

- e) Provisional entry shall be made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed on the smart card through blocking of claim amount.
- f) At the time of discharge final entry shall be made on the smart card after verification of Beneficiary's fingerprint (any other enrolled family member in case of death) to complete the transaction.
- g) All the payment shall be made electronically within One Month of the receipt of electronic claim documents in the prescribed format.

B. Pre-Authorization for Cashless Access in case no package is fixed

Once the identity of the Beneficiary and/ or his/her family member is established by verifying the fingerprint of the Beneficiary (fingerprint of any other enrolled Beneficiary Family member in case of emergency/ critical condition of the Beneficiary can be taken) and the smart card, following procedure shall be followed for providing the health care facility not listed in packages:

- a) Request for hospitalization shall be forwarded by the Empanelled Health Care Provider after obtaining due details from the treating doctor in the prescribed format i.e. "request for authorization letter" (RAL). The RAL needs to be faxed/ emailed to the 24-hour authorization /cashless department at fax number/ email address of the Company along with contact details of treating physician, as it would ease the process. The medical team of Company would get in touch with treating physician, if necessary.
- b) The RAL should reach the authorization department of Company within 6 hours of admission in case of emergency or 7 days prior to the expected date of admission, in case of planned admission.
- c) In failure of the above "clause b", the clarification for the delay needs to be forwarded with the request for authorization.
- d) The RAL form should be duly filled in, with entries clearly marked Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.
- e) Company guarantees payment only after receipt of RAL and the necessary medical details. Only after Company has ascertained and negotiated the package with Empanelled Health Care Provider, it shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL.
- f) In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization department to confirm the eligibility, Company can deny the authorization or seek further clarification/ information.
- g) The Company needs to file a report to nodal agency explaining reasons for denial of every such claim.
- h) Denial of authorization (DAL)/guarantee of payment are by no means denial of treatment by the health facility. The Empanelled Health Care Provider shall deal with such cases as per their normal rules and regulations.
- i) Authorization letter [AL] will mention the authorization number and the amount guaranteed as a package rate for such procedure for which package has not been fixed earlier. Empanelled Health Care Provider must see that these rules are strictly followed.
- j) The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for Authorization letter (RAL) for hospitalization.
- k) The entry on the smart card for blocking as well at discharge would record the authorization number as well as package amount agreed upon by the hospital and Company. Since this would not be available in the package list on the computer, it would be entered manually by the hospital.
- l) In case the balance sum available is considerably less than the package, Empanelled Health Care Provider should follow their norms of deposit/running bills etc. However, the Empanelled Health Care Provider shall only charge the balance amount against the package from the beneficiary. Company upon receipt of the bills and documents would release the guaranteed amount.
- m) Company will not be liable for payments in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.

Note: In cases where the Beneficiary is admitted in a hospital during the current Policy period but is discharged after the end of the Policy period, the claim has to be paid by the company which is operating during the period in which Beneficiary was admitted.

EMPANELLLED HEALTH CARE PROVIDERS

The enrolled beneficiaries under the scheme are provided with the option of choosing from a list of Empanelled Health Care Provider for the purposes of seeking treatment.

Empanelled Health Care Providers having adequate facilities and offering services as stipulated in the Tender Document will be empanelled after being inspected by qualified technical team of the Company or their representatives in consultation with the District Nodal Officer, "SWASTHYA SATHI", and approved by the District Administration/ State

Government/ State Nodal Agency. Hospitals should have the following criteria to be considered for empanelment under Swasthya Sathi:

- a. All Hospital should have a valid CE certificate and other relevant hospital regulatory license like Bio-medical waste, Fire Dept. clearance, NOC from Pollution Control Board, PNDT, etc.
- b. Hospital should have at least 30 and above inpatient beds for inpatient healthcare. However, in case of single Speciality (eye) Hospital, it should have at least 20 inpatient beds for inpatient healthcare if recommended for empanelment of such unit by the District Authority.
- c. Round-the-clock availability of manned Swasthya Sathi Help Desk and registration counter.
- d. RMO shall be available for Round-the-clock as per WB CE Act norm.
- e. All the doctors working in the hospitals, whether fulltime or part-time, should be registered under WB Medical Council/MCI/Other state Medical council.
- f. Round- the-clock availability of Nurses & Paramedic staff as per WB CE Act norm.
- g. Casualty should be equipped with emergency kit and medicines including Monitors, Defibrillator, Crash Cart, Resuscitation equipment, Oxygen, and Suction facility etc. and with emergency observation beds and attached drinking water & toilet facility.
- h. Round the clock (24 Hrs.) Pharmacy facilities either, In-house pharmacy or with 'Tieup' with a nearby Pharmaceutical centre, whenever it is applicable.
- i. Round-the-clock advanced diagnostic facilities either In-House or with Tie-up with a nearby Diagnostic Centre like In-house/Outer, round-the-clock basic diagnostic facilities for biochemical, pathological and radiology tests such as Calorimeter, Auto analyzer, Microscope, X-ray, E.C.G, USG. Etc., round-the-clock lab and imageology support, etc.
- j. Fully equipped Operation Theatre along with required equipments as mentioned in the specific requirements for each Specialty.
- k. ICU facility with Monitors, Ventilators, Oxygen facility, Suction facility, Defibrillator, and required other facilities & requisite staff.
- l. Round-the-clock availability of specialists, Doctors, and support fields staff with on-call.
- m. Round-the-clock Blood Bank facilities either In-House or with Tie-up with a nearby Blood Bank.
- n. Round-the-clock own Ambulance facilities either In-house or with Tie-up.
- o. Physiotherapy centre facilities either 'In-House' or with 'Tie-up' with a nearby Physiotherapy Centre, wherever it is applicable.
- p. All Hospital should maintain complete records as per ICD-10 as required on day-to-day basis. Necessary records of hospital / Beneficiaries are to be provided to the SNA/Insurer/TPA as and when required.
- q. Separate male and female wards with toilet and other basic amenities.
- r. Safe drinking water facilities for Beneficiaries and Beneficiaries party.
- s. Availability of Pantry/Kitchen facility for patient diets/ out sourced diet supply.
- t. Availability of well-ventilated waiting Area/Room for Beneficiaries and Beneficiaries party.
- u. Parking area for Ambulance and car parking for Doctors, Beneficiaries, and Visitors.
- v. Availability of canteen/cafeteria for Beneficiaries, Beneficiary Party, visitors.
- w. Generator facility with required capacity suitable to the bed strength of the hospital should be installed.

Out Patient Services (OPD) for Swasthya Sathi Beneficiaries (prior to admission into IPD) in the Empanelled Hospitals will be free of Cost.

Hospitals will be empanelled as per availability of facility like Specialty /Super speciality/ Services in the Hospitals.

If it is found that there are insufficient Empanelled Health Care Provider in a district or that the facilities and services provided by Empanelled Health Care Provider in a district are inadequate, State Nodal Agency can reduce the minimum empanelment criteria specified in this Section on a case-to-case basis.

C. EXCLUSIONS:

Exclusions for IPD & Day care procedures

The Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

- i. **Conditions that do not require Hospitalization:** Conditions that do not require hospitalization and can be treated under Out-Patient Care. Out- patient diagnostic, medical and surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered.
- ii. Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.

- iii. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires Hospitalization for treatment.
- iv. **Drug and Alcohol Induced Illness:** Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- v. **Fertility related procedures:** Any fertility, sub-fertility or assisted conception procedure, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
- vi. **Vaccination:** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
- vii. **War, Nuclear Invasion:** Injury or disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not) or by nuclear weapons / materials.
- viii. **Suicide:** Intentional self-injury/suicide.

Exclusions under Maternity Benefit Clause:

The Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

- i. Expenses incurred in connection with voluntary medical termination of pregnancy except induced by accident or other medical emergency to save the life of mother.
- ii. Normal Hospitalization period is less than 48 hours from the time of delivery operations associated therewith for this benefit. Pre-natal expenses under this benefit; however treatment in respect of any complications requiring Hospitalization prior to delivery can be taken care under medical procedures.

D. GENERAL CONDITIONS:

1. Every notice of communication to be given or made under this Policy shall be delivered in writing at the address of the Company and/or TPA office as shown in the Schedule.

2. **Payment of Claims and Claim Turnaround Time**

The claim settlement process will be as stated below:

- a) The company will ensure that all claims of the hospital are settled and the payment are made to the registered account of the hospital through NEFT/RTGS within ONE MONTH of receipt of all the required claim data by the Company or their representatives and the same to be updated in the SNA server.
- b) In case a claim is being rejected, the company will send information to the hospital within ONE MONTH in addition to updation in the SNA Server.
- c) Along with the claim rejection information, the Company will also inform the hospital that it can appeal to the District Grievance Redressal Committee if it feels so. The contact details of the District Grievance Redressal Committee will be provided the Company along with each claim rejection letter.
- d) Where a claim is being investigated by the company, the process shall be completed within one month of receipt of the claim.
- e) In both the cases, ie. Where a claim is either being settled or being investigated, the process shall be completed within ONE MONTH from electronically uploading of the claim.
- f) The company may collect at their own cost complete claim papers from the Empanelled Health Care Provider, if required for audit purposes. This will not have any bearing on the claim settlement to the Empanelled Health Care Provider.

3. **Penalty linked to delay in Claim payment**

If the Company does not settle the claim within 30 days of the claim being received by the Company, the hospital shall be paid interest @ 1 % of claimed amount per 15 days of delay in settlement. The amount shall be paid to the hospitals in the same manner for payment of claims.

4. **Fraudulent Claims**

The Company shall not be liable to make any payment under this Policy in respect of any claim:

- i. If the Policy has been obtained by Beneficiaries misrepresentation of material facts,
- ii. If such claim be in any manner be fraudulent or supported by any fraudulent means or device whether by the Beneficiaries or by any other person acting on his behalf.

5. **Repudiation of Claims:** In case of any claim being found untenable, the Company shall communicate reasons in the State Nodal Agency server and also in writing to the Designated Authority of the District/State Nodal Agency and the Empanelled Health Care Provider for this purpose within ONE MONTH of receiving the claim electronically. A final decision regarding rejection, even if the claim is being investigated, shall be taken within one month. Rejection letters need to carry the details of the claim summary, rejection reason and details of the Grievance Redressal Committee. Such claims shall be reviewed by the State/ District Committee on monthly basis. Details of every claim which is pending beyond one month are to be sent to District/SNA along with the reason of delay.
6. **Law and Arbitration**
- If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Company), such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the Company and the State Nodal Authority or if they cannot agree upon a single arbitrator within 30 days of any party [the Company or the State Nodal Authority] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Company or the State Nodal Authority and the third arbitrator to be appointed by such appointed two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be in Pune.
 - It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Company has disputed or not accepted/admitted the liability/claim of Beneficiaries under or in respect of the claim under Policy.
 - It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.
 - It is also hereby further expressly agreed and declared that if the Company shall disclaim/repudiate the liability to the Beneficiaries for any claim, and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits shall be forfeited and the rights of Beneficiaries shall stand extinguished and the liability of the Company shall also stand discharged.
 - In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other clauses herein.
7. All medical surgical procedures under this Policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.
8. **Terms and Mode of Premium**
State Government/State Nodal Agency will, on behalf of the identified beneficiaries, make the payment of the premium to the Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. State Government/ Nodal Agency will, however, make payment of such premium in instalments detailed in Clause 10 "Payment of Premium" of the Tender Document.
9. **Penalty for Delay in Premium Payment**
If the premium is not paid to the Company within six months of the commencement of the Policy, interest of 0.5% of the premium amount for every 15 days delay beyond 6 months of the start of the Policy shall be paid by the State Nodal Agency to the Company
10. **Refund of Premium**
The Insured will be entitled to a refund of premium if the claim ratio specified below is not reached at the full period of Insurance Policy. The premium refund shall be as per the formula below:
- In case the claim ratio (admissible hospital claims paid + INR 25 towards cost of cards to premium received) is less than 80% ,then the Company will return the difference between actual claim ratio and 80% of the insurance premium to the SNA (Premium Excluding GST)
 - In case the claim ratio, as calculated above is higher than 100%, no refund shall be available to the Company.
 - The claims data shall be updated by the Company within 30 days of the submission of claims by the Hospital

- d. The refund amount, if any, shall be returned by the Company within 90 days of the end of Policy period.
- e. 10% of the quoted price (Annual Premium) is to be spent on IEC and allied activities in consultation with SNA. Amount spent less than 10% on IEC to be refunded to the SNA.

11. Termination of Policy

The Policy shall not be terminated by the Company except on grounds of mis-representation, fraud, non-disclosure of material facts or non-co-operation of the Beneficiaries.

In case of termination of the contract following process will be followed:

- a. The Policy Cover Period of each of the Policies issued by the Company shall terminate on the expiry of the termination notice period, unless the State Nodal Agency has issued a written request to the Company before that date to continue providing Cover under the Policies issued by it. The Company shall, upon the written request of the State Nodal Agency, continue to provide the Cover under the Policies until such time that the State Nodal Agency appoints a substitute insurer and the cover provided by the substitute insurer commences. The last date of effectiveness of the Policies shall be the Termination Date.
- b. The Company will pay back to the State Nodal Agency the unutilized amount of premium, calculated until the termination date using a pro-rata basis.
- c. The Company will pay the total package amount for all the cases for which amount has already been blocked before returning the premium.
- d. Notwithstanding the termination of the Contract(s), the Company shall continue to discharge all of its liabilities in respect of all claims made and any amounts that have been blocked on the Smart Cards on or prior to the Termination Date.
- e. Upon termination of the Contract(s) and receipt of a written request from the State Nodal Agency at least 7 days prior to the Termination Date, the Company shall assign its rights and obligations, other than any accrued payment obligations and liabilities under its Services Agreements with the Empanelled Health Care Providers and its agreements with other intermediaries, in favour of the State Nodal Agency or the substitute insurer appointed by the State Nodal Agency.

12. Grievance Redressal

The Grievance Redressal process will be as laid down in the tender document of Swasthya Sathi Scheme dated 15.01.2018.

If the Beneficiary has a grievance on issues relating to enrolment or hospitalization against the Company, he/she will approach the District Grievance Redressal Committee [DGRC] in writing. The DGRC should take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can appeal to State Grievance Redressal Committee (SGRC) within 30 days of the decision of the DGRC. The SGRC shall decide the appeal within 30 days of receiving the appeal. The decision of the SGRC on such issues will be final.

In case a claim is rejected, this information will also be sent to hospital within one month in addition to updation in the SNA Server. Along with the claim rejection information, the Company will also inform the Hospital that it can appeal to the DGRC if it feels so. The Contact details of the DGRC will need to be provided by the Company along with each claim rejection letter.

13. Penalty linked to Grievance Redressal

Decision taken by the DGRC regarding payment of any rejected/repudiated claim is final and binding upon the insurance company, if no appeal is made to the SGRC within 30 days of communication of the decision by the DGRC along with specific reasons for such appeal. Any subsequent delay in compliance of the DGRC order as stated above will attract penalty of Rs 25000/- per case per 15 days' delay thereof, which shall be paid to the State Nodal agency by the Insurance Company.

In witness where of the undersigned being duly authorized by the company on behalf of the company has hereunto set his hand atonday of.....20__.

For The Bajaj Allianz General Insurance Company Limited

Authorised Signatory

14. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

<p>Level 1</p> <p>In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:</p> <ul style="list-style-type: none"> • Our Website @ https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp • Call us on our Toll free no 1800 209 5858 • Mail us on bagichelp@bajajallianz.co.in • Write to Bajaj Allianz General Insurance Co. Ltd. Bajaj Allianz House, Airport Road, Yerwada Pune- 411006
<p>Level 2</p> <p>In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer Mr. Jerome Vincent at ggro@bajajallianz.co.in</p>
<p>Level 3</p> <p>If in case, your grievance is not resolved and you wish to talk to our care specialist, please Give a missed on +91 80809 45060 OR SMS <WORRY> To 575758 and our care specialist will call you back</p>
<p>If you are still not satisfied with the solutions provided, write to Mr. Ankit Goenka, Head of Customer experience directly at head. customerservice@bajajallianz.co.in.</p>
<p>Grievance Redressal Cell for Senior Citizens</p> <p>Bajaj Allianz introduces a dedicated team for all the senior citizens, so no more wait time, no more standing in long queue. Senior citizens can now contact us on 1800-103-2529 or write to us at seniorcitizen@bajajallianz.co.in</p>

In case your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.
If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	Madhya Pradesh Chattisgarh
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Orissa

Office Details	Jurisdiction of Office Union Territory, District)
<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Tey-nampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, ""Moin Court"", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, MaKerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry. he-a part of Pondicherry</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sita-pur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Sham-li, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand</p>
<p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>

Note: Address and contact number of Governing Body of Insurance Council

Secretary General - Governing Body of Insurance Council
Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054
Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net