

MEMBER SURAKSHA SCHEME

The Lakhimi Sanchay and Rindan S.S. Ltd.
A personal accident benefit scheme for the members



The **MEMBER SURAKSHA** scheme is provisioning under Section 24, Schedule-07 and there under of the bye laws. The basic purpose of this scheme is to provide financial compensation on accidental loss and damages (physical) of the members it may be death or physical disability also. The society trying to facilitate financial support to the affected person or his/her family. The manner of the scheme product is to be maintain or revive financial status of the affected person/family as normalise. The sum assured is a financial safety/SURAKSHA of the members, which unable to covered in service by the nationalised government or private Insurance companies at rural and remote areas.

Policy No.

Share No.

Details of the beneficiary

Name of beneficiary
Address (permanent)
Pin Code City
Phone Mobile
Email ID PAN No.
Date of Birth Place:

Details of the nominee

Name of beneficiary
Address (permanent)
Pin Code City
Phone Mobile
Email ID PAN No.
Date of Birth Place:

Temporary address details, if any

Nick name of beneficiary
Address (permanent)
Pin Code City
Phone Mobile
Email ID PAN No.
Sex (Tick) Male ☐ Female ☐ Others ☐

Occupation details of the beneficiary

Occupation Types
Establishment name
Address
Pin Code City
Phone Mobile
Email ID PAN No.

Declaration by the beneficiary

I/We above mentioned named, do here by, to the best of my/ our knowledge and belief, read and understand all the terms and conditions herewith in the back page of the forms are agreed. I also agreed that the manner of the scheme is member welfare only. I shall following the terms and conditions and it's procedures as well as hereof. The above mentioned informations are true and correct. I know that the scheme is not valid for claim in judiciary. it is a member welfare scheme owned by the general body of the society to its members only. This is not a mandatory scheme to me/share holders, it's depending on my choice.

Date:

Place:

Signature of beneficiary

Area Advisor Details

Name of Area advisor Area Name

Code: Scheme initiate date:

Signature of Advisor

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TERMS AND CONDITIONS

1. GENERAL :

1. This scheme is available only for the share holding person of society.
2. Nobody can enjoy the service benefits of the scheme, if his/her share holding is withdrawn OR canceled OR loan defaulter of the society.
3. The share holding confirmation must required.
4. Aged between 18 to 65 years acceptable.
5. One time premium @999/- only.
6. Maximum coverage @99999/- only.
7. Accidental benefits coverage one year only.
8. Single person coverage scheme only.
9. Premium amount not refundable.
10. One time claim only in a year.
11. After approval of claim settlement, the scheme validity shall be finished automatically.
12. Renewal fee @999/- no claim bonus applicable in terms of no claim records in last year.
13. No claim bonus 3%
14. Primary reporting period 7days.
15. Final reporting period 30 days.
16. Final Approval /rejection/results period 60 days.
17. One time settlement period 30 days after approval.
18. Claim processing and settlement period 90 days.
19. Payment mode- one time and partly.
20. Partly settlement period within 12 month.
21. Settlement shall be done to the nominated person's bank Account.
22. Nobody can change, alter, rename and transfer this policy.

2. COVERED :

1. Accidental death.
2. Accidental permanent total disability.
3. Accidental permanent partial disability.
4. Burns and broken in partly injuries.

3. UNCOVERED :

1. Pre-Existing disability/ injury
2. Careless activities.
3. Natural death.
4. Pregnancy/ child birth.
5. Self-injuries/ suicide.
6. Non-allopathic treatments.
7. Influence of drugs/ intoxicants.
8. Mental disorders/ committing a criminal act.
9. Participation in adventure activities.
10. Involvement in war activities.
11. Pre-medical and post medical care cost.
12. HIV- AIDS or Sexually Transit Disease.
13. Temporary physical disability.
14. The health care and treatment cost is not coverage under this scheme

4. Percentage of compensation on permanent disability :-

- | | |
|----------------------|-------|
| 1. Full disability | = 99% |
| 2. Half disability | = 49% |
| 3. Partly disability | = 25% |
| 4. Single finger | = 10% |

5. Claim Fee : @ 1499.00 need to be deposit with the claim application.

6. IMPORTANT CONDITIONS :

- 6.1. It is not guaranteed by your society to approve 100% numbers of claims.
- 6.2. It is not promised by your society to pass adject claim amount (100%) as applied.
- 6.3. The claim of this scheme is not valid for demand/justify in legal ways of the judiciary.
- 6.4. The scheme is on the basis understanding and aggregate resolutions of the general body of the society.
- 6.5. Nobody can demand claims, in case of feeling injustice, claimed person may approach nodal officer(independent executive director) of the society.
- 6.6. An independent sub-committee named "Member Adhikar Suraksha Committee (MASC)"lead final decisions on approvals of the applied claims.
- 6.7. Doctors report and field verification authentication is mandatory to establish claim.
- 6.8. The society shall not take any responsibility in case of missing/ damage or loss of original certificate,
- 6.9. Duplicate certificate copy shall not issued by the society.

7. DOCUMENTS :

1. Medical Fitness Certificate.
2. Membership proof(Share money receipt).
3. Age proof.
4. Nominee ID proof

MEDICAL CERTIFICATE OF FITNESS

I have examined

Shri/ Smt. _____

Son/ Daughter/ wife of Shri/ Smt. _____

Village _____

PO. _____

PS. _____

Dist. _____

Pin _____

Assam

His/ Her aged _____ Years, and certify that, he/she is free from permanent physical disability(partly also), pre-injured, affected in incurable disease, defective vision, infirmity, mental disorder, likely to interfere with the efficiency of his/ her work and found him/ her possessing good health.

This certificate is being given to him/ her for the purpose of **Lakhimi Member Suraksha Scheme** only.

Signature of candidate

Full Signature of Candidate

(To be signed in presence of the Medical Officer)

Date :

Seal

Signature of Medical Officer : _____

Name of Medical Officer : Dr. _____

Registration No. : _____

Note : Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of Indian, shall only be valid. The date of issue of the medical certificate should be within **3 month** from the date of application.