Rs.10,000/-	Above Rs 1 Lakh	Above Rs 5 Lakh	Above Rs 10 Lakh
Minimum Balance	Nil				
Waiver of ATM/ Debit Card Issuance Charges *(Only 1 Card and 1 st Issuance is being considered for waiver)	Visa Classic		Rupay Select	Rupay Select	Visa Signature
	*At the time of issuance/replacement/renewal and AMC, the system will apply the charges as per the prevailing categorization of the account. Rupay NCMC will be there in free choice with all variants.				
Waiver of ATM/ Debit Card AMC (Subject to qualify Average Yearly Balance)	75,000/-		Rs 1 Lakh	Rs 2 Lakh	Rs 5 Lakh
Free Cheque Leave	25 Leaves per Qtr.		Unlimited		
Waiver of RTGS /NEFT/Charges	100% Waiver				
Free DD/PO	100% Waiver				
Credit Card issuance Charge waiver	100% waiver				
SMS Alerts	Chargeable	Free			
Whatsapp Alert	Chargeable	Free			
Passbook	Issuance Free				
Free Transaction at BOI ATM per month	10				
Free Transaction at other bank ATM per month	5*				
	*Including financial and non-financial transactions Note: In case of ATMs located in six metro locations, viz. Bengaluru, Chennai, Hyderabad, Kolkata, Mumbai and New Delhi, bank shall offer their savings bank account holders 3 free transactions (including financial and non-financial transactions) in a month at any other bank's ATM. Rules in this regard will prevail as per RBI/Bank's issued guidelines from time to time.				
Concession in Processing Charges in Retail Loans	Nil	50%		100%	
	Not Available		5 bps	10 bps	25bps

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Concession in ROI in retail Loans (s.t. minimum rates)	Note: In case of any other concession already offered to Retail Loan customers viz. festive offers, special concessions to women beneficiaries, Special Scheme for the Employees of UTTAR PRADESH MEDICAL UNIVERSITY SAIFAI (if any) etc., the above Retail Loan concessions proposed to Savings Account holders vide this scheme is automatically withdrawn.		
Locker Rent Concession*	NA	50%	100%
	*Subject to availability of the lockers. The proposed concessions will be available only for the locker type A and B for the first year.		
Salary/Pension Advance	Equal to 1-month net Salary (All other terms and conditions as arriving Net Take Home (NTH), ROI will be as per bank's prevailing guidelines for Star Personal loan)		
Instant Personal Loan	Equal to 6-month net Salary (All other terms and conditions as arriving Net Take Home (NTH), ROI will be as per bank's prevailing guidelines for Star Personal loan)		
Health Insurance	Health Insurance available at attractive & competitive rate through our Health Insurance tie-up partners		

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Annexure III

**Application cum undertaking to be obtained from the Account holder
(existing/new) for conversion to Salary Account**

To,

The Branch Manager

1) I maintain a SB account No _____ with your _____ branch.

OR

I intend to open an SB account with your _____ branch for crediting my Salary from my Employer _____

(Strike off whichever is not applicable)

- 2) My date of birth is _____ and my employee ID with my employer is _____. I am interested in availing term Insurance as being provided by Bank of India on complementary basis.
- 3) In this connection I request that my existing Savings Account _____ to be converted into _____ account with all features.
- 4) I hereby give my consent BOI to share my personal data with the companies/entities offering the benefits /features related to the Salary account for the purpose of availing such benefits and features.
- Group term insurance is being provided on complementary basis by Bank of India on the basis of salary account with Bank of India
 - The policy has to be renewed every year. Bank every year, would make best endeavour to renew the Term Insurance at same or better terms and conditions. However, where it fails to do so the bank would intimate the employer about the same.
 - Only salaried aged from 18 years to 60 years are covered in the scheme.
 - All claims are to be paid by the Insurance company only and the final payment authority is with them. I understand that the bank does not undertake to pay the sum insured in case the insurance company is not able to meet its obligations.
 - Cover for group insurance will start within 30 days after the first credit of my salary after my submission of this declaration. In absence of this declaration data will not be submitted to insurance company, and no cover will commence.

Date:
Place

Signature
Name:
Designation:

FOR OFFICE USE

We confirm the receipt of application from Mr/Ms _____. We have entered her details in Finacle vide Menu ACM. We have also entered the special charge level code applicable to the applicant's, employer. We would be informing our Zonal office of the application for onward submission to Head office.

Signed Officer
PF Number

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Counter Signed
PF Number



Annexure IV
Definitions

1. **Death** – The Insurance Company will pay the nominee 100% of the sum assured if during the Policy Period the Insured Person (s) meets with an Accident that causes death.
2. **Permanent Total Disability** – In event of injury occurring to the Insured Account holder, solely and directly from accident caused by external, violent and visible means within policy period resulting in total and irrecoverable loss as total permanent disablement, the claim will be settled as per IRDAI guidelines.
3. **Permanent Partial Disability (PPD)** - In event of injury occurring to the Insured Account holder, solely and directly from accident caused by external, violent and visible means within policy period resulting in partial irrecoverable loss of use or the actual loss by physical separation where a part of the body becomes permanently disabled (i.e. partial loss as defined by IRDAI)
4. **Air Accident Insurance** – In the event of death resulting solely directly from accident caused by external, violent and visible means in Air Accident occurring while undertaking journey by Airlines as well as Service Aircraft.
5. **Girl Child Marriage Cover (18 - 25 years)**- If a claim is accepted as a valid claim in case of death and disability then this benefit is extended to a Girl Child of the insured person, whose age is between 18-25 years. The maximum benefit available under this add-on coverage is limited to two girl child, with a total coverage amount of up to INR 10 lakhs (INR 5 lakhs for each). No marriage certificate or proof of marriage to be sought for providing cover under this add-on. It has to be paid if the girl child is between the age 18-25 as on the date of death /disability of insured parent.
6. **Higher Education Cover (INR. 5 Lakhs per Child)** - If a claim is accepted as a valid claim in case of death and disability then this benefit is extended to Children of the insured person, pursuing any education above "Higher Secondary School" will fall under the Higher Education Cover. The maximum benefit available under this add-on coverage is limited to two children, with a total coverage amount of up to INR 10 lakhs.
7. **Transportation of dead body /Ambulance Cover/Air Ambulance Cover** - If a PAI claim is accepted as a valid claim in case of death and disability, expenses incurred on Ambulance expenses for transporting the Accident injured to hospital or transporting the dead body of the insured person from the place of hospital to his/her residence in India (to be paid as per upto specified limit)
8. **Cost of Plastic Surgery/Burn**- In case the Salary Account Holder (or Insured Person) dies due to accident tenable under terms and conditions of the policy, the Insurance Company will reimburse the costs of plastic surgery incurred in India due to burn upto INR. 10,00,000, insured prior to death of Insured person.
9. **Cost & Transportation of Imported Medicine**- If a PAI claim is accepted as a valid claim in case of death and disability, expenses incurred on purchasing and transporting Imported Medicine used for the treatment of the Accident injured to his treating hospital from the country of purchase to India the Insurance Company will reimburse the costs upto INR. 5,00,000 provided:

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- Such medicines, formulations or their alternatives are not available in India, and
 - Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.
 - Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.
10. **AQB** – AQB (Average Quarterly Balance): AQB stands for Average Quarterly Balance and refers to the average amount of money an account holder maintains in their bank account over a three-month (quarterly) period (April- June, July-September, October –December and January - March). The Average Quarterly Balance is calculated by summing the closing balance of the account for each day in the quarter and then dividing the total by the number of days in the quarter.
11. **MAB** - MAB (Monthly Average Balance): MAB stands for Monthly Average Balance and refers to the average amount of money an account holder maintains in their bank account over one-month period. The Average Monthly Balance is calculated by summing the closing balance of the account for each day in the month and then dividing the total by the number of days in the month.

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IRDAI Benefit Table

Table III

Sr. No.	Loss Covered	Percentage of Sum Insured
1	Loss of Use/ Physical Separation:	
	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%
2	Loss of Use of both ears	50%
3	Loss of Use of one ear	20%
4	Loss of four fingers and thumb of one hand	40%
5	Loss of four fingers	35%
6	Loss of thumb - both phalanges	25%
	- one phalanx	10%
7	Loss of Index finger - three phalanges	10%
	two phalanges	8%
	one phalanx	4%
8	Loss of middle finger – three phalanges	6%
	two phalanges	4%
	one phalanx	2%
9	Loss of ring finger - three phalanges	5%
	two phalanges	4%
	one phalanx	2%
10	Loss of little finger – three phalanges	4%
	two phalanges	3%
	one phalanx	2%

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11	Loss of metacarpus - first or second (additional)	3%
	third, fourth or fifth (additional)	2%
12	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Coverage Conditions

1. The policy will be applicable for existing as well as new Account holders of the select Savings, Salary and Current Bank Schemes of the Bank of India.
2. Accidental Death/ Disability Cover will be available only in case of cause resulting solely and directly from **Accident** caused by external, violent, and visible means.
3. Bank has renewed the Insurance Policy with "**United India Insurance Company Limited**" which is effective from **07th September 2025 to 6th September 2026**.
4. Only Primary Account holders will be covered under the policy.
5. The account must be active at the time of Accident of account holder.
6. For eligibility of coverage, Salary/Pension accounts must have at least three months of regular Salary/Pension credit.
7. Salaried/Pension Accounts must be opened under Correct Scheme Code with Correct Special Charge Code, to get the benefit of GPA cover.
8. In case of multiple accounts related to a single CIF, the account getting maximum benefit will be taken into consideration.
9. The benefit of each and every add-on will be provided separately. Add-on covers will be triggered only if a claim is admissible under Death, Permanent Partial Disability (PPD), or Permanent Total Disability (PTD).
10. Coverage in case of on Job operation/ activities / trainings/ Testing of lights/ equipment's/ rescue operation/ Maritime/ Naxal Attacks/ Mob/ Terrorist Attacks/ Animal Attack/ Snake Bite / Forest Fire irrespective of geographical area and nature of job.
11. Air Accident cover will cover travel by civilian commercial aircraft and service aircraft.
12. Death due to aircraft accident/ship accident other than declared war by Government of India is covered.
13. Death due to accident in underground mines will be covered under the Policy.
14. Policy shall cover on duty & off duty for all types of operations anywhere in the world excluding War and war like operations for defense personnel.
15. The Personal Accident cover will be available for account holders even in case of death in a terrorist/left Wing Extremist/Naxalite action and training.
16. The Policy provides worldwide and 24*7 cover.
17. Wherever required Insurance Company may appoint an Investigator to process the Claim.
18. The Addition/Deletion of Accounts under the MOU shall be shared by FGMO/Zones on or before 5th of every month for the accounts added in the preceding month.
19. **Please ensure claims are forwarded to our empanelled Insurance broker Anand Rathi Insurance Broker Limited (ARIBL) at email id**

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resourcesclaimsboi@rathi.com and mark CC to Insurance.deposits@bankofindia.bank.in

20. The insurance provided by the bank is purely complementary in nature without any premium or charge levied on the customer. These features can be modified / change / withdrawn as per discretion of the bank. Zones who has signed MOUs are advised to inform the change / withdrawal or a modification to the organization in writing under their acknowledgement. It is endeavour to renew the policy due for renew every year on an annual basis at the discretion of the Bank. The Bank reserves the right to discontinue the scheme or alter the terms or amount payable any time.
21. The Bank shall not be held liable for the payment of any insurance claim. All claims shall be processed independently by the Insurance Company, in accordance with its terms and procedures. The Bank shall not be a party to any dispute, disagreement, or litigation arising between the claimant and the Insurance Company.
22. All concerned are hereby instructed to **strictly follow the Procedural Guidelines** applicable to **MOUs**, which are being **circulated separately**.
23. The conditions mentioned above are **indicative in nature**. However, all claims shall be **settled strictly in accordance with the guidelines** specified in the **Policy Documents issued by the Insurance Company** and as per the applicable **IRDA (Insurance Regulatory and Development Authority) guidelines**.

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STEP II: Submission of Required Documents For Settlement of Claim

Initially soft copy of all the documents mentioned in the checklist below needs to be submitted by branch. Claim Documents once received will be scrutinized by Anand Rathi insurance Brokers team, thereafter the Branch Manager of the Branch where the account exists will share duly filled, signed & stamped claim form along with all the relevant claim documents required to the address mentioned below.

**Mr. Aadesh Patankar/ Ms. Sneha Pednekar, STAR HOUSE II, 8th FLOOR, WEST WING, C-5, G-BLOCK, BANDRA-KURLA COMPLEX, BANDRA (EAST), MUMBAI – 400 051.
Tel: 022-6131 9859/9848 , +91 8451968926.**

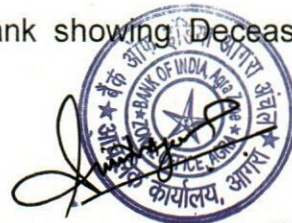
Once the hard copy of documents is received, the same will be submitted to the respective Insurance Company, depending upon the date of accident.

Intimation of the claim & Submission of Claim Document: The Claimant/Nominee shall intimate the claim within 365 days of date of accident to the concerned branch, and will be afterwards intimated to the Insurance Company through ARIBL. The Claimant/Nominee shall arrange for submission of the documents towards substantiation of the claim within 365 days of date of accident to Bank for onward submission to ARIBL.

Documents Checklist for Death Claim

- a) Completely filled Claim Form by the claimant/Nominee
- b) Legible (Clear Readable) Copy of Police F.I.R and Panchanama (For Armed forces: Defence Authority report in case FIR is not available). **FIR is mandatory document.**
- c) Copy of Post-Mortem Report.
- d) Copy of Death Certificate (Mandatory in all types of events of death)
- e) Letter from the Bank's officers certifying the account of the deceased.
- f) Notarized translations in English of any provided document which is in regional language.
- g) PAN card copy of the claimant and deceased member. If a PAN (Permanent Account Number) card copy is not available, then form 60 may be submitted.
- h) Original Cancelled cheque leaf of the claimant's bank account/ photocopy of the first page of the claimant's bank passbook containing the name of account holder, bank account number, IFSC code.
- i) NEFT details of the claimant/nominee certified by the claimant's bank.
- j) Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)
- k) Viscera Report/chemical analysis report in case where post-mortem report shows the viscera is preserved. It is a mandatory requirement.
- l) Aadhar Card of the Nominee/Legal Heir and deceased member
- m) Hospital Paper/ Treatment Paper/ Brought dead memo
- n) Discharge Summary
- o) Indoor Case Paper
- p) 1st page of passbook copy duly stamped by Bank showing Deceased member and

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Nominee, joint account holder as per bank record.

- q) Finacle screen shot of account showing account opening date and other details such as Nominee name and variant of operative account.
- r) Bank statement of Deceased member for 12 months prior to date of accident, highlighting salary entry and duly stamped by Bank.
- s) Application letter from Nominee to Bank requesting for claim.
- t) In case of Road accident, photograph of the concerned vehicle, Spot Panchanama & property Seizure memo is required.

Indicative Documents Checklist for Disability Claim

- a) Completely filled Claim Intimation form and Disability Claim Form duly signed by the claimant.
- b) MLC (Medico Legal Case Paper) wherever applicable
- c) Medical Certificate from registered Doctor specifying the disability
- d) Letter from the Bank's Officer certifying the account of the deceased. Disability certificate from Government approved Authority.
- e) Attested FIR copy with incident (For Armed forces: Defence Authority report in case FIR is not available)
- f) Hospitalization papers including indoor case paper, x-ray report, laboratory test report etc
- g) Clear visible Amputation Photograph of the Claimant, duly verified and stamp by branch.

For all claims:

- a) All documents need to be verified by the Bank Branch/Zonal Office/Head Office.
- b) All attested documents need to be submitted original.
- c) Final Police Report (wherever required).

Document required for Additional covers (Add-on covers)

a) Air Accident:

- Documents Required for Journey by Airlines
- Air Ticket
- Boarding Pass
- Documents Required for Service Aircraft
- Letter from Employer

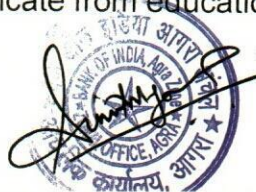
b) Girl Child Marriage Cover (18 - 25 years):

- Birth certificate/ Date of birth proof of girl child.
- Document showing relationship with deceased Account holder. (Family Register)
- Affidavit stating daughters are unmarried on the date of accident of the claimant with regards to the girl child on 500/- stamp paper.

c) Higher Education Cover:

- Copy of admission confirmation and certificate from educational institute stating

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details of full-time course in a recognized college in India for Graduation along with duration of course and date of enrolment.

- Document showing relationship with deceased Account holder.(Family Register)
- 12th Standard pass certificate

d) Transportation of dead body:

- Original Cash-memos for the expenses incurred for transportation of Account holder body to his/her city of residence
- Document eliciting the normal place of residence of the deceased covered under the policy issued. E.g.: Certified copy of electricity bill, telephone bill, etc.

e)Cost of Plastic Surgery / Burn:

- Treating doctor's/ Surgeon Certificate
- Original Discharge Summary containing all relevant details
- All original bills and their receipts
- Copies of all reports and prescriptions
- First prescription/ consultation letter from the Doctor
- Original Money Receipt duly signed with revenue stamp

f) Ambulance Cover:

- Attending Doctor's advice/ note with reason for shifting of the patient.
- Original invoice and receipt for the Ambulance mentioning date of travel, sector (from/ to place) and total amount.

g) Transportation of Imported Medicine:

- Medical Practitioner's prescription
- Copy of medicine invoice
- Invoices copy of freight expenses mentioning details of medicine imported, country of origin from which it is being imported, date and price of the medicine and freight expenses.

Please Note:- Insurance company may ask any additional document on case to case basis for any clarification required.

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Claims Support from Anand Rathi Insurance Broker Limited (ARIBL) &

Escalation Matrix

ARIBL has appointed a dedicated Relationship Managers to oversee and manage the claims servicing provided to Bank of India Ltd. A detailed list of the assigned executives, along with their contact information, is enclosed for your reference:

1. Mr. Aadesh Patankar – Senior Officer, his contact details are +91 8451968926. He can be reached at aadeshpatankar@rathi.com.
2. Ms. Sneha Pednekar – Manager, her contact details are +91 8657737374. She can be reached at snehapednekar@rathi.com
3. Mr. Rahul Nair – Assistant Manager, his contact details are +91 9137604412. He can be reached at rahulnair@rathi.com.
4. Ms. Mehak Suneja – Senior Manager, her contact details are +91 9541684453. She can be reached at mehaksuneja@rathi.com
5. Mr. Akshay Zade - Assistant Vice President, his contact details are +91 9011085172. He can be reached at akshayzade@rathi.com.
6. Mr. Pranav Shah - Senior Manager, his contact details are +91 9833249333. He can be reached at pranavshah@rathi.com.

Escalation Matrix:

1. Mr. Anuj Bagri - Vice President, his contact details are +91 8097353527. He can be reached at anujbagri@rathi.com
2. Ms. Nivya Rai – Vice President, her contact details are +91 9869722668. She can be reached at nivyarai@rathi.com.
3. Mr. Nikhil Gajre - Senior Vice President, his contact details are +91 7977671443. He can be reached at nikhilgajre@rathi.com

Escalation Matrix from United India Insurance Company (Claims)-

Escalation Level	Name	Designation	Contact Details	Email ID
1 st Level	Suresh M. Gurav	Deputy Manager	022 2262 4526	sureshgurav@uiic.co.in
2 nd Level	Sapna Thomas	Regional Manager	022 2264 2294	sapnathomas@uiic.co.in

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GPA Claim Form

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 account holders of Bank of India within 365 days after date of Death / Accident. Please return the form duly completed within 365 days of the accident together with the supporting documents.

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

1	Name of Account holder	
	Address in full of the Account Holder	
2	Details of Account Holder	
	a) Age of the Account Holder at the time of accident	
	b) Occupation	
	c) Account No.	
	d) Type of Account	
	e) Details of Bank of India Branch where 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	

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	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 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	

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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 Deceased member for 12 months prior to date of accident to be submitted duly certified by the Branch Manager.

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 of Claimant with Deceased Account Holder

.....

Contact details of person Intimating Claim :

Mobile No

Email ID

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

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(On Bank Branch Letter Head)

Bank of India

Branch Name:

Branch Code No:

Address:

Email:

Telephone No:

Date

This is to certify that Shri/Smt/Ms.....who has claimed due to accident as per the documents enclosed), is an Account holder of the Bank, the details of which are as under:

Name of the Account holder	
Address in full (as per Bank records)	
Date of Accident	
Details of Bank of India Branch where the Account is maintained	Name:
	Code:
	AC No.:
	Date of Opening of Ac:
Bank statement of Deceased member for 12 months prior to date of accident duly certified by the Branch Manager	Statement Period: From To
Claim amount under Personal Accident	Rs.
Nominee registered with the Bank on above mentioned Account (if any)	
Address of Nominee	
Phone No. of the Branch Official	
Full name of Joint Account Holder(s) of the above- mentioned Account (for Joint Accounts)	
Full Address of Joint Account Holder	
Phone No.	

(# Strike out what is not applicable)

For Bank of India

Branch Manager

(Name and Stamp)

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To be submitted by the Nominee/Claimant

UNITED INDIA INSURANCE COMPANY LIMITED

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

Bancassurance Divisional Office No.:8: Union Co-op. Insurance Bldg., 5th Floor, Sir Pm Road,
Fort, Mumbai-400 001. CIN: U93090TN1938GO1000108

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 BOI 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 India 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:

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



Important Instructions

- 1. Fields marked with "*" are mandatory fields.
- 2. "or" wherever applicable.
- 3. Please fill the form in English and in BLOCK letters.
- 4. Please fill the date in DD/MM/YYYY format.
- 5. In particular section (update) please tick only in the box which is updated and strike off the sections not required to be updated.
- 6. Please read section wise detailed guidelines / instructions at the end.
- 7. List of State / U.T code as per Indian Motor Vehicle Act, 1958 is available at the end.
- 8. List of two character ISO 3166 country codes is available at the end.
- 9. KYC number of applicant is mandatory for update application.
- 10. The "OTP based E-KYC" check box will be checked for accounts opened using "OTP based E-KYC" mode only to face mode.

For office use only

Application Type* New Update

Verified by Financial Institution* 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)

	PrCN*	First Name*	Middle Name*	Last Name*
Name* (Same as ID proof)				
Post Name*				
Street / Service Name*				
Water Name*				
Date of Birth*				
Gender*	<input type="checkbox"/> M - Male	<input type="checkbox"/> F - Female	<input type="checkbox"/> T - Transgender	Form not furnished

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

Verified 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
 - G - KYC Authentication
 - H - Online verification of Aadhaar
- PHOTO*

Address

Line 1

Line 2

Line 3

Pin Post Code* City / Town / Village* State/UT 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)

Verified 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
- G - KYC Authentication
- H - Online verification of Aadhaar
- One-time Proof of Address - Document Type code
- Self Declaration

Address

Line 1

Line 2

Line 3

Pin Post Code* City / Town / Village* State/UT Code* ISO 3166 Country Code*

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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. In case 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.

Date _____ Place: _____ Signature / Thumb impression of Applicant _____

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 _____ Name _____
Emp. Name _____ Code _____
Emp. Code _____
Emp. Designation _____
Emp. Branch _____

Above CERSAI document is to be filled by Nominee/ Claimant

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Annexure VI

General Guidelines of Term Insurance Policy

- a. Group term insurance is being provided on complete complementary basis. No charges are to be recovered from salary account holders.
- b. Group Term Insurance is provided by Insurance companies for a period of one year at a time. Our present contract is for a period of one year ending in September, 2026. Accordingly, employees who opt for insurance would be covered till then.
- c. The bank would make best endeavour to renew the Term Insurance at same or better terms and conditions every year. However, where it fails to do so the bank would be informing all parties who have signed a MOU with the Bank.
- d. At present, Bank has taken the group insurance cover from LIC. The insurance provider can be changed on yearly basis
- e. Only salaried account holders from age 18 years to 60 years are covered in the scheme.
- f. The Term Life Insurance Cover will be available subject to employer of the account holder signing an MOU with the bank and agreeing to provide the employee data for addition in the policy on timely basis.
- g. **The Term Insurance Cover will be effective after 30 days, after 1st salary credit in Salary Account of the individual employee, after execution of the MOU. The life insurance cover will be applicable w.e.f date of addition of accounts with the appointed insurance company and not from the date of providing data by the First party.**
- h. Further, the life insurance cover is also subject to, concerned account being categorised under correct scheme code and correct charge code. Also, customers must submit written application, explicit consent for data sharing with insurance company and salary being credited to the respective account.
- i. The cover is subject to settlement of claim by the insurance company without any liability of the bank. The rights and liabilities of the insured shall be with the insurance company.
- j. It is clarified that insurance contracts or any of its terms shall not be binding on the Bank and the bank takes no responsibility towards either the insurance company or the insured. Bank holds the right to withdraw the facility at its discretion in any subsequent year.
- k. Claims must be intimated to the insurance company within 90 days and all related document to be submitted within 180 days of the incident.
- l. Bank will 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.
- m. In addition, the employer will also have to provide by email on a monthly basis the following details of employees drawing salary with us for providing term insurance cover
 1. Name of the account Holder
 2. Account in which salary is credited in Bank of India

For joining the scheme employees have to sign the declaration given in **Annexure III**.

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Annexure VII

Guidelines for Term Insurance Claim:

For submitting claims to insurance company, the following documents need to be provided:

- a) Claim form duly filled in (Format attached herewith).
- b) Original Death Certificate or attested copy by employer. If the death certificate is issued outside India, the same should be attested by Indian Embassy.
- c) Attested copy of Age proof of deceased employee.
- d) Attested copy KYC documents (PAN and Aadhar) of deceased employee and of the Nominee.
- e) Cancelled Cheque of nominee bearing name on Cheque. If no name is printed on Cheque, attested copy of 1st page of Passbook would also be required.
- f) All the documents are to be certified by the Master Policy Holder (MPH) i.e., the Bank.

For payment of claim, claimant must send claim form (along with scanned copies of supporting documents) through BOI home branch to:

- i. bo_g706@licindia.com
- ii. u.mhatre@licindia.com
- iii. manasi.devalkar@licindia.com

Bank of India mail Id:

Insurance.deposits@bankofindia.bank.in

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LIFE INSURANCE CORPORATION OF INDIA

Pension and Group Schemes Department, MDO-1,
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: _____

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Discharge Receipt

Master Policy No _____

Received a sum of Rs _____ (Rs. _____)

From The Life Insurance Corporation of India in full and final settlement of the claim and demand in r/o above mentioned claim. Further we agree and declare that upon such a payment the Corporation will be discharged of our entire claim in respect of the above insured member

Place _____

Date _____

Affix Re 1
revenue
Stamp

Signature of the Master Policy Holder
With Official seal

Signature of Witness _____

Full Name of Witness _____

Designation _____

Address _____

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