

Human Resources Department, Central Office

#239, Union Bank Bhavan, Vidhan Bhavan Marg, Nariman Point, Mumbai-400021

STAFF CIRCULAR NO. 7287

November 07, 2020

To: All Branches/ Offices

Subject : Medical Insurance Scheme for Retired Employees/ Family Pensioners  
Policy Tenure - 01.11.2020 to 31.10.2021

1. The policy for retired employees/ family pensioners has been renewed for the policy year 2020-21 and would remain valid up to 31.10.2021. Consequent to the amalgamation of Andhra Bank and Corporation Bank into Union Bank of India with effect from 01.04.2020, the said policy, which commenced from 01.11.2020, is the first Medical Insurance Policy for retired employees/ family pensioners of the amalgamated entity.
2. The communication received from Indian Banks' Association (IBA) vide which it has been informed that the services of "National Insurance Company Ltd" have been acquired to offer 'Group Health Insurance Policy' for the policy year 2020-21, for both existing employees and retirees and that, NIC has acquired the services of 'M/s Health Insurance TPA (HI TPA)' as the 'third party administrator' for the Medical Insurance policy pertaining to retired employees/ family pensioners, for the policy year 2020-21, have been circulated vide staff circular 7280 dated 02.11.2020.
3. **Claim intimation & Claim submission:** In terms of the guidelines in vogue, details pertaining to 'claim intimation & claim submission', holding relevance in the policy year 2020-21 also, are provided below:
  - **Claim Intimation:**
    - TPA must be intimated/ notified within 48 hours of the Insured person's admission to hospital in case of reimbursement claims {for both planned & emergency admissions}.

- Notification of claim within prescribed time limit is mandatory in all hospitalization/ IPD cases.

Notification of claim in case of Reimbursement	TPA must be informed :
In event of planned hospitalization	Within 48 (forty eight) hours of the insured person's admission to the network provider/ PPN Hospital
In event of emergency hospitalization	Within 48 (forty eight) hours of the insured person's admission to the network provider/ PPN Hospital

Various methods of "claim intimation" are mentioned below:

- Email** - Claim intimation can be done by sending a detailed mail on [customerservice@hitpa.co.in](mailto:customerservice@hitpa.co.in). The mail must contain details like employee no, employee name, patient name, relationship with the employee, hospital name, treating doctor name, hospital address, date of admission in hospital, estimated expenses etc.
- Phone Call** - Claim intimation can also be done by calling on TPA's Toll Free Numbers 1800-180-3600 or 1800-102-3600.

❖ In case of 'cashless hospitalization claim', cashless/ pre-authorization request is to be sent on:

- [hitpamumbaicashless@hitpa.co.in](mailto:hitpamumbaicashless@hitpa.co.in) (Applicable only for Mumbai)
- [cashless@hitpa.co.in](mailto:cashless@hitpa.co.in) (Applicable for all other locations)

- Upon intimation, a 'claim intimation number' is generated/ provided to the insured. For all the reimbursement hospitalization/ IPD claims, this claim intimation no. is to be mandatorily mentioned on the claim form.

➤ **Claim Submission:**

- In case of reimbursement claim, all claim documents should mandatorily be submitted within 30 days of date of treatment/ discharge to the TPA, in **original**. The location-wise addresses/ details provided by 'Health Insurance (HI) TPA' for submission of 'claim documents' are provided herewith as Annexure-I to this circular. Insured retired employees are requested to refer to the Annexure and submit the claim documents accordingly on the basis of their locations.



- **Claim Forms & Claim Documents Check-list:** Claim form for IPD (Hospitalization), check-list for claim documents and OPD (Domiciliary) reimbursement claim form, as shared by HI TPA & National Insurance Company Ltd, are attached herewith as **Annexure II, Annexure III & Annexure IV** respectively.

- In case the insured person/ insured person's representative fails to intimate/ notify the claim to the TPA or fails to submit/ file the claim within the prescribed time limit, 'delay intimation &/ or submission condonation letter' is to be submitted to the Medical Insurance Team through proper channel i.e. 'the delay condonation letter' should invariably be routed through concerned regional office. The 'delay intimation &/ or submission condonation letter' is attached herewith as **Annexure-V**. Kindly note that **the claim intimation number, for hospitalization/ IPD claims, should be mandatorily mentioned in the given field on the letter.**

4. The contact details of representatives of 'Health Insurance - HI TPA' team (including details of representatives shared through SC 7280 dated 02.11.2020) are provided below for ready reference:

S.No	Name	Mobile Number	E-mail ID
01	Shri Abhay Phulpagare	9599384216	<a href="mailto:abhay.phulpagare@hitpa.co.in">abhay.phulpagare@hitpa.co.in</a>
02	Shri Himanshu Somani	7303099263	<a href="mailto:himanshu.somani@hitpa.co.in">himanshu.somani@hitpa.co.in</a>
03	Ms Kanchan Thombre	9969587426	<a href="mailto:kanchan.thombaretemp@hitpa.co.in">kanchan.thombaretemp@hitpa.co.in</a>
04	Escalation: Dr. Kiran Baragade	9810226983	<a href="mailto:kiran.baragade@hitpa.co.in">kiran.baragade@hitpa.co.in</a>

5. Grievances/ complaints, if any, related to IBA Group Mediclaim Policy may be raised/ addressed on the following e-mail IDs:

- a) **For Grievances related to IBA Group Mediclaim Policy terms and conditions -**

E-mail ID: [iba.grievance@nic.co.in](mailto:iba.grievance@nic.co.in)

- b) **For any complaints in processing of claims including any issues with TPA -**

E-mail ID: [iba.customersupport@nic.co.in](mailto:iba.customersupport@nic.co.in)

6. The policy document, to be issued by 'National Insurance Co Ltd', pertaining to policy year 2020-21, would be shared/ communicated in due course of time.



7. **Contact Details:** For any kind of query regarding Medical Insurance, the Medical Insurance Team, may be contacted on the following numbers:

**Union Bank of India, Central Office, Mumbai -**

Landline Nos : 022- 22896255/ 22896245/ 22896239/22896235  
IP Nos : 116252/ 116253/ 116254/ 116250  
E-mail ID : [staffmedicclaim@unionbankofindia.com](mailto:staffmedicclaim@unionbankofindia.com)

**Union Bank of India, HR Annex, Head Office, Hyderabad**

**Contact Person - Ms. Durga Nagalakshmi, Manager**

Landline No : 040-23252148  
E-mail ID : [healthins@unionbankofindia.com](mailto:healthins@unionbankofindia.com)

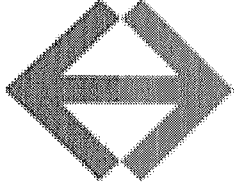
**Union Bank of India, HR Annex, Head Office, Mangalore -**

**Contact Person - Ms. Prabha M D Sequeira, Senior Manager**

Landline No : 0824-2861545  
E-mail ID : [welfare@unionbankofindia.com](mailto:welfare@unionbankofindia.com)

All concerned are requested to take a careful note of the above.

  
**General Manager (HR)**



हेल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड  
HEALTH INSURANCE TPA OF INDIA LIMITED

## Location-wise Address for submission of Claim Documents

### 1) Mumbai Branch

Address: Health Insurance TPA of India Ltd.  
5th Floor, Sterling Cinema Building,  
65, Murzban Street, Fort,  
Mumbai- 400 001

Website - [www.hitpa.co.in](http://www.hitpa.co.in)

### 2) Ahmedabad Branch

Address: Health Insurance TPA of India Ltd.  
1st Floor, Jeevan Sadan,  
Opposite Sanyas Ashram, Ellis Bridge, Ashram Road,  
Ahmedabad, Gujarat - 380009

Office Landline No. [079-26583711](tel:079-26583711)

### 3) Chennai Branch

Address: Health Insurance TPA of India Ltd.  
National Insurance Building,  
2nd Floor, No. 224, N.S.C. Bose Road,  
Parry's Corner, Chennai - 600001.  
Land Mark: Opp. The Bar council of Tamilnadu & Pondicherry

Office Landline No. [044-42019546](tel:044-42019546)

### 4) Hyderabad Branch

Address: Health Insurance TPA of India Ltd.  
1st Floor, United India Towers,  
Door Number, 3-5-817 & 818,  
Basheer Bagh, Hyderabad - 500029

Office Landline No. [040-23232144](tel:040-23232144)

**5) Kolkata Branch**

Address: Health Insurance TPA of India Ltd.  
3rd Floor, Inside Re-insurance Accounts Department,  
National Insurance Building  
8, India Exchange Place, Kolkata - 700001  
Office Landline No. 033-22108955

**6) Bengaluru Branch**

Address: Health Insurance TPA of India Ltd.  
"Jeevan Sampige Building" (LIC),  
2nd floor,#1/1, 2nd Main Road,  
Malleshwaram,Bengaluru - 560003.  
Landmark: Between sampige theatre and Mantri Mall

**7) Kochi Branch**

Address: Health Insurance TPA of India Ltd.  
First Floor, Rukiya Bagh, MG Road, Ravipuram,  
Kochi - 682 016  
Land Mark : Near Kanoos Theatre ( former Deepa Theatre)

**8) Pune Branch**

Address: Health Insurance TPA of India Ltd.  
Office No. 4, 3rd floor, Royal Tower,  
Above Shree Krishna Hotel, Opp. BSNL Office,  
Viman Nagar, Pune - 411014.

**9) Vadodara Branch**

Address: Health Insurance TPA of India Ltd.  
Ist Floor, Suraj Plaza -II,  
Sayajiganj,  
Vadodara- 390005.



**DECLARATION BY THE INSURED:**

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA/ Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any

SECTION B

Date

Signature of the Insured

**GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the Insured)**

DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Licence number as allotted by IRDA and printed in TPA documents
d) Name	Enter the full name of the policy holder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
<b>SECTION B - DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Mediciam / Health insurance?	Indicate whether currently covered by another Mediciam / Health insurance	Tick Yes or No
b) Date of commencement of first insurance without break	Enter the date of commencement of first insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Mediciam / Health Insurance?	Indicate whether previously covered by another mediciam / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
<b>SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED</b>		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option. If others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No.	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of Discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Medico legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	Indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	Indicate which supporting documents are submitted	Tick the right option
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amount in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT</b>		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign.		