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MEMORANDUM OF UNDERSTANDING

The Memorandum of understanding executed at Rourkela on this 31st day of July, 2017, between Biju Patnaik University of Technology, Odisha having its headquarters at Rourkela-769015 (hereinafter called 'University') and referred to as the First Party and The New India Assurance Company Ltd. having its Branch Office at Kachery Road, Uditnagar, Rourkela-769012 (hereinafter called 'Company') and referred to as the Second Party.

Whereas :-

- (i) By virtue of this MOU, the Company agrees to issue a Students' Package Insurance Policy as per Table-I, in respect of all the students such as
- Students admitted during 2013-14 to 2017-18 under 5 yr UG Program,
 - Students admitted during 2014-15 to 2017-18 under 4 yr UG Program,
 - Students admitted during 2015-16 to 2017-18 under 3 yr UG(LE) Program and
 - Students admitted during 2015-16 to 2017-18 under 3 yr PG Program
 - Students admitted during 2016-17 to 2017-18 under 2 yr PG Program,

And continuing studies in different colleges/ institutions affiliated to Biju Patnaik University of technology, Odisha, Rourkela.

Period of Insurance : The Students' Package Insurance Policy as per Table-I is valid for a period of twelve months from the commencement of the policy i.e. from 01.08.2017.



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Biju Patnaik University
of Technology, Odisha
Rourkela - 769015

Premium: Premium (including service tax) has been received from the University vide Cheque No.312341 dated 31.07.2017 drawn on State Bank of India, Uditnagar Branch, Rourkela for Rs.71,00,000/- (Rupees seventy one lakhs only) by the Company. It is understood that the insurance cover shall attach only in respect of those students for whom premium has been paid in advance and also to the subsequent inclusion of students for whom the premium will be paid by the University accordingly. The balance amount, if any, after final calculation, will be returned to the University.

Details of Insured Persons: The University shall provide the details of the students to be covered under the policy. The personal details to be provided would include name, address & registration number along with the names of earning parent/guardian of each student. The admitting college/institution will be the nominee. The disbursement of the settled claim amount will be paid through the college to the students/students' parents/guardians as the case may be. The discharge of the payment given by the admitting college/institution will be final.

The coverage of the scheme and sum insured is as per Table –I mentioned as below :

Table –I

Sl	Type of Insurance Cover	Sum insured per Student	Beneficiary
A	Death of the student continuing in BPUT due to accident	Rs. 2,00,000/-	Parent of the student concerned
B	If the accident results in irrecoverable loss of sight of one eye or loss of use of one limb of the student insured	Rs. 1,00,000/-	Student himself (through college)
C	If the accident results in grievous injury to any limbs of the student insured	Rs. 1,00,000/-	Student himself (through college)
D	Accident results in total irrecoverable loss of sight of both eyes or loss of use of two limbs or loss of sight of one eye and loss of use of one limb of the student insured	Rs. 2,00,000/-	Student himself (through college)
E	Death of earning parents / guardian (as per University records) resulting from injury caused by an accident	Rs. 2,00,000/-	Student himself (through college)
F	The student or earning parent / guardian (as per University record) becoming permanent total disabled because of an accident	Rs. 2,00,000/-	Student himself (through college)
G.	Reimbursement of the cost of hospitalization to the student as an inpatient due to illness/disease/injury. Such cost will include the cost of room rent/boarding expenses provided by hospital/nursing home expenses, fees of surgeon, Doctor and specialist fee. It will also include OT charges, cost of blood, anesthesia,	Upto Rs. 50,000/-	Student himself (through college)



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	oxygen, surgical appliance, medicines, x-ray, any testing fees, the cost of chemotherapy, dialysis, pacemaker, artificial limbs, artificial organs etc, and all related expenses as per Standard Group Mediclaim Policy		
H	A Buffer sum insured to be kept as reserve for the students to meet the expenses arising out of extreme Medical cases only as per decision of the competent authority of BPUT	Rs. 10,00,000/- (Overall cap for all the insured student)	Student himself (through college)
I	Theft of laptop/ study materials of the student insured	Upto Rs. 30,000/-	Student himself (through college)

- (ii) This MOU also covers mid-term inclusion of students in the Students' Package Insurance Policy as per Table-I. The university shall pay the premium as per pro-rata rate for the period i.e. from the date of inclusion of the student till the expiry of the policy.

Insurance Cover: Comprehensive Student Insurance Scheme 2017-18

Personal Accident Insurance – Students

It is agreed that the Company shall pay to the Insured Person or the nominee if any of the Insured Person sustains any bodily resulting solely and directly from accident caused by external, violent and visible means, the sum hereinafter set forth in respect of any of the insured persons:-

1. If such injury shall, within twelve calendar months of its occurrence be the sole and direct cause of the death or permanent disablement of the insured student, the capital sum insured of Rs.2,00,000/- (two lakhs only).
2. If the accident results in irrecoverable loss of sight of one eye or loss of use of one limb of the student, the capital sum insured of Rs.1,00,000/- (one lakh only).
3. If the accident results in grievous injury to any limbs of the student insured, the capital sum insured of Rs.1,00,000/- (one lakh only)
4. If the accident resulting in injury shall within twelve calendar months of its occurrence be the sole and direct cause of loss of sight of both eyes or loss of use of two limbs or loss of sight of one eye and loss of use of one limb of the student, then a sum of Rs.2,00,000 (two lakhs only).

Personal Accident Insurance – Parents

It is agreed that the Company shall pay a sum of Rs.2,00,000/- (two lakhs only) to the insured student, if the named earning Parent/Guardian of the insured student (as per University records) shall sustain any bodily injury resulting solely and directly from an accident caused by



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external, violent and visible means, and if such injury shall be the sole and direct cause of the death or permanent disablement of the named earning parent/guardian.

It is understood that the exception, i.e. the situations/contingencies under which the Company shall not be liable under the policy, are as per the Student's Package Insurance Policy.

Hospitalization Benefits – Students

The Policy covers reimbursement of Hospitalization expenses incurred by the student as an inpatient due to disease/illness/injury sustained by him/her. This being tailor made policy, exclusion clause 4.1, 4.2 & 4.3 of standard GMC stands deleted. In the event of any claim becoming admissible under this policy, the Company will pay to the insured student through the college/institution the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured students, but not exceeding the sum insured of Rs.50,000/- (fifty thousand) during the policy period.

1. Room, Boarding and Nursing Expenses as provided by the Hosp[ital/Nursing home.
2. I.C. Unit expenses.
3. Surgeon, Anesthetists, Medical Practitioner, Consultants, Specialists fees.
4. Anesthesia, Blood, Oxygen, Operation Theater charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, and X-ray, Dialysis, Chemotherapy, Cost of Pace maker, Artificial limbs and Cost of Organs and similar expenses.
5. Ambulance expenses.

Company's Liability in respect of all claims admitted during the period of insurance shall not exceed Rs.50,000/- per student.

It is understood that, the terms conditions definitions exclusions etc. of the Students' Package Insurance Policy shall apply in the settlement of the claims.

Buffer Sum Insured

It is agreed that, in case of an admissible claim if the medical expenses of the insured student exceeds the covered amount of Rs.50,000/- as per Section-G of Table-I then the excess amount is to be paid by the Company to the student out of the Buffer Sum Insured of Rs.10,00,000/- as per the decision of the competent authority of BPUT on case to case basis.

Insurance Cover for Laptops/Study Materials

It is agreed that the company shall pay to the insured student a maximum up to Rs.30,000/- in case of loss of Laptop/Study materials due to theft.

It is understood that, the terms conditions definitions exclusions etc. of the Student's Package Insurance Policy shall apply in the settlement of the claims

Claim Procedure: Upon the happening of any event which may give rise to claim under the policy, written claim intimation with full particulars to be given to the Company immediately by either the insured student or by the college. All supporting claim documents (as detailed below) will be submitted to the company within 60 days of discharge from the hospital/nursing



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home, in case of hospitalization claims. As regards to personal accident claims, the supporting claim documents must be submitted to the company at the earliest. The Company shall not be liable to make any payment in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device for intimation and submission of the claim documents, the contact Authority of the Company and his/her address is as under:-

Authority	Postaladdress	Telephone (Office)	E-mail
Sr. Branch Manager	City Branch, Kachery Road, Rourkela-769012	Tel :0661-2500693 Fax :	sakti.maity@newindia.co.in nia.550501@newindia.co.in

Students' Package Insurance Policy

The following documents would be submitted to the company in support of the claim (as per Table -I).

1. (Sl. A to F as per Table I)

Death claims:

1. Claim form duly completed
2. Death certificate from the competent authority.
3. Police Report wherever applicable
4. Post-mortem Report and Viscera Report wherever applicable
5. Statement of the official of the College.
6. Copy of BPUT Regd. Card.
7. Copy of College/Institution ID Card

Injury Claims:

1. Claim form duly completed
2. Police reports wherever applicable
3. Report of the attending doctor.
4. Investigation Report like laboratory tests, X-ray and reports essential for confirmation of the injury.
5. Copy of BPUT Regn.Card
6. Copy of College/Institution ID Card.
7. Statement of the officials of the college.
8. Voter ID Card or any other Identification of earning parent (incase of accidental death of parent)

2. (Section G as per Table-I)

1. Claim form duly completed.
2. Doctor's advice for hospitalization.
3. Bills, from chemist(s) supported by proper prescription.
4. Bills, receipts and discharge certificate from the hospital.
5. Receipts and Pathological test reports from Pathologists
6. Nature of operation performed and surgeon's bill and receipt
7. Copy of BPUT Regn. Card
8. Copy of College/Institution ID Card.

3. (Section I as per Table I)



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1. Claim form duly completed
2. Proof of purchase/purchase bill
3. Police reports
4. Letter of subrogation & undertaking
5. Copy of BPUT Regn. Card
6. Copy of College/Institution ID Card.

Time Limit for Settlement of Claims:

The disposal of the claims will be done within 15 working days from the date of receipt of the Relevant documents as stated above. In cases where a claim would require an investigation, the same will be done with promptitude, and in any case their disposal will not be delayed beyond 15 working days from the receipt of Investigation report. Only in extreme cases where the genuineness (or otherwise) of a claim cannot be established within the aforesaid time frame for reasons beyond the control of the Company, the matter shall be brought to the notice of the University/College, and further action as deemed fit would be taken after mutual consent and to be disposed off within 15 days.

It is also agreed that the company shall communicate the status of claims reported, processed, and settled to the University on every quarterly basis during the period of insurance.

**FOR AND ON BEHALF OF
THE NEW INDIA ASSURANCE CO.LTD**



**Sr. Branch Manager
Rourkela Branch**

**FOR AND ON BEHALF OF
BIJU PATNAIK UNIVERSITY OF TECHNOLOGY,
ODISHA, ROURKELA**

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31/07/2017
Registrar, B.P.U.T., Odisha
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h) If Injury give cause & Details:

DETAILS OF CLAIM:

a) Details of the treatment expenses claimed:

i) Pre-hospitalization Expenses:	<input type="text"/>						
ii) Hospitalization Expenses:	<input type="text"/>						
iii) Post-hospitalization Expenses:	<input type="text"/>						
iv) Health-Check up Cost:	<input type="text"/>						
v) Ambulance Charges:	<input type="text"/>						
vi) Others (code):	<input type="text"/>						
Total							

vii) Pre-hospitalization period: Days

viii) Post-hospitalization period: Days

b) Claim for Domiciliary Hospitalization: Yes / No (If yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

i) Hospital Daily Cash:

ii) Surgical Cash:

iii) Critical Illness Benefit:

iv) Convalescence:

v) Pre/Post hospitalization Lump sum benefit:

vi) Others:

Total

- Claim Form Duly signed
- Copy of the claim intimation, if any
- Hospital Main Bill
- Hospital Break-up Bill
- Hospital Bill Payment Receipt
- Hospital Discharge Summary
- Pharmacy Bill
- Operation Theatre Notes
- ECG
- Doctor's request for investigation
- Investigation Reports (Including CT/ MRI / USG / HPE)
- Doctor's Prescriptions
- Others

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	OpenText
e) Previously Covered by any other Medclaim/ Health Insurance?	Indicate whether previously covered by another Medclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the insurance company	Name of the organization in full
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
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
SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED		
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

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION C - DETAILS OF FAILURE DIAGNOSED (PRIMARY)		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the Co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 Code and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 Code and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 Code and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption test conducted to establish this	Indicate whether test conducted	Tick Yes or No
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
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open text
SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
Indicate which supporting documents are submitted		
SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the Hospital obtained from local body like City Corporation / Municipality	As allocated by the City Corporation / Municipality
d) Hospital PAN	Enter the permanent account number	As allocated by the Income Tax Department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
SECTION F - DECLARATION BY THE HOSPITAL		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign. and stamp		