

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is made on 20.2.2026 between State Government of Chhattisgarh, represented by Special Secretary, Finance Department, Government of Chhattisgarh having its office at Mahanadi Bhawan, Nava Raipur (hereinafter called State Government of Chhattisgarh) which expression shall unless the context otherwise requires include its successors/legal heirs/administrators/Executors and permitted assigns).

AND

Bank of India, a nationalized public sector bank and carrying on the business of banking under the Banking Regulating Act 1949 having its registered office at Star House, Bandra Kurla Complex, Bandra East, Mumbai- 400051 and Zonal office at Star House, Plot no 48, Sector 24, Naya Raipur-492101 (hereinafter called "Bank of India" with expression shall unless the context otherwise requires include its successors in business) through Shri Nagendra Prasad Chaurasia, Dy Zonal Manager, Raipur Zone, Chhattisgarh.

Whereas

- a) In its efforts to simplify and streamline the salary disbursement procedure and to make available modern banking facilities to its regular Employees of different departments of State Government of Chhattisgarh has decided to accept the proposal submitted by Bank of India with respect to its Salary Accounts under Government Salary Saving Account scheme for State Government of Chhattisgarh.
- b) Bank of India, possessing technologically advanced infrastructural facilities having offered to provide banking services as detailed herein below to the Employees of different departments of State Government of Chhattisgarh operating their Salary accounts with the bank.

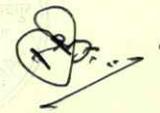
Now, therefore this memorandum of understanding witnesses as under both parties have agreed as follows

1- PERIOD OF MOU

This MOU shall be operative for a period of Three years from the date of execution of MOU, for continues period with a clause of auto renewal / review every year. In case either of the party wants any amendment / addition / deletion of features of the Government Salary Saving Account Scheme should give in writing to the other party a three months advance notice, this process will not affect continuity of MOU.

In case there is no amendment / addition / deletion in the Government Salary Saving Account Scheme during the agreement period, then there is no need for annual review of the MOU and the same will continue. MOU is applicable till regular employee is maintaining salary account and drawing salary with Bank of India.


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मंत्रालय, नवा रायपुर, अटल नगर

2. CREDIT OF SALARY or PENSION

- a) The Bank undertakes to credit into the account of regular Employees (i.e. only the employee who wants to opt this account facilities) of different Departments of State Government of Chhattisgarh, who may be holding their accounts in various branches at various locations of the Bank, their salary by last working day of the month or on the dates which may be communicated in writing by the Paying Authority. The salary cheque(s)/ advice as well as the Bank account details are to be furnished by the Paying Authority three working days before the date of actual disbursement of salary, as per the medium and format acceptable to the bank. The Bank will arrange timely clearance of the cheques and ensure that the salary is credited to respective accounts and is available for withdrawal at the start of the normal banking hours on the scheduled date of disbursement of salary.
- b) Sundry payments during the month: All other sundry payments during the month are also to be remitted to individual account holders as per details provided by Paying Authority, for all non- salary payments, money will be transferred to respective accounts within 24 hours/one working day of realization of cheque. For postings done by Paying Authority through Corporate internet banking, the transactions will be carried as scheduled of the time of upload. In case of failed transaction(s), details of the accounts along with amount where money could not be transferred will be intimated in writing to the Paying Authority within two working days by Bank of India and will not charge any commission or service charges for the services rendered at 2a) and 2b) above. Bank of India will also arrange for credit of salaries and sundry payments to account holders of other Banks through RBIs platforms, Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). Bank of India will however not be held liable for any delay /non-credit of salaries and sundry payments on time for reasons attributable to other parties.
- c) Existing salary accounts of interested regular staff of State Government of Chhattisgarh , will be converted to Government Salary Saving Account Scheme subject to an application-cum- undertaking to be submitted by the account holder as per specimen attached in **Annexure-A**.
- d) In case any employee transferred from State Government of Chhattisgarh to any other department/authority/tribunal of Central/State Government or PSU or deputation of his/her services by State Government of Chhattisgarh to any other department/authority/tribunal of Central/State Government or PSU and he/she maintains his/her account with Bank of India his/her benefits provided with salary account will be continued, till he/she maintains the same with Bank of India and pays premium regularly for the facilities other than free.
- e) State Government of Chhattisgarh does not undertake any liability for loans given by BOI to State Government's employees in their individual capacities. State Government of Chhattisgarh will not be impleaded in any claim, action, lawsuit which an account holder may file against BOI or vice versa, i.e. BOI may file against the account holder. Loans will


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be disbursed to the eligible regular employees upon fulfillment of eligibility criteria by the State Government of Chhattisgarh's regular employees and on meeting Bank's terms and conditions, including establishing of the applicant's creditworthiness as per the Bank's guidelines. However, in case of need, bank may seek assistance from State Government.

- f) Accounts benefits will be continued to the employees till they maintain salary accounts and draw salary from Bank of India.

The State Government of Chhattisgarh or any of its units will not be impleaded in any claim, action, lawsuit which an account holder may file against Bank of India or vice versa, which Bank of India may file against the account holder.

3. FACILITIES TO THE ACCOUNT HOLDERS

The Bank undertakes to provide these special bouquets of customized products suitable for regular Employees of different departments of State Government of Chhattisgarh.

(The all details/facilities as offered by the Bank are to be mentioned by the Bank)

Features	SB163 (SB Government Salary Saving Account Scheme*)				
	Normal	Classic	Gold	Diamond	Platinum
Term Insurance Facility	Rs 11.00 Lacs(FLAT)	Rs 11.00 Lacs(FLAT)	Rs 11.00 Lacs(FLAT)	Rs 11.00 Lacs(FLAT)	Rs 11.00 Lacs(FLAT)
Minimum Balance	Nil	Nil	Nil	Nil	Nil
AQB	Nil	Rs 10,000	Rs 1 Lakh	Rs 5 Lakh	Rs 10 Lakh
Waiver of ATM/ Debit Card	VISA CLASSIC/Rupay NCMC	VISA CLASSIC/Rupay NCMC	Rupay Select/Rupay NCMC	Rupay Select/Rupay NCMC	Visa Signature/ Rupay NCMC
ATM/ Debit Card Issuance Chrges	NIL	NIL	NIL	NIL	NIL
Free Cheque Leaves	25 Leaves per Qtr	25 Leaves per Qtr	Unlimited	Unlimited	Unlimited
Waiver of RTGS/NEFT Charges	50% waiver	100% waiver	100% waiver	100% waiver	100% waiver
Free DD/PO	50% waiver	100% waiver	100% waiver	100% waiver	100% waiver

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Credit Card issuance Charges waiver	100% waiver	100% waiver	100% waiver	100% waiver	100% waiver
SMS/Whatsapp Alerts	Chargeable	Free	Free	Free	Free
Group Personal Accidental Insurance Cover of upto	The Group personal Accident Insurance Cover is inbuilt benefit to the SB A/C holders and its coverage is linked to scheme type which is further enhanced based on maintenance of AQB				
	120 Lakh (FLAT)	120 Lakh (FLAT)	120 Lakh (FLAT)	120 Lakh (FLAT)	120 Lakh (FLAT)
Permanent Total Disability cover of upto	Rs. 120 Lakhs	Rs. 120 Lakhs	Rs. 120 Lakhs	Rs. 120 Lakhs	Rs. 120 Lakhs
Permanent Partial (50%) Disability Cover of upto	Rs. 60 Lakhs	Rs. 60 Lakhs	Rs. 60 Lakhs	Rs. 60 Lakhs	Rs. 60 Lakhs
Air accidental Insurance cover of upto	Rs. 200 Lakhs	Rs. 200 Lakhs	Rs. 200 Lakhs	Rs. 200 Lakhs	Rs. 200 Lakhs
Child Higher Education benefit of upto (Graduation, 2 child)	Rs. 10 Lakhs	Rs. 10 Lakhs	Rs. 10 Lakhs	Rs. 10 Lakhs	Rs. 10 Lakhs
Passbook	Issuance Free	Issuance Free	Issuance Free	Issuance Free	Issuance Free
Free Transaction at BOI ATM per month	10	10	10	10	10
Free Transaction at other bank ATM per month	5	5	5	5	5
Concession in Processing Charges in Retail Loans	Nil	50%	50%	100%	100%

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Concession in ROI in retail Loans (subject to minimum rates)	Not Available	Not Available	5 bps	10 bps	25bps
Locker Rent Concession	NA	50%	100%	100%	100%
Salary/Pension Advance	Equal to 1 months net Salary*				
Instant Personal Loan	Equal to 6 months net Salary*				
*Conditions Apply					

Add On Covers in case of PAI:

Coverage Type	Maximum Coverage
Girl Child Marriage Cover (18-25 years) maximum 2 girl child. 5 Lakhs for each	Upto Rs 10,00,000
Transportation of Dead body including mortal remains	Upto Rs 50,000
Cost of Plastic Surgery/Burn	Upto Rs 10,00,000
Air Ambulance Cover	Upto Rs 10,00,000
Ambulance Cover	Upto Rs 50,000
Cost and Transportation of imported medicines	Upto Rs 5,00,000
Additional Payment in Death after coma(minimum 48 hours)	Upto Rs 5,00,000
Family Transportation Expenses	Upto Rs 50,000

Terms & Conditions*

Accident Death/Disability cover will be available only in case of cause resulting solely and directly from accident caused by external, violent and visible means.

- A list of all such regular employees who are eligible for group life insurance cover under State Government Salary Package will be shared by State Government of Chhattisgarh with designated office (BOI ZONAL OFFICE) for onward sharing with insurance provider appointed by BOI. A refreshed list of all eligible regular employees will be shared by State Government of Chhattisgarh by 05th of Every Month for addition of all new regular employees eligible for such coverage and

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[Signature]

removal of regular employees becoming ineligible for coverage on account of death/retirement/loss of employer-employee connection due to any reason with State Government of Chhattisgarh. The life insurance cover will be applicable wef date of addition of acs with the appointed insurance company in accordance with the terms and conditions of the insurance company and not from the date of providing data by the State Government of Chhattisgarh.

- The cover shall start after 30 days of first salary credit after signing of the MOU
- All the claims are payable by the Insurance company; bank shall have no liability whatsoever in respect thereof.
- In the event of accidental death/disability of the eligible account holder, intimation must be given to insurance company within 90 days via bank.
- Required documents as mentioned in **Annexure B**, are to be submitted within 90 days after intimation to the Insurance company
- The insurance provided by the bank is purely complementary in nature and no customer is being charged anything for the same. The Policy is to be renewed 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.

4. TERMINATION

a. In the event of termination of the MOU before its expiry date, i.e., terms as per point no. 1, "**PERIOD OF MOU**" the disbursement of salaries to the regular employees of **State Government of Chhattisgarh**, may continue by the Bank. Thereafter it will be explicitly bank's discretion to treat account as an ordinary account & further no extension of any special salary benefits under this MOU under intimation to the account holder.

This MOU may be terminated by either party by giving three months' advance notice of termination in writing to the other Party [the "Defaulting Party"] provided:

"If the Defaulting Party has committed a material breach of any term of this agreement and has failed to remedy such breach (if capable of remedy) within thirty (30) days after notice from the other party to do so

Or

If the defaulting party repeatedly commits the same breach of any of the terms of this MOU, then the MOU may be terminated without any further notice.

Or

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If there is a material adverse change in any applicable law affecting Banks generally.

Notwithstanding the termination of this MoU, it shall not affect any valid claims arising out of Personal Accidental Insurance Cover, Air Accidental Insurance Cover, Permanent Total Disability, Permanent Partial Disability, Group Term Life Insurance cover provided under this MOU prior to the termination of the MoU. Such claims shall be dealt with in accordance with the norms/ guidelines as per the provision of the insurance policies of the Insurance Company with whom the bank has a Tie up and Insurance Regulatory and Development Authority of India.

Either Party shall immediately deliver to the other Party all the Confidential Information, documents, data or information, held by it and which are in their possession, custody or control or its regular employees, agents, representatives. Both Parties shall be required to delete electronic Confidential Information stored in backup/ storage, provided that if either Party retains any Confidential Information, as mutually agreed between the Parties, it will continue to be subject to the terms of this MOU until it is destroyed by the Party who is required to hold such Confidential Information and confirmed by the other Party in writing.

5. RECALL of SALARY DISBURSED

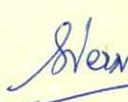
In exceptional circumstances, the State Government of Chhattisgarh, may recall the salary erroneously disbursed to deserters or delinquent personnel. Upon written request of the State Government of Chhattisgarh, communicating specific details of personnel, bank account, period and amount, and further subject to availability of funds in the specified account. Bank of India will comply with the request and refund the amount to the State Government of Chhattisgarh, through Demand Draft or through electronic mode of transfer to departments account. The Bank will not be liable or be held accountable for any consequential or related action arising from the act of debiting the specified amount and refund of amount to the State Government of Chhattisgarh , pending refund of the amount recalled, The Bank may freeze all transactions to the concern salary account for limited time/ period to prevent fraudulent withdrawals from it.

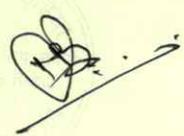
6. PENSION PAYMENTS

Bank of India on its part will arrange to make pension disbursements in compliance with Instructions issued by Government of India from time to time.

7. BANKING COMPLAINT REDRESSAL AND REVIEW MECHANISM

(a) A Complaint Redressal Mechanism has been structured for regular employees of State Government of Chhattisgarh and the Bank has appointed Relationship Manager (RM) to co-ordinate. The RM will act as a conduit between the State Government of Chhattisgarh Establishments and the Bank and ensure that complaints are passed on/ directed to the concerned Branch and shall monitor the same until resolution. In the occasion of a dispute or a difference of opinion between the parties, the same team can address and resolve the

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issue. List of concerned person (RM) is marked in Annexure-C. (Subject to change based on internal posting and transfer. Any changes shall be intimated to the concerned parties in due course).

- (b) Apart from the above, bank also has a very well laid down policy on Customer Grievance Redressal. This policy covers all types of customers. It also covers the timeframe for redressal as well as the various channels available for lodging the complaints.

The policy details are available at Bank's website for public information. The Government Salary Saving Account Scheme holders have the additional option to use such channels for redressal of their individual grievances/complaints.

In the event that a dispute remains unresolved, it may be referred to the Banking Ombudsman appointed by RBI under Banking Ombudsman Scheme, if the same can be entertained by the Banking Ombudsman as per the scheme.

8. PUBLICITY

The MOU, once entered by both Parties, will be widely disseminated to all regular employees of all ranks/staff by means of service letters/office memorandum/other modes, Data Network, Internet and any other means by State Government of Chhattisgarh and BOI. Bank is committed to create awareness amongst the State Government of Chhattisgarh regular employees at various establishments/ locations about Banks' products, investment opportunities through engagement programmes. Such programmes will be anchored by BOI branches, Relationship Manager (RM) etc.

9. PERSONALE ACCIDENTAL INSURANCE-CLAIM MECHANISM

The Nominee / Next of Kin to submit the required documents to the Bank Branch. The Bank Branch will forward the same to the Insurance Partner. The detailed claim mechanism is mentioned in Standard Operating Procedure and various claim forms as per Annexure (Annexures are to be attached by Bank).

Personnel Department, HR- (Bank), will assist to family to settle the claim of staff in case of death (ANY TYPE) and other disability for submitting document to the concern Branch of Bank from where employee is drawing salary. Bank will facilitate the process of claim settlement through insurance company after submitting the required documents.

10. AMENDMENT

Any provisions of this MoU may be amended, waived, discharged or terminated (in each case) only by an instrument in writing signed by or on behalf of the party against whom enforcement of the amendment, waiver, discharge or termination is sought. No breach of or default under any of the provisions of the MoU by either party may be waived or discharged without the other party's written consent thereto.


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11. NOTICES

Each notice, demand or any other communication to be given or made hereunder shall, except as otherwise provided herein be given or made in writing and maybe sent by one party to the other party by Registered Post, telex, facsimile, hand to the address of numbers mentioned above or through email on official insurer's email or such other address and numbers as one party may inform the other in writing.

State Government of Chhattisgarh	BOI
Special Secretary, Finance, Government of Chhattisgarh Email: sec.fin-cg@gov.in	Zonal Manager (DGM, BOI) Raipur Zonal Office, Naya Raipur, CG Email:Raipur.Marketing@bankofindia.co.in

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 obligation shall be suspended for so long as the Force Majeure Event continues (provided that this shall not prevent the accrual of interest on the principal amount which would have been payable but for this provision), 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.

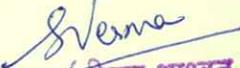
"Force Majeure Event" means any event due to any cause beyond the reasonable control of the Party, Including, without limitation, unavailability of any communication system, sabotage, fire, flood, explosion, acts of God, civil commotion, strikes or industrial action of any kind, riots, Insurrection, war or acts of government.

DISPUTES RESOLUTION:

All disputes or differences arising between the Parties as to the effect, validity of interpretation of this MOU or as to their rights, duties or liabilities shall be resolved amicably between the Parties to the MoU. This MOU will be governed by the Laws of India and will be subject to the jurisdiction of the competent courts in Raipur.

INDEMNITY BY BANK :

Bank of India shall indemnify and save harmless the State Government of Chhattisgarh from against all actions, suit, proceedings, losses, costs, damages, charges, claims and demands of every nature and description brought or recovered against the State Government of Chhattisgarh by reason of any act or omission of the bank of India, his agents or regular employees, in the execution of any of the contractual obligations or banking facilities.


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12. MISCELLANEOUS

- A) On transferring salary account to other bank/non-credit of salary in salary account will result in immediate withdrawal of benefits provided with salary account.
- B) In the event of non-credit of salary for more than three months in the salary Account and/or default in loan accounts of any personnel, Bank has the discretion to convert such account to normal Saving Bank account and shall withdraw all benefit extended to the Government Salary Saving Account holder by informing the regular employee.

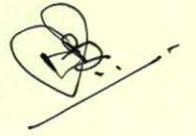
Employee Discretion in Bank Selection

State Government of Chhattisgarh shall not make any commitment or impose any requirement upon its regular employees to maintain their salary accounts with any specific bank. The decision of where to establish and maintain a salary account shall remain solely at the discretion of each individual employee, who may choose any bank according to their preferences. The Government's involvement in this Memorandum of Understanding is limited to facilitating the availability of banking and associated facilities as outlined herein. Regular Employees shall retain the freedom to either migrate to any bank of their choice or continue with their current salary account, without any interference from the State Government of Chhattisgarh.

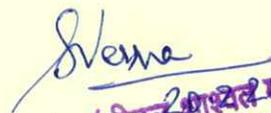
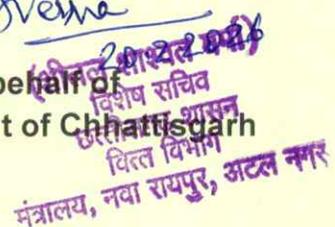
Non-Exclusivity

This Memorandum of Understanding shall be expressly deemed a non-exclusive Memorandum of Understanding. Nothing in this Memorandum of Understanding shall restrict the State Government of Chhattisgarh, or any of its Departments, Agencies, or Organizations, from entering into similar Memorandum of Understandings with other banks for the provision of salary account services to its regular employees. This provision ensures that the Government retains the flexibility to offer its regular employees a choice of banking services, allowing them to benefit from competitive terms and offerings available in the market. The non-exclusive nature of this Memorandum of Understanding is intended to promote transparency, competition, and choice for the regular employees of the State Government of Chhattisgarh.


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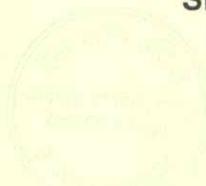


C) Bank of India is committed to the business development with State Government of Chhattisgarh, and will continuously strive to improve the offerings through the Customized Government Salary Saving Account Scheme for State Government of Chhattisgarh. These improvements will be applicable to all the Government Salary Saving Accounts. In witness whereof, each Party has scribed their respective hands through its duly authorized representative.


Signed on behalf of
Government of Chhattisgarh


Name: SHITAL SHASHWAT VERMA, IRS
Designation: SPECIAL SECRETARY
Government of Chhattisgarh FINANCE DEPT.

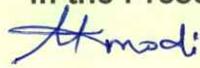
Signed on behalf of
Bank of India





Name: Nagendra Prasad Chaurasia
Designation: Dy Zonal Manager
Bank of India, Raipur Zone

In the Presence of


20/02/2026

(Witness)

ANKIT KUMAR MODI
ADDITIONAL DIRECTOR
DIRECTORATE OF INSTITUTIONAL FINANCE
GOVT. OF CHHATTISGARH

In the Presence of


.....
(Witness)

SRIKANT KUMAR MAHARANA
Senior Manager (Marketing)
Bank of India
Raipur Zone.

Date: 20/02/26

Annexure-A

Application cum undertaken to be taken from account holders, whether new or converted

I maintain a SB account with your branch and the account number is..... and I intend to open a new Salary Account(SB Account). I am presently employed as With, my employee Number is And my Date of Birth is....., My mobile number is.....

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

In this connection, I request that my existing account be converted into aSalary Account with all its special features. Since I am presently posted at/ is being posted to I request that my account should be transferred to Branch of(Name of Bank).

Your Faithfully,

Name

Date

Address:

Place:

(With Rank and Decoration/Address)


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Procedure Guidelines for Submission of Claim

STEP I: Intimation of Claims to Anand Rathi Insurance Broker Limited (ARIBL)

In the event of accidental death/disability of the account holder the, claim is to be immediately notified to the concerned officials of Anand Rathi Insurance Broker Limited (ARIBL) upon the happening or on coming to the knowledge.

Please Note: All the claims of the Insured will be initiated through Anand Rathi Insurance Brokers Ltd., who will co-ordinate with Insurer. The intimation to Anand Rathi Insurance Brokers Ltd, will be done on: **resourcesclaimsboi@rathi.com marking cc to Insurance.deposits@bankofindia.co.in**

Following details to be submitted by the concerned BRANCH for intimation of claim

Particulars	To be Submitted by Branch/Zone
Name of Deceased / Claimant (In case of Disability)	
Cause of death	
Date of Accident	
Date of Death	
Branch Name and Zone Name	
E Mail id of branch/Zone	
Name and Contact Details of Branch official	
Account Number for which Claim is intimated	
Type of Account (Salary/Pension/Savings/Current/Staff/Ex Staff)	
Special Charge Code of the Account and MOU name	
Category of Account based on AQB/MAB in quarter/month before happening of accident (Classic/Normal/Gold/Diamond/Platinum)	
Name and Contact Details of Nominee/Claimant	
Remarks, if any	

(Signature)
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(Signature)

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


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छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, नवा रायपुर, अटल नगर


/

- p) 1st page of passbook copy duly stamped by Bank showing Deceased member and 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.

Sherma (शीतल शाशवत वर्मा)
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छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, नवा रायपुर, अटल नगर



c) Higher Education Cover:

- Copy of admission confirmation and certificate from educational institute stating 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.

S. Verma
(शीतल शाश्वत वर्मा)
विशेष सचिव
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वित्त विभाग
मंत्रालय, नवा रायपुर, अटल नगर





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	

	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	

Classification: Internal

S. K. Verma
 (श्रीतल शाश्वत वमा)
 विशेष सचिव
 छत्तीसगढ़ शासन
 वित्त विभाग
 मंत्रालय, नवा रायपुर, भटल नगर

[Signature]

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

Classification: Internal

Shikha
(शीतल शाश्वत वर्मा)
विशेष सचिव
छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, नवा रायपुर, अटल नगर

[Handwritten Signature]

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)

S. Vema
(श्रीतल शाश्वत वर्मा)
विशेष सचिव
छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, नवा रायपुर, अटल नगर

[Signature]



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:

Classification: Internal

S. V. S.
(शोतेल शाश्वत वमा)
विशेष सचिव
छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, नया रायपुर, भटल नगर

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

Important Instructions:

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



For office use only

Application Type* New Update

(To be filled 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)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)				
Maiden Name				
Father / Spouse Name				
Mother Name				
Date of Birth*				
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
PAN*			Form 60 furnished	

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

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

<input type="checkbox"/> A- Passport Number		<input type="checkbox"/> PHOTO*
<input type="checkbox"/> B- Voter ID Card		
<input type="checkbox"/> C- Driving Licence		
<input type="checkbox"/> D- NREGA Job Card		
<input type="checkbox"/> E- National Population Register Letter		
<input type="checkbox"/> F- Proof of Possession of Aadhaar		
II <input type="checkbox"/> E-KYC Authentication		
III <input type="checkbox"/> Offline verification of Aadhaar		

Address

Line 1* _____

Line 2 _____

Line 3 _____

District* _____ Pin/Post Code* _____ State/U.T Code* _____ City / Town / Village* _____ ISO 3166 Country Code* _____

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

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

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

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

Address

Line 1* _____

Line 2 _____

Line 3 _____

District* _____ Pin / Post Code* _____ State/U.T Code* _____ City / Town / Village* _____ ISO 3166 Country Code* _____

(Signature) (शांतल शाश्वत वमा)
 विशेष सचिव
 छत्तीसगढ़ शासन
 वित्त विभाग
 मंत्रालय, नवा रायपुर, अटल नगर

(Signature)

General Guidelines of Term Insurance Policy

- a. The Group Term Insurance is provided on a fully complimentary basis. No charges shall be recovered from salary account holders.
- b. Group Term Insurance is provided by Insurance companies for a period of one year at a time. 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.
- c. Currently, the Bank has obtained the Group Term Insurance cover from LIC. The insurance provider may be changed on a yearly basis, at the Bank's discretion.
- d. Only the Permanent employees of CG State Government between the age of 18 years to 62 years , or date of retirement which ever is earlier will be eligible for all benefits.
- e. 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 inclusion in the policy in a timely manner.
- f. Upon receipt of the required employee data from the employer and successful addition of the account in LIC's system, the insurance cover shall become effective after 30 days from the date of first salary credit in the individual's salary account, post execution of the MOU. In case the data is not received by LIC or is not updated in the system for any reason, resulting in non-commencement of cover, the Bank shall not be held responsible.
- g. The insurance cover is further subject to proper categorization of the concerned account under the applicable salary package/variant in the Bank's system and regular credit of salary to the respective account.
- h. Claim settlement shall be governed solely by the insurance company's terms and conditions. The Bank shall bear no liability in respect of claim settlement. The rights and obligations of the insured shall rest with the insurance company. The insurance contract and its terms shall not be binding on the Bank, and the Bank shall not assume any responsibility towards either the insured or the insurer. The Bank reserves the right to withdraw this facility at its discretion in any subsequent year.
- i. Claims must be intimated to the insurance company within 90 days of the incident, and all required documents must be submitted within 180 days from the date of occurrence.
- j. The Bank shall not be a party to the claim settlement process or to any dispute arising out of the claim decision made by the insurance company.
- k. Additionally, the employer shall provide, on a monthly basis via email, the details of employees drawing salary through the Bank for the purpose of extending term insurance cover, including:
 1. Name of the account Holder

2. Account in which salary is credited in Bank of India

Standard Operating Procedure (SOP) 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.co.in

Hard copy to be sent to:

*LIC of India
P&GS Department, Mumbai Divisional Office I
5th Floor, LIC Digital Building,
C-10, G Block,
Bandra Kurla Complex,
Mumbai - 400 051*

Sharma
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मंत्रालय, नवा रायपुर, अटल नगर



LIFE INSURANCE CORPORATION OF INDIA

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

Claim Form for Non-Employer-Employee Group Insurance Scheme

To be completed by the claimant and Master Policyholder

1. Name of the scheme Group Insurance Scheme: _____

2. Master Policy No. : _____

3. Full Name & Address of Master Policy holder : _____

4. Full Name of the deceased Member: _____

LIC ID: _____

5. Membership No. : _____ Category: _____

6. Date of Birth: _____ Date of entry into scheme: _____

7. Date of death of the Member: _____ Time of Death: _____
(Original/certified copy of Death Certificate should be enclosed)

8. Cause of Death: _____

Place of Death: _____

9. Amount of Sum Assured: _____ Outstanding amount of loan if any: _____

10. If the claim is being intimated after month from the date of death, Please give reason for delay:

11. Last Premium paid on: _____ For Due: _____ Mode of payment M/Q/H/Yly

12) Name of Nominee: _____

Nominee address: _____

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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: _____

BRIEF Claim intimation and Claim Lodgement Process

Bank/ Branch / Head office will give claim intimation to Anand Rathi Insurance brokers



Upon receivable of the intimation, ARIBL will co-ordinate with the Insurance Co. for Claim lodging.



ARIBL to share the claim forms and documents checklist with the branch



Bank to submit soft copy of document as per checklist shared by ARIBL team.

Classification: Internal

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Once soft copy of documents is received, then ARIBL team will review the documents, and thereafter signed and stamped the hard copy of documents will be shared by concerned branch.



Thereafter the claim documents will be submitted to respective Insurance Company (New India Insurance or United India Insurance) as per the date of accident.



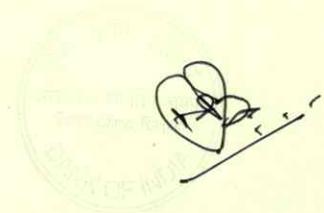
ARIBL will follow up with insurer for the final settlement of claim if there is any query ARIBL team will coordinate with branch.

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.


(शोतल शाश्वत कर्मा)
विशेष सचिव
छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, नवा रायपुर, अटल नगर



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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उत्तरीय शाखा
वित्त विभाग
मंत्रालय, नया रायपुर, मटल नगर



[Handwritten signature]

Annexure C

List of Relationship Manager

S No	Name	Designation	Mob No
1	Srikant Maharana	Sr Manager	9826345464
2	Prakash Singh Chauhan	Sr Manager	9098787003
3	Chaitanya Sinha	Sr Manager	8439704430

S. Venk

(**श्रीलक्ष्मी शास्वती यन्त्र**)
विशेष सचिव
छत्तीसगढ़ शासन
वित्त विभाग
मंत्रालय, नवा रायपुर, अटल नगर

