

SINDH AGRICULTURE UNIVERSITY TANDOJAM

NO. SAU-REG/ 258

of/2024

Dated: 21.11.2024


CIRCULAR:

In view of the Health Insurance tender No. **SAUREG/HIP/NIT/2024/191** dated.26.09.2024 and as per recommendations of the Procurement Committee, M/s TPL Insurance Company has been awarded “Health Insurance Coverage” (HIC) to employees working at Sindh Agriculture University Tandojam and its constituent colleges at KCAMS, Khairpur Mir’s, & SAU-Campus @ Umerkot. As per TORs, main features of the Health Insurance Policy will be as under:

1. **Entitlement:** “Health Insurance Coverage” (HIC) shall be admissible to those who have opted and shall make self-contribution by themselves.
2. **Eligibility:** Following will be eligible for medical health coverage/Hospitalization facility (including dependents, whose names have been got enlisted for current years’ facility)
 - i. All employees’ up to 65 years (including 05 years after retirement)
 - ii. Spouse(s) up to 65 years
 - iii. Son(s) up to 24 years
 - iv. Daughter(s) till married
 - v. Parent(s) up to 85 years
3. **Categories:** There will be the following categories.
 - i. Executive Plan (Employees BPS 16-22 & their eligible dependents)
 - ii. Management Plan (Employees BPS-1-15 & their eligible dependents)
4. **Period:** Current agreement is effective for the period, effective from **November-2024 to October-2025** and extendable further as SPPRA rules and agreement signed in between SAU and **M/s TPL Insurance Limited**.
5. **Coverage:** Facilities / coverage and annual limit can be overview in link <https://sau.edu.pk/create-your-website-with-blocks/health-insurance/>
6. **Panel Hospital:** List of Panel Hospital of M/s TPL Insurance can be overview in link <https://sau.edu.pk/create-your-website-with-blocks/health-insurance/>
7. **Procedure:** All the eligible employees will be issued Health Insurance Identification Card along-with their family dependents (if got enlisted). The concerned and/ or his/ her eligible dependent are supposed to produce cards and show proof of identification of the person from whom treatment is being sought, national identity card of the person, in case the patient is an adult, to the administration of the panel hospital. All eligible expenses will be settled directly by the company to the panel hospital. The employee or the insured shall pay all expenses other than the eligible expenses directly to the Hospital before discharge of the coverage insured.

- 8. Intimation of Hospital Confinement in a Non-Panel Hospital:** Employees are advised to prefer and make hospitalization in panel hospital, however;
- (a) In emergency cases, the company should be intimated within 24 hours of such hospital confinement to the company at its head office, with information sufficient to identify the Insured, the hospital and the physician,
 - (b) In case of hospitalization not in a panel hospital, the employee must first seek approval from the company by submitting a cost estimate from the physician for hospital confinement. The company would issue the approval letter, a copy of which should be sent along-with the claim papers for settlement of claims.
 - (c) M/s TPL Insurance Limited would have to pay medical re-imburement charges, if any occurred with insured live(s) during the month of **November-2024**.
 - (d) Settlement of such claims shall be made by the company on a reimbursement basis.
- 9. Claims:** Fully completed claim form together with required supporting document(s) such as discharge summary, prescriptions, payment receipts, itemized hospital bill, lab reports etc in original must be furnished within 15 day of the date of commencement of the event for reimbursement purpose.
- 10. Help Line:** in case of any help required, insured can use company help line No: UAN (021-111-000-301) of TPL Insurance Limited, provided on card and/ or otherwise consult to the undersigned as well.

All the departmental/ sectional heads are requested to make wide publicity and circulate this information to their subordinate staff accordingly.


G.M QURESHI
REGISTRAR

Copy to:

- 1. All Concerned.