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COLLEGE OF INSURANCE

INSUNEWS - WEEKLY E-NEWSLETTER

13TH – 19TH MAY 2023

QUOTE OF THE WEEK

"Learning is a result of listening, which in turn leads to even better listening and attentiveness to the other person. In other words, to learn from the child, we must have empathy, and empathy grows as we learn."

ALICE MILLER

Insurance Term for the Week

Builders Risk Hull Insurance

Builders risk hull insurance was designed to lessen the risk of construction mistakes by allowing certain issues to be funded, leading to the good recovery of the building team. It applies for boats that are currently in the process of building.

Builders risk hull insurance makes sure that any damage that is brought to the ship whether during actual construction or during trial runs would be financed so that they can be repaired well. It makes sure that all risks can be repaired in a satisfactory manner so that the builder and the boat's future owner will both receive a well-constructed boat. There are two main types of builders risk hull insurance: one that pays for the boat as a completed product or another where the payment is going to keep increasing as the work goes on.

INSIDE THE ISSUE

The growth of D&O liability insurance in India – D Q India – 16th May 2023

The Indian economy is growing at a rapid rate, and its society is evolving both culturally and technologically. One engine driving this growth is the culture of entrepreneurship in the country, leading to a high number of new companies being established. One area of corporate leadership not well understood by many in corporate leadership roles, however, is the risk landscape facing company owners and directors based on the decisions they make on behalf of the company.

Understanding the Risk

Directors, officers, and owners of companies can make business decisions that negatively impact other parties, make misstatements that lead to legal suits, and be prone to employee harassment cases. It is high time that company leaders understand these risks and protect themselves against potential financial losses by securing D&O insurance coverage.

D&O, or directors and officers, insurance provides coverage for the personal liability of corporate officers in the event they are sued due to any wrongful acts in their position of responsibility. Lawsuits targeting these corporate leaders can result from cases of fraud, employee harassment, conflicts of interest, and more.

As more companies are established, it is crucial for owners and others in positions of responsibility to protect themselves against potential financial losses resulting from wrongful acts. In scenarios like these, D&O insurance is a valuable tool to mitigate financial losses.

D&O Insurance Trends in the Indian Market

On October 1st, 2018, the Securities and Exchange Board of India (SEBI) issued a regulation stating that the top 500 listed entities by market capitalization, calculated as of March 31st of the preceding financial year, must secure D&O insurance coverage for all independent directors. Since then, insurance companies offering D&O coverage have seen an increase in demand for these policies. One carrier in India reported a premium increase, specifically for D&O, of 70-80% over the last 2 to 3 years.

While mandating coverage for the top 500 companies is a good first step it is insufficient to address the true need in a growing economy. Per the annual report of the Department of Corporate Affairs, Government of India, there are a total of 1.4 million active companies in India as of 2021. With those numbers, India undoubtedly has a long way to go.

D&O Insurance Market Size in India vs. Others

According to IRDAI, any line of business contributing more than 5% of the total premium needs to be reported separately for premium numbers. However, D&O insurance is still not reported separately by any Indian insurance companies. The premium for D&O is mostly classified under the "other liability" segment in public disclosures of insurance companies. IRDAI should mandate premium and loss ratio reporting for all insurance lines/products separately, irrespective of the premium size. This will enable targeted analysis for individual business lines.

The exact premium size of the D&O insurance segment is not available yet. However, an increase in total liability premium (product, public, & other liability) has been observed over the last three years (FY 18-19 till FY 21-22) as calculated from public disclosures.

If 10% of the total liability premium is assumed to be from D&O, the premium size must be in the range of 30-40 crores (INR), which is around 4-5 M USD. In the U.S., unquestionably a more developed insurance market, D&O premium accounts for 8-10 B USD (per Statista numbers). The Chinese D&O market also has yet to reach the scale of the U.S. market, but it is ahead of India. However, the Chinese regulatory body recently introduced new laws and penalties to increase the number of D&O policies in the country.

Opportunities for Indian Market and Economy

D&O coverage is an essential factor for ensuring the financial stability of any business organization. It provides a protective environment where sound decisions can be made, thereby strengthening the business and the economy of the region.

As regulatory bodies amend the rules in the future, the probability of government-enforced actions can be expected to increase. Legal expenses to fight against government actions can be extremely high, but D&O insurance can help cover such scenarios. Having the right D&O coverage can also help in attracting talented board members. One evolving risk companies face, and that has a clear D&O impact, is cybersecurity. Data and information protection is a critical risk exposure for companies and a crucial responsibility of a company's board.

Technology can play a vital role in underwriting D&O risks by developing a pricing mechanism. Since financial assessment is one of the key parameters in pricing, alongside past litigation records, assessing the data security parameters of an organization will become easier through technology. Further, as the nature of cyber threats will change with AI, pricing application updates will be easier to enforce. As threats expand, corporate officers need to ensure they are addressing the risks in a timely fashion and secure D&O coverage to protect themselves in the event something goes wrong.

Directors and officers liability insurance is becoming increasingly important for businesses operating in India. With the country's economy growing at a rapid pace, the risk landscape for companies and their personnel are evolving as well. As businesses face new challenges, insurance companies need to offer innovative products and leverage technology to underwrite D&O risks effectively. By offering comprehensive D&O coverage, businesses can achieve greater financial stability and make sound decisions, contributing to the growth of the Indian economy.

TOP

Mother's Day Special: Financial gifts for mothers that last a lifetime and beyond - The Economic Times – 14th May 2023

Mothers make enormous financial contributions to every household, regardless of their employment status. Traditionally, this contribution was measured only by the yardstick of monetary compensation. However, now homemakers are also getting their long overdue recognition for adding economic value. The latest report by SBI states that the unpaid domestic work done by women would amount to 7.5% worth of India's GDP. With growing financial literacy, both working women and homemakers are gradually assuming the responsibility of financial planning, which had historically been the men's domain. Mothers, who often juggle multiple roles seamlessly, are now actively making key financial decisions for themselves and their families – right from taxes to insurance to investments.

With Mother's Day around the corner, it is time to talk about the most important gift that mothers can get – a financially secure future.

- **Term Insurance**

Considered the purest form of life insurance, a term insurance policy should definitely be on a mother's radar. This policy protects the family's financial future in the case of the policyholder's unexpected death by providing the nominee with a lump sum that can be used to pay loans, rent, education fees, etc.

A large proportion of mothers in India are donning multiple hats both in their personal and professional lives. In fact, 29.4% of the women aged 15-59 belonged to India's labour force in 2021-22, as per the Periodic Labour Force Survey. This indicates that women are now a significant contributor not only to household income but also to the nation's growth. This further creates a need for their inclusion under life insurance protection. Though the contribution of working women buyers has increased over the years, the share of policies continues to be at only 15% in the Term Insurance space. Hence, it becomes extremely critical for working mothers to start including term insurance in their financial planning.

Moreover, what sets term insurance apart is that homemakers can buy it independently, i.e., without any dependency on the spouse's policy or income. Homemakers who have passed 10th or 12th and have a household income of Rs 5 lakhs can purchase this policy to secure their dependents' future. These policies have especially been designed for this segment with a high sum assured of Rs 50 lakh to 1 crore. Another significant element of term insurance for both working and non-working women is its affordability. In fact, due to the lower risk perception in terms of life expectancy, and better health parameters; women actually pay substantially less than men. For instance, a term plan for a non-smoking 30-year-old salaried person living in the metro with a sum assured of Rs. 1 crore and coverage of up to 60 years will have around 28% cost difference, i.e., women will pay Rs. 8,098 in comparison to men paying Rs. 11,179.

In addition, if one wants higher flexibility and affordability, one should buy the return of premium at no-cost plans. This allows the insured to exit the plan after a specific tenure and receive the premium amount excluding GST. The policy is priced the same as a standard term plan but offers higher value for money.

Investment-cum-insurance products:
Financial independence is not just limited to earning money but also extends to investing it for higher returns. Women should invest in insurance-cum investment products to maximise their wealth and also cast a sound security net on their dependents. Here's what they can opt for -

- **Guaranteed Returns Plan**

Guaranteed return plans are ideal for all investor types best suited for mothers who want high-return bearing investments, but are not ready to take the associated risks. New plans have been launched now that offer a guaranteed, tax-free return of up to 7.5%. This does not take into account any market volatility or any fluctuation and keeps your capital as well as your returns absolutely safe. This plan also provides life insurance coverage to shield dependents in the event of the insured's untimely death. Thus, building a corpus to achieve goals like retirement planning, old-age safety, etc., is quite easy with this policy. Investors can also lock the interest rate for a more extended period, say, 45 years. These plans also offer tax benefits for up to Rs 5 lakh annual premium.

- **Unit Linked Investment Plans (ULIPs)**

Commonly known as ULIPs, they give policyholders the option to secure a portion of their investment as life cover, which covers the family monetarily in the event of a tragic demise of the insured while infusing the remaining share in equity, debt, or hybrid funds to accomplish long- term financial objectives. One of the advantages of ULIPs is their flexibility to switch between equity and debt funds. Under favourable markets, one can stand to earn up to 12-15% rate of returns on their investment in ULIPs. So, young mothers who are looking for higher returns and willing to invest in market-linked instruments should go for ULIPs. They also offer tax benefits for up to Rs 2.5 lakh annual premium. However, these instruments also carry a risk factor.

While tangible gifts might provide instant gratification, it is also important to have a long-term view and invest in products that will continue to be fruitful throughout your life and beyond. So, mothers should leave behind the social conditioning of not handling finances and proactively take a step towards true financial independence.

(The writer is Sarbvir Singh.)

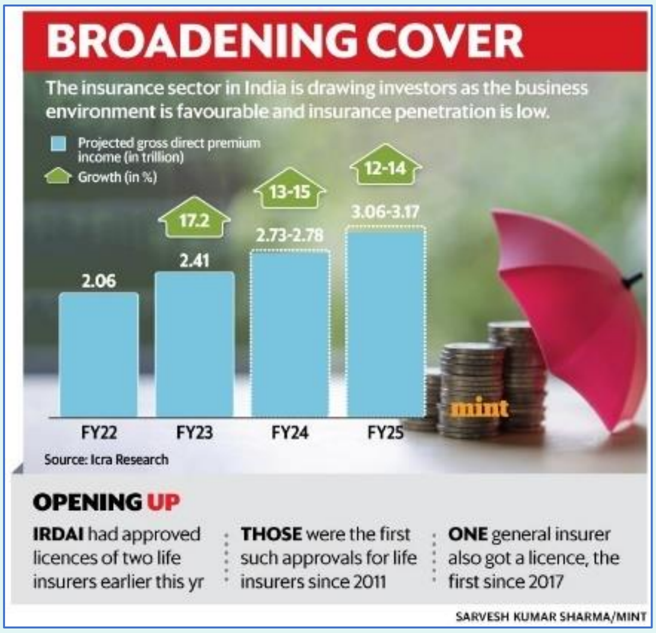
TOP

INSURANCE REGULATION

A dozen insurance permits up for grabs – Live Mint – 19th May 2023

The insurance regulator plans to issue about a dozen licences this year, building on last year's momentum when three companies got insurance licences in life and non-life segments after more than a decade. Nearly 20 applications are awaiting approval with the Insurance Regulatory and Development Authority of India (Irdai), which has now set up a dedicated facilitation cell to support the registration application of companies and is providing on-tap no-objection certificates to fast-track approvals, an official familiar with the development said.

About a dozen of these applicants may get a final nod to start insurance operations this year, the official said, requesting anonymity.



In an emailed response, Irdai chairman Debasish Panda said that the business environment is favourable and conducive, and investors are attracted to the insurance sector, a sentiment underscored by the interest in new licences.

"Few more applicants are in the pipeline at various stages of fulfilling the criteria for registration. These applicants are supported by dedicated facilitation cells of Irdai," Panda said, without giving out the names of entities seeking insurance licences from the regulator.

Earlier this year, the regulator approved the applications of two life insurance companies—Acko Life Insurance Ltd and Credit Access Life and Insurance Ltd— and a general insurer— Kshema General Insurance Ltd. For life insurance companies, these were the first approvals since 2011, while for general insurers, the last approval was in 2017. With the addition of new companies, there are now 25 life insurers and 34 general players operating in the country.

"To attain the goal of 'insurance for all' by 2047, existing insurers need to scale up, new players must enter the sector, more distribution partners are required, more products are needed, and most importantly, usage of high-end technological solutions is a must," the regulator said, highlighting the need to expand the insurance sector in the country by bringing in new players. "We need to tap the huge potential that exists in almost every line of business, be it life, health, personal accident, motor, property, etc. We also need to be prepared for new & emerging risks and innovative solutions required for the same," Panda said.

The Indian insurance market is the 10th largest globally, with the insurance industry registering a 13% growth during FY23. FDI in the insurance sector is about ₹57,000 crore, with assets under management (AUM) growing by 11% in FY23 to reach ₹60 trillion. As insurance penetration rises, the regulator expects the domestic insurance market to reach $200 billion by 2027. It has steadily increased from 2.7% in 2000 to 4.2% in 2020 and was 3.2% in 2021, according to the Economic Survey 2022-23 released in January. Rapid growth, coupled with its relatively low penetration, is attracting new investors. The post-pandemic period has accelerated market growth, with improved awareness about life and health insurance driving sales. The economic recovery and improved mobility have also boosted the demand for motor insurance.

According to an Icra report, the general insurance industry's GDPI (gross direct premium income) grew 17.2% from a year earlier in FY23 to ₹2.4 trillion, buoyed by the resurgence of economic activities after the waning of covid-19 infections. A CareEdge report has also presented a positive picture of India's life insurance market, with new business premiums or first-year premiums of companies growing by 17.9% in FY23 as against 12.9% growth in the previous year. The move towards lighter regulations, expedited processing and flexibility in raising capital has contributed to more companies vying to participate in the Indian insurance sector. Proposals to amend insurance laws to allow rationalized capital requirements, composite registration, one-time registration for intermediaries, value-added services by insurers, and the sale of other financial products, are currently under way to boost participation.

(The writer is Subhash Narayan.)

TOP

IRDAI forms task force to facilitate ease of doing KYC using Aadhaar for policyholders: What will be covered – The Economic Times – 18th May 2023

The Insurance Regulatory and Development Authority of India (Irdai) has announced that it is setting up a task force to facilitate ease of doing KYC and allied matters using Aadhaar. The insurance regulator made this announcement via a circular dated May 17, 2023.

Insurance providers can currently use a customer's Aadhaar to identify them with consent management thanks to the UIDAI framework. However, in the absence of Unique Customer Identification in the insurance sector, insurance companies face a variety of challenges in providing services and claims, including ease of onboarding consumers, avoiding potential fraud, and so on, according to the IRDAI circular.

Presently, the UIDAI framework allows insurance companies to identify the customer by using his/her Aadhaar with consent management. Besides the simplicity of customer onboarding and avoiding potential fraud, there are problems with providing the services and making the claims.

The IRDAI circular stated, "Here are the proposed terms of reference for the committee may be as follows:-
i) Suggest measures for ease of onboarding of customers using Aadhaar,
ii) Suggest measures for fraud management at Underwriting and Claims stages using Aadhaar.
iii) Facilitate eKYC / Off-line KYC by Insurers, Intermediaries and Agents.
iv) Suggest measures for improving traceability of customers / beneficiaries to reduce unclaimed amounts of policyholders.
v) Facilitating insurers to access National Death Registry using Aadhaar.
vi) Linking of ABHA ID with Aadhaar.
vii) Facilitating insurers to access Annuity Life Certificates (Jeevan Pramaan).
viii) Facilitating insurers to access Bank Account Details of Policyholders by linking Aadhaar Number (similar to CKYC).
ix) Facilitating "Reverse Seeding" by insurers where Aadhaar is not available.
x) Facilitating pay-outs to policyholders through Aadhaar Payment Bridge.
xi) Facilitating provisions for enabling storing of Aadhaar of Policyholders by Insurers
xii) Any other related or allied

In a press release dated April 24, 2020, IRDAI authorised a list of insurance companies to use online Aadhaar verification from UIDAI to validate customers' KYC details.

Irdai has made KYC norms mandatory for the purchase of all new insurance policies, irrespective of their premiums, starting January 1, 2023. This rule will apply to all types of insurance — life, general and health insurance.

(The writer is Sneha Kulkarni.)

TOP

Irdai relaxes norms for surety bonds to expand market for such products – Financial Express – 16th May 2023

Regulator Irdai on Tuesday said it has relaxed norms for 'surety bonds', a type of insurance policy protecting parties involved in a transaction or contract from potential financial losses due to a breach of contract or other types of non-performance. The changes are aimed at expanding the surety insurance market by increasing the availability of such products. As per a circular issued by the Insurance Regulatory and Development Authority of India (Irdai), the solvency requirement applicable for such products has now been reduced to control the level of 1.5 times from 1.875 times previously prescribed.

Further, the prevailing 30 per cent exposure limit applicable on each contract underwritten by an insurer, has also been removed. The regulator had issued 'IRDAI (Surety Insurance Contracts) Guidelines' in January 2022. Irdai said the amendments have been made on the basis of the evaluation of various representations received. The amendments follow the earlier notification removing the cap on premiums that could be underwritten in a financial year by mono-line insurers transacting only surety insurance business.

Irdai said the current revisions are aimed to expand the surety insurance market by increasing the availability of such products and creating the opportunity for more insurers to service the increasing demand from various sectors of the economy. "Surety insurance will increase liquidity of contractors and provide strong boost especially to the infrastructure sector," it said in a statement.

Surety bonds serve as a risk mitigation tool for maintaining integrity, quality, and adherence to contractual terms, ultimately contributing to the smooth functioning of projects especially in infrastructure sector and fostering a healthy business environment.

TOP

Bring surrogacy under insurance cover: Regulator – The Times of India – 14th May 2023

The Insurance Regulatory and Development Authority of India (IRDAI) has issued a directive to all insurance companies to cover the cost of surrogacy under their health insurance policies. The move is expected to provide relief to those who opt for surrogacy as a means of having children. The directive issued by the IRDAI states that all health insurance policies must cover the cost of "treatment pertaining to infertility, including surrogacy". This means that health insurance policies will now cover medical expenses related to surrogacy, including the cost of the surrogate mother's medical treatment, delivery, and postnatal care.

"It is important for insurers to recognize the increasing demand for surrogacy and fertility treatments. The recent circular is a positive step," said Amit Goel, director and principal officer Raghnall Insurance Brokers. He added that his firm would aim to ensure that all parties involved in the surrogacy process are protected from any unforeseen medical complications that may arise during the pregnancy and post-partum period. Surrogacy is a medical procedure where a woman agrees to carry a pregnancy for another person or couple who cannot have a child on their own. The procedure has gained popularity in recent years as an increasing number of couples face fertility issues. However, surrogacy can be an expensive process, and the cost of medical treatment can be a deterrent for many couples.

The IRDAI's move to include surrogacy under health insurance policies is expected to make the process more affordable and accessible to parents looking to have children through this route.

TOP

LIFE INSURANCE

Your money: Ensuring financial security through life insurance – Financial Express – 19th May 2023

Life insurance is essential for individuals who have financial dependents, such as a spouse, children, or disabled dependents. It forms a crucial part of a solid financial plan. When you marry, have a child, or have a disabled dependent, it becomes your responsibility to provide for them financially. In such a situation, life insurance contract enables you to make good provision for your loved ones. How much life insurance should you go for depends on how much replacement income your family needs in your absence, for, say, the next 20 years.

Life insurance is not only crucial for providing financial security to your dependents, but it can also help ensure that your cherished goals are fulfilled even in your absence. This includes providing a quality higher education for your child such as engineering or medicine or MBA. It can also help in buying a better house. These are some of the essential financial goals for many individuals. To fulfill these goals, it is better to complete premium paying responsibility within the shortest possible time. Limited pay plans are a good option, if you have enough investable surplus at present.

Insurance for various needs

Life insurance is a must if you are in some partnership business, so that in case of premature death of a partner, the other partners can buy the shares of the deceased partner. Even in the case of other forms of business, it is extremely important to insure the life of the key person of the organisation through Key Man Insurance. That makes the organisation able to hire the services of a suitable person who can replace the deceased partner responsible for the success of the business.

Certain individuals among us carry higher than average risks in their lives. The persons engaged in police duty, fire brigades and mining fall under this category. Then there are some people with a passion for adventure sports like mountaineering, deep sea diving and river rafting. All these people are granted insurance cover although with some additional premium.

People who have an adverse family history of diseases such as diabetes and cancer must take life insurance at a very early stage of their life. Also, people with some genetic disorders should go for adequate health insurance.

Due to rapid advancement of medical science, family history need not always affect the health of an individual. Even health issues related to genetic disorders can be kept under control for life. But, if one is afflicted by any such diseases later, she may not be found eligible for insurance cover. Each individual with some genetic disorder and adverse family history should take adequate insurance cover and disclose the details about these material facts at the time of buying the policy. At the most, she may be asked to pay some extra premium which covers the extra risks.

(The writer is Nirjhar Majumdar.)

TOP

In buying term cover for women, compare premiums across insurers – Business Standard – 15th May 2023

Term insurance is a safety net for the financial stability of a family in the event of the breadwinner's early demise. As roles and responsibilities shift, working women are increasingly playing the part of breadwinners. Even though they don't earn, homemakers, too, bring substantial value to their households through their contributions. Yet, a striking disparity remains in the matter of insurance coverage for women, as is evident from the fact that they account for a meagre 15 per cent of term policy buyers on a platform like PolicyBazaar.

Term cover a must

Working women play a key role in their family's finances, either as primary or co-breadwinner. "If something unfortunate happens to an earning member, the family loses the crucial income which would have gone towards paying off debts, meeting the cost of children's higher education, or towards the upkeep of elderly parents," says Rhishabh Garg, head of term insurance at Policybazaar.com.

The payout from a term plan can serve as a financial buffer. "Ideally, working women should have a cover of 10 times their annual income—the same as working men," says Kapil Mehta, co-founder and chief executive officer (CEO) of SecureNow.

There are an estimated 160 million homemakers in India. While they don't bring in money, they make a considerable contribution by managing the household and looking after family members. Their efforts, if replaced by paid services, would carry a substantial monetary value. "In the homemaker's absence, the surviving family members will need enough life insurance to cover child care, household bills, and other miscellaneous costs," says Samit Upadhyay, president and chief financial officer (CFO), Tata AIA Life Insurance.

"If the housewife has any outstanding debts or liabilities in her name like a personal loan or credit card debt, term insurance can help cover them without impacting the family's finances," says Amit Jaiswal, chief–BALIC Direct at Bajaj Allianz Life. Term insurance for working women is a straightforward proposition. But when it comes to homemakers, insurers are reluctant to issue them term covers, primarily due to the risk of potential moral hazard. "A large term plan for a housewife can result in a conflict of interest as the family gains if the homemaker dies. That is an issue, particularly where the amounts involved are large," says Mehta.

Garg, however, says: "Nowadays enough checks are in place to identify fraud or misdeeds. Homemakers can opt for term insurance regardless of whether their husband has this policy. The eligibility criteria have become more flexible." Homemakers are offered a term cover on the basis of their household income. A homemaker between the age of 18 and 50, who's a graduate, or even one who has passed 10th or 12th, and has a minimum household income of Rs 5 lakh, could be offered a term cover of up to Rs 1 crore.
Compare prices

When choosing the tenure, consider when you will be able to meet your financial responsibilities: children's education and marriage, home loan repayment, etc. By the time the tenure ends, your spouse and you should also have an adequate retirement corpus. Mehta recommends selecting an insurer with a claim settlement ratio of over 95 per cent. Jaiswal adds that the insurer must also have a strong solvency ratio.

Compare premiums from different insurers before purchase. According to data from PolicyBazaar, women's policies can be 9 to 28 per cent cheaper than those for men. Jaiswal, too, emphasises that working women should make the most of the discounts available to them. Naval Goel, founder and CEO, PolicyX.com, suggests buying appropriate riders to maximise the benefits from the term cover.

Buy term insurance early to lock in lower premiums. As you age, the premium amount increases. Moreover, if you develop any health issues, obtaining coverage becomes more difficult. Finally, carefully review the policy wording. Pay close attention to the terms, conditions, and any exclusions mentioned to ensure you have a clear understanding of the coverage provided.

(The witer is Bindisha Sarang.)

TOP

Understanding surrender value and its implications on life insurance policies – The Economic Times – 13th May 2023

Life insurance policies provide financial security to policyholders and their beneficiaries in the event of unexpected events such as disability, critical illness or death. However, there may be times when policyholders may consider surrendering their policy before the maturity period. In such cases, the policyholder can receive a surrender value, which is a portion of the sum assured.

According to the IRDAI regulations, surrender means complete withdrawal or termination of the policy before its maturity period. The surrender value is an amount that becomes payable to the policyholder in case of surrender, in accordance with the terms and conditions of the policy. All individual savings and protection-oriented products, except for pure risk premium products, shall acquire both a guaranteed surrender value and a special surrender value, whichever is higher. The guaranteed surrender value is applicable if all premiums have been paid for at least two consecutive years.

The special surrender value represents the asset share in case of par policies, where the asset share shall be determined in accordance with the guidance or practice standards issued by the Institute of Actuaries of India. Single premium policies acquire surrender value immediately on receipt of the single premium. However, in case of ULIP plans, the surrender value is paid out after the completion of the lock-in period of 5 years. Once the policyholder opts to surrender the policy, all the rights, benefits and interests linked with it, including the protection cover, will cease to exist. The surrender value of a policy is based on the portion of premiums that went into the cash value account plus the interest rate paid or investment gains. Outstanding loans are subtracted from this amount, along with any surrender fee.

It is important to read the terms and conditions of the policy before surrendering it. For instance, term insurance plans do not provide any compensation or surrender value. However, for insurance plans like Unit Linked Insurance Plans (ULIP) and Traditional Policy, surrender value will acquire after 2-year premium paid (traditional) and a lock-in period of 5 years for ULIP. Surrendering a life insurance policy can have both pros and cons. One of the benefits is that the policyholder can access cash that has accumulated over time, which can be useful in case of emergencies or to pay off debts.

Additionally, the policyholder no longer has to pay premiums, which can be a financial relief if they are struggling to keep up with payments. They are also no longer obligated to maintain the policy. However, there are several disadvantages to surrendering a life insurance policy. First, policyholders will no longer have coverage for their beneficiaries in case of their death. Secondly, they lose the investment potential of the policy, as well as any dividends or interest that may have been earned. Moreover, surrendering a policy may result in taxable income, which could impact their overall tax liability.

Lastly, in most cases, the surrender value payout is likely to be lower than the actual cash value towards the policy. Policyholders should carefully consider the pros and cons before deciding to surrender a life insurance policy. In some cases, it may be more beneficial to explore other options, such as taking a loan against the policy. It is also important to consult before making such decisions to understand the impact on their overall financial planning.

(The writer is Nitin Mehta.)

TOP

HEALTH INSURANCE

Why policyholders should check room rent limit while buying health insurance – Live Mint – 18th May 2023

Today health insurance is an essential aspect of financial planning. While most individuals primarily focus on the sum Insured or the premium they have to pay for the same, there are other important aspects that demand equal attention. The room rent limit, options of deductible, co-payment, or sub-limits are critical to look at. Before buying a health insurance policy, make sure that you understand how the room rent limit works as it may reduce your claim substantially.

Ajay Shah, Head – Distribution, Care Health Insurance said it is crucial to comprehend how hospitals classify their rooms - based on facilities and services provided such as shared rooms, single private rooms, standard or deluxe rooms, and so on. The room rent type is specified in policy documents and will determine the type of room a policyholder is eligible for occupying at the time of hospitalisation.

“Room rent proportionate charges comprise of certain deductions at the time of claim," said Ajay Shah. These could be nursing charges, ICU expenses, Surgery charges, doctor's fees etc. These expenses are applicable for proportionate charges wherever room rent limit/type is exceeded, added Shah.

Room rent limit
Health insurance policies typically cap room rent at 1-2% of the sum insured. However, in some policies, the room rent is capped based on an absolute amount. For instance, if your sum insured is ₹5 lakh and the room rent cap is 1% of the sum insured, you can take a room in a hospital that costs ₹5,000 a day.

What happens when the room rent is exceeded?
If the policyholder opts for a higher room limit, the difference amount will be converted into percentage and this percentage of the amount will be deducted across the final bill except for medicines.

Understanding a room rent limit is hence pivotal to avoid any last-minute financial stress on policyholders. By carefully examining the policy's terms & conditions and being aware of the expenses encompassed within the predefined limit, individuals can make informed decisions and secure their finances.

(The writer is Sangeeta Ojha.)

TOP

Win-win deal?: Now, save on health insurance premiums, even as your smartwatch or fitness band helps you maintain good health – Moneycontrol – 18th May 2023

If you are a health-conscious individual with a stellar track record of achieving fitness goals, you could have more to gain than a fitter body and a sharper mind.

Insurance companies, such as Star Health, Aditya Birla Health Insurance, Niva Bupa and Care Health, among others, offer wellness benefits and points that can then be redeemed to earn discounts on renewal premiums.

"The whole idea is to positively reinforce the importance of staying fit and inculcating healthy habits. When people are aware of the discounts they are eligible for, they will take better care of their health. The long-term impact on claims is secondary. It is important that they are sensitised to the benefits of maintaining good health," said Dr Bhabatosh Mishra, Director, Underwriting and Claims, Niva Bupa.

Discounts act as incentives to follow a healthy lifestyle and keep associated diseases at bay. "Renewal discounts encourage people to keep their health parameters like body mass index (BMI), cholesterol levels, blood pressure, smoking, and drinking habits in check. It further encourages them to go for regular health screenings and requires them to regulate and document their activities," said Ajay Shah, Head – Distribution, Care Health Insurance.

Most such reward programmes are built around the number of steps that you clock in a day, as monitored by the company's app over a period of time. For instance, Niva Bupa and Care Health offer discounts on renewal premiums of up to 30 percent if you log 10,000 steps per day over 12 months. Besides reward points for staying active, Aditya Birla Health offers a 10 percent discount for policyholders who undergo health risk assessment medical check-ups every year (see graphic).

Likewise, under Star Health's Youngstar policy, policyholders can earn points that can be redeemed to avail of discounts on premiums, if they participate in walkathons or marathons, sign up for health club memberships, and preventive health assessment check-ups. "The fitter a person is, the lesser the propensity to make a claim. It's a win-win for the customer and the insurance company," says Siddharth Singhal, Business Head, Policybazaar.com, an online insurance aggregator and broking portal. The rate of discount ranges from 10 percent to 30 percent, depending on the insurance company and its offering.

"Typically, rewards — that is, renewal discounts — on such products are linked to the number of steps that you log in a year. For instance, if you walk 10,000 steps a day for 325 days in a year, the subsequent year's premium could be lower by 30 percent. The company's app will track this data through the year," says Singhal.

Then, there are other modes of earning discounts. The product conditions could require you to go to a particular network gym and burn a certain number of calories for a specified number of days. These, too, will be monitored by the app or a wearable gadget. Only the steps recorded by the app or the device will count.

Consistency is key

Insurers feel claim reduction benefits, if any, will come through only in the long term. But in the short term, these plans act as loyalty programmes.

"In this hyper-competitive health insurance market, it is critical for insurers to retain their existing policyholders to build bottom lines in the long run. Insurers have partnered with wellness companies to offer wearables and health apps, which in turn, will capture data points on (policyholders') health behaviours and patterns. These indicators allow insurers to give premium discounts for following a healthy lifestyle, making it a good risk for the underwriters," says Amjad Khan, Executive Director - Employee Benefit Practice and International Business, Anand Rathi Insurance Brokers.

In other words, policyholders have to use company-designated apps, wearables like a smartwatch or a fitness band that capture their activities and transport the data back to the insurance company. Discounts for maintaining fitness levels are significant, but it is important to be consistent. However, if you fail to follow the fitness regimen the following year, you will have to pay regular premiums — premiums applicable to others in your age group or what you would have to pay, if not for the discounts — then.

Little scope for frauds

Industry watchers do not foresee too many cases of policyholders manipulating the devices or apps to achieve fitness targets to earn discounts. "The adoption rate in this category remains low — only around 7-8 percent of the policy base makes use of these offerings. So, frauds are not a major challenge yet," says Policybazaar.

Also, for someone to commit a fraud, say, deceiving the app or the wearable gadget by attaching it to a moving device, to be able to record steps in a day, the policyholder would have to do it every day, consistently through the year. However, insurers do not rule out the possibility and put checks and balances in place to prevent fraud.

"Policyholders can manipulate the apps or wearable devices to earn discounts unfairly, and insurers are aware of this possibility. Insurers employ advanced data analytics and algorithms to detect unusual patterns or discrepancies in the collected data. By analysing this data over time, insurers can identify inconsistencies in an individual's numbers that may indicate manipulation. Statistical analysis and anomaly detection techniques help in identifying suspicious activities," says Shah of Care Health Insurance. "Our app (installed to track policyholders' steps) picks up the data from Android and iOS health apps. The algorithms of these apps, too, can detect abnormal step counts," says Mishra.

Privacy concerns

Given that the apps or devices track your activity data round the clock, privacy concerns are bound to arise. However, insurers say no information beyond what you have consented to will be monitored. "Only data related to steps will be picked, and nothing else. For instance, in our case, the app is customer log-in based. Customers have complete control over the credentials and can set the passwords — we cannot get into the app to view any other details," explains Mishra. Read the terms and conditions before signing up for the apps. "A lot of customers use fitness devices — Apple watches, FitBit synced with mobile apps, and so on. They only record the number of steps taken; no personal information is captured," says Singhal.

(The writer is Preeti Kulkarni.)

TOP

Industry applauds IRDAI 's efforts towards enhancing mental health coverage – The Economic Times – 18th May 2023

To address the rising cases of mental health issues, the Insurance Regulatory and Development Authority of India (IRDAI) mandated all health insurance policies to cover mental illness from October 1, 2022. However, the deadline passed without much progress and hence the regulator issued another directive in March 2023. Acknowledging the growing need for comprehensive mental health insurance, IRDAI has now formed a five-member expert committee with medical professionals and insurers to provide guidance on existing mental health coverage and offer insights for the future. "A holistic examination of the various aspects involved such as types of conditions, types of treatments etc. from the insurance perspective is necessary when dealing with products designed to cover mental illnesses and other related aspects. Therefore, it has been decided to constitute a committee of experts to advise IRDAI" said the latest circular. The committee led by Pratima Murthy, director, National Institute of Mental Health and Neurosciences (NIMHANS), will also focus on aligning the medical domain perspective with insurance-related aspects, including terminology and concepts.

"We applaud IRDAI's efforts to acknowledge the significance of mental health and for their foresight and dedication in establishing the expert committee to resolve such health challenges," said Aditya Bagarka, Head of Strategy and Innovation at Plum. Since mental health expenses are recurrent, a move like this can help save cost burdens and also ensure more people can afford the right care at the right time, he added.

According to experts, the committee will play a vital role in providing guidance in the realm of mental health; concerns of which have become more pronounced owing to the prevailing economic circumstances. "The current economic landscape with the increasing demands and competition in the professional sphere, financial strains, uncertain career prospects have been the major stressors faced by individuals, especially the younger demographic. According to our telehealth service, these circumstances have prompted a surge in mental health consultation bookings," Bagarka said.

Over 77 per cent of mental health consultation bookings came from young adults aged 21 to 30, followed by millennials aged between 31 and 40 that accounted for 17 per cent of the bookings at Plum telehealth service. These statistics highlight the urgent need for attention and support in addressing mental health in the face of these economic challenges. The resumption of pre-pandemic work patterns, while promising,

Insurers are making sure that mental conditions must be treated the same as physical illnesses. Most mental health issues such as anxiety disorders, post-traumatic stress disorder, dementia, acute depression, and bipolar disorder are covered under the comprehensive health policy, highlighted Siddharth Singhal, Business Head-Health Insurance, Policybazaar.com. "As insurance professionals, we understand the importance of mental health and the impact it has on an individual's overall well-being. The formation of an expert committee by IRDAI to provide advice on coverages for mental illnesses is a step in the right direction," echoed Amit Goel, Director & Principal Officer, Raghnall Insurance Broking & Risk Management.

He too believes that the committee will enable insurers to offer more comprehensive and inclusive insurance products that cater to the specific needs of individuals struggling with mental health issues. "We look forward to the committee's recommendations and insights, which will undoubtedly be valuable in shaping the future of mental health insurance in India," Goel said. Experts also shed light on what is to be kept in mind while selecting health insurance policies since mental health offerings may not be consistent across all insurance providers.

According to Bhabatosh Mishra, director, product, underwriting & claims, Niva Bupa Health Insurance, most mental health treatments involve therapy and counselling sessions under expert supervision. Since these ailments mostly require treatment in OPDs (outpatient departments), health insurance products must have an OPD component to facilitate mental health. According to reports, today, nearly all health insurance products in India are inpatient centric, whereas most mental health conditions need out-patient treatment.

On this, Venkatesh Naidu, CEO of BajajCapital Insurance Broking pointed out that many policies also cover the expenses for outpatient treatment, such as consultation fees for psychiatrists, psychologists, or other mental health professionals, diagnostic tests, and prescribed medication. This is important because mental health treatment generally involves consultants with experts who may not require hospitalization but may be expensive. To sum it up, when choosing a health insurance policy, it's important to examine the coverage offered, carefully understand the waiting period that many mental health insurance policies in India have before becoming effective and also be aware of the exclusions and limitations, they added.

TOP

IRDAI mandates mental illness coverage in health insurance, but challenges persist – Outlook – 17th May 2023

Despite the insurance companies' coverage of mental health, the last-mile delivery of this benefit to all those who need it may still be a challenge. Therefore, the Insurance Regulatory and Development Authority of India (Irdai) has recently formed a five-member committee of medical professionals and insurers to address the need for comprehensive mental health insurance.

Irdai had instructed insurance companies to include mental illness in their health insurance policies from October 1, 2022. While mental health has always been a serious issue, mental health problems among individuals have only aggravated since the pandemic.

However, there is still a long way to go. Says Bhabatosh Mishra, director, product, underwriting & claims, Niva Bupa Health Insurance: "Mental health issues in India have been on the rise. Most mental health treatments involve therapy and counselling sessions under expert supervision. Since these ailments mostly require treatment in OPDs (outpatient departments), health insurance products must have an OPD component to facilitate mental health treatment."

Mental health insurance policies usually cover the expenses for inpatient treatment in a hospital, including room rent, boarding, and nursing charges. "Today, nearly all health insurance products in India are inpatient centric, whereas most mental health conditions need out-patient treatment," says Mishra. "Many policies also cover the expenses for outpatient treatment, such as consultation fees for psychiatrists, psychologists, or other mental health professionals, diagnostic tests, and prescribed medication," says Venkatesh Naidu, CEO of BajajCapital Insurance Broking. This is important because mental health treatment generally involves consultants with experts who may not require hospitalization but may be expensive.

Hence, before you buy a health insurance policy, it is vital to keep the following in mind. The mental health offerings may not be consistent across all insurance providers, which makes it important to see what is covered and what is not. Coverage: When choosing a health insurance policy, it's important to carefully examine the coverage offered, especially regarding mental health conditions and treatments. It's important to ensure that the policy covers the specific mental health conditions and treatments you may require.

Waiting Period: "Many mental health insurance policies in India have a waiting period before they become effective. Consider the waiting period to ensure that you will be covered when you need it," says Naidu. Exclusions: Carefully read the policy's terms and conditions to understand the exclusions and limitations. Ensure the policy has no significant exclusions affecting your mental health coverage. "Even the health plans which cover mental health conditions limit the value with regards to these conditions. Currently, an unreasonably high 18 per cent GST is levied on health insurance premiums, which is a serious impediment in building out-patient products into health insurance," says Mishra.

(The writer is Meghna Maiti.)

TOP

How health insurance plans have changed since Covid 19 – The Economic Times – 17th May 2023

The Covid-19 pandemic was a wake-up call for both health insurance companies and policyholders. While it exposed the vulnerabilities in the healthcare system, it also offered the regulator an opportunity to eliminate many lacunas and add new features that can offer enhanced and adequate protection to health insurance policy buyers. Here is how the health insurance coverage has improved after the pandemic.

Specific need-based products

Senior citizens, who had very few options until a few years ago due to pre-existing diseases like diabetes or high BP, are now getting more and more health insurance coverage options. “There are many plans specifically designed for senior citizens; plans that ideally work better for people with pre-existing diseases. However, there might be some limitations like limit of suminsured or co-payment in these plans. Instead of a family floater plan, look for individual health policies for senior citizens,” says Siddharth Singhal, Business Head-Health Insurance, Policybazaar.com.

Star Health Insurance, New India Assurance, HDFC Ergo (erstwhile Apollo Munich Health Insurance), National Insurance and Care Health Insurance (erstwhile Religare Health Insurance) were already offering Senior Citizen Red Carpet Plan, Senior Citizen Mediclaim Policy, Optima Senior, Varistha Mediclaim Policy and Care Senior, respectively. Many new players came up with senior plans later. Niva Bupa (erstwhile Max Bupa) launched the Senior First Plan For Senior Citizens in 2021. Aditya Birla HealthInsurance launched a plan in 2021 called Activ Health Essential, an affordable health solution plan for the special health needs of senior citizens. ICICI Lombard came up with a health insurance plan dedicated to senior citizens in 2022. ManipalCigna Health Insurance came up with a special policy for senior citizens in 2023 called ManipalCigna Prime Senior.

Another development is related to maternity; people can also get surrogacy cover now. The Insurance Regulatory and Development Authority (IRDA) recently allowed insurance companies to offer up to 36 months’ coverage to surrogate mothers. “Surrogacy is a medical option for those families or individuals who, due to medical conditions, are unable to conceive on their own and are unable to start a family. The circular by the IRDAI is a welcome move to provide cover for such families and truly fulfiltheir dream of having children, especially now with medical advancement in the domain. This inclusive step will provide these individuals access to quality medical care," says Bhaskar Nerurkar, Head-Health Administration Team, Bajaj Allianz General Insurance.

Customised solutions that suit your requirement

The more knowledge insurers have about the policyholders, the better they can manage their risk. “Data is being used to create personalised health insurance products as per a consumer’s family history, lifestyle, income bracket. Wearable tech like fitness bands are being used to provide insurance companies with real-time health-related data of policyholders — again, a step towards helping insurers create customised insurance,” says Chatterjee.

Equipped with more data, insurers are offering personalised products with more confidence. “Personalised health insurance products offering critical illness plans, maternity plans, OPD based health cover, health insurance covering lab tests, medications, no room rent capping are increasingly getting popular among consumers today," says Chatterjee.

New innovative products through "Use and file" process

From starting with sandboxing, the regulator has now given more flexibility to insurers under the "use and file" process. "The IRDAI has increased the experimental period of the 'Regulatory Sandbox' from 6 months to up to 36 months," says Vivek Chaturvedi, CMO and Head of Direct Sales, Digit Insurance. "However, in June 2022, the IRDAI introduced the 'use and file' concept for multiple non-life products, which allows insurers to market products without prior approval and has helped insurers avoid long waiting periods for filing a product. This has brought down the need of experimenting the products under sandbox as insurers are now able to do extensive research and quickly launch a full-fledged product without the limitation of the sandbox experimental period. For example, when IRDAI allowed insurers to offer 'pay as you drive' add-on in motor insurance, Digit already had the product under sandbox. This allowed us to become one of the first insurers to launch PAYD features for customers in record time."

This has enhanced the speed with which insurers can now bring in new policies. Chatterjee says "use and file" has significantly helped insurance companies introduce niche products in the market at a faster frequency, improved the ease of doing business and has led to an expansion of choices available for the policyholders.

Flexibility to go for enhanced features or affordable plan

Health insurers are giving higher flexibility to policyholders to add or remove features based on their requirements and affordability. "Need-based health insurance products are devised in such a way that they cater to specific medical needs of today's consumers. Niche products are being offered by insurance companies that allow consumers to include or exclude product benefits as per their requirements," says Indraneel Chatterj Co-Founder, RenewBuy.

Most insurers are now offering multiple variants of health plans where the basic variant is targeted at people looking for an affordable plan and the enhanced coverage is offered in other variants at higher premiums. You also have cost management features in new health plans that you can use to manage your premium. "Lot of health insurance plans now come with options to manage premiums either via co-payment management, deductibles, option to modify room rent limits, etc. Health insurance plans with modular products offer more flexibility. Customers can compare the features of various available health plans online and read the inclusions, exclusions, and terms and conditions before making the final selection," says Singhal

Higher sum insured to deal with rising medical cost

Many treatments are now available to cure many diseases considered incurable in the past. However, these come at a price. And high medical inflation is a reality we have to live with. This is why people are now looking for higher health insurance coverage as well. "With the rise in critical illnesses and large hospitalisation expenses, consumers now understand the significance of being adequately equipped with a higher sum insured. Thus, few insurers have launched plans that provide up to 10x sum insured benefit as renewal bonus," says Singhal. Earlier, policies with sum insured of Rs 25 lakh or above were rare. But now more insurance players have come up with higher sum insured offerings.

Coverage for OPD and other expenses

One of the major disadvantages of health insurance plans have been the lack of coverage for outpatient treatment — which does not require 24-hour hospitalisation. But that is also changing slowly. "OPD has become an important part of healthcare expenditure. An individual with a health insurance policy with OPD as a rider, which approximately costs (15%-20% extra premium), can claim expenses such as doctor's consultation fees, diagnostic tests, pharmacy bills, etc. The coverage also guards against expenses like lab tests, X-rays, routine check-ups, vaccinations, dental, hearing and optical treatments. The range of sum insured for OPD coverage can range between Rs 5,000 and Rs 50,000. Some plans also give an option to upgrade the coverage as per policy and provide worldwide coverage," says Siddharth Singhal, Business Head-Health Insurance, Policybazaar.com.

Chatterjee says RenewBuy recently launched its Health Wellness Plan, which offers a host of benefits in pre-hospitalisation and OPD treatments. “The products are simple, easy to understand, 30% cheaper than the usual plans and a permanent solution to non-hospital costs. The plans offer OPD benefits, unlimited doctor on phone consultations, free lab tests, heavy concession for offline OPD consultations, modern treatment under very low sum insured, no room rent capping, maternity cover with significantly low waiting period; along with an array of other benefits (under certain T&C),” he says.

More launches of affordable products

Standard basic health insurance coverage still remains low in non-metro locations. Many people in these locations were looking for affordable plans which had also begun with standard basic coverage products. “Consumers who do not have deep pockets; young adults/ millennials; consumers in Tier 2/3 cities and beyond; people with limited incomes have shown significant inclination towards these products,” says Chatterjee.

The IRDA introduced standard health insurance products like Arogya Sanjeevani, Corona Kavach, Corona Rakshak and Saral Suraksha Bima that offer consistent coverage and benefits to policyholders, from various insurers.

Wellness and preventive measures

Prevention is always better than cure. Health insurers have of late been putting greater emphasis on encouraging policyholders to develop healthier habits and also rewarding them for their efforts. “As per the directions of Insurance Regulatory and Development Authority of India (IRDAI), health insurers give reward points to policyholders who adopt healthy behaviours and engage in physical activity, such as jogging, cycling, or exercising. Customers can use these reward points to pay their premiums at the time of renewal. These points can also be exchanged for savings on prescription costs, diagnostic fees, outpatient visits, and so on,” says Singhal.

Digitally integrated buying to claim settlement process

An integrated platform to manage all insurance needs will help policyholders immensely. “The ongoing wave of digitisation in the insurance sector, especially with the inception of Bima Sugam by IRDAI, will serve as a one-stop technology platform for all insurance needs, right from policy buying to claim settlement and much more in real-time, across life, health and general insurance,” says Bhabatosh Mishra, Director of Underwritings, Products, and Claims, at Niva Bupa Health Insurance.

Focus more on efficient claim handling

Advancements in IT and artificial intelligence have made their way into health insurance processes as well. “Robotic process automation (RPA) and artificial intelligence (AI) are increasingly enhancing the operational efficiency of health insurance companies. AI/ML is also extensively being used to help insurance companies reach out to more consumers with data-backed underwriting. Most importantly, insurance and insurtech companies are working relentlessly to reduce the turnaround time for claim settlements and make it smooth, which will bring a transformational change in the insurance industry,” says Chatterjee.

Other prominent IRDA’s move to broaden health coverage

The IRDAI made it mandatory for health insurers to offer coverage for treating mental health issues, with the same care as physical ailments.

Mental illness coverage: “Insurers are making sure that mental conditions must be treated the same as physical illnesses. Most mental health issues such as anxiety disorders, post-traumatic stress disorder, dementia, acute depression, and bipolar disorder are covered under the comprehensive health policy. Moreover, it is recommended that policyholders already using antidepressants must declare it as a pre-existing disease (PED) in advance so that the underwriter can evaluate the possible risk,” says Singhal.

Coverage for HIV and disabilities: "The IRDAI in February 2023 directed general insurers to offer a specific cover for persons with disabilities (PWD), persons afflicted with HIV/AIDS and those with mental illness and put in place a board-approved underwriting policy in place," says Chaturvedi.

Online consultation a new norm: "During the Covid-19 pandemic, as telemedicine and online consultation became a norm, the IRDAI covered telemedicine charges along with OPD treatment coverage in health insurance," says Chaturvedi.

Clear and consistent expense guidelines: The IRDAI has given clear definitions of pre-existing diseases, pre- and post-hospitalisation expenses, day care treatments, etc.

Efficient and transparent claim settlement process: IRDAI has made it compulsory for insurers to not reject a claim after 8 years of uninterrupted renewal of the policy, to settle a claim within 30 days of getting all the documents, to offer cashless facility at network hospitals, etc.

Allowing health insurance portability: The insurance regulator also issued guidelines to make it easier for policyholders to switch or upgrade their health insurance policies across insurers and plans. For example, the regulator has made it mandatory for insurers to allow switching without any extra underwriting or waiting period, to allow upgrading to a higher sum insured or a better plan without any loss of benefits, etc.

Introducing preventive features in health insurance: IRDA issued guidelines to motivate insurers to offer wellness and preventive features in health insurance policies. For example, the regulator has made it compulsory for insurers to reveal the wellness benefits and rewards given to policyholders, insurers have to offer discounts or vouchers for health check-ups, fitness activities, healthy food, etc.

(The writer is Naveen Kumar.)

TOP

Health insurance: Ways to avoid claim rejection and handle disputes – Live Mint – 16th May 2023

Health insurance has become a high priority financial risk mitigation measure for individuals as well as families. Hospitalizations of family members during Covid-19 showed how grossly unprepared many were financially to meet hospitalization expenses.

While the pandemic has led to the increased awareness around health insurance and the health insurance industry has seen a tremendous growth, it is important that everyone understands the fine blueprints of the policy cover they have availed in order to avoid any possible claim rejection by insurers.

According to the IRDAI Annual Report of 2022, 6.42% of health insurance claims of general and health insurers were repudiated during FY21-22. While a claim might be rejected for numerous reasons, finding yourself in a situation like that can be stressful, especially during hospitalization of near and dear ones and when you need the most financial comfort.

Avoiding rejection of claim
So, as a policyholder, what can you do to ensure you don't find yourself in a situation like this? Here are a few things to keep in mind:
Understanding the policy terms: Before buying health insurance cover, read the product literature and especially the policy wordings carefully. Please keep in mind that availing health insurance does not automatically constitute you being paid the entire hospitalization amount or the coverage amount specified in the policy. Every cover offered by an insurer is subject to general terms and conditions as well as specific terms and conditions applied by the insurer on the basis of the disclosures made to the policyholder. This could range from certain restrictions on types of procedures, waiting periods on some specific illnesses or any pre-existing diseases, capping on room rent or zone/city you are based out of,

different types of co-payment, among others. So, before you buy a health plan, make sure you read and understand these terms clearly.

Disclosing all health-related information: Health insurance contracts are also governed by Uberrima fides, a Latin phrase meaning utmost good faith literally or most abundant faith. When you buy a health insurance plan, the insurer may ask you to disclose all health-related information, including details of any pre-existing diseases, smoking and drinking habits, family's health history, among others. Not disclosing or mispresenting this information when buying a policy could be a ground for claim rejection. Hence, make sure all details are disclosed to the insurer in a fair and transparent manner in the proposal form.

Submitting claim on time: Many people assume that they can raise a health insurance claim any time after they are discharged from the hospital. However, insurers may have stipulated a timeline within which the claim should be intimated, which may range from 15-90 days. Filing a claim beyond the stipulated time period can lead to claim rejection unless the claimant can provide cogent reasons for delay in intimation. For any cashless hospitalization for planned procedures, it is advisable that you inform the insurer in advance. Timely intimation to the insurer ensures that cashless hospitalization is approved, and the treatment can be carried out without any financial hurdle. So, make sure you collect all the relevant documents and file your claim at the earliest.

Redressal mechanism for claim disputes

A claim getting rejected can be extremely frustrating. This is especially true if you feel your claim intimation has not been treated fairly. However, as the insurance industry is a regulated sector, the Insurance Regulatory and Development Authority of India (IRDAI) has put certain mechanisms in place in order to ensure any grievances of the policyholder are addressed in an efficient manner. Here are few redressal mechanisms available to you:

Reaching out to the insurer: If you think your claim has been rejected on unfair grounds, you can first write to your insurer to reconsider their decision. In this case, the insurer again reassesses the claim decision. In case you are not satisfied with the decision, you can approach the Grievance Redressal Officer (GRO) of the insurance company. The GROs of every insurance company work independently and assess the case afresh. There are also regional GROs appointed by the insurance companies in every branch office. The GROs are required to resolve your grievance within two weeks of receiving the complaint.

Approaching IRDAI's Grievance Redressal Cell: If there is no response from the GRO within two weeks or you are still unsatisfied with the resolution provided by the insurer, you can approach the Grievance Redressal Cell of the Policyholder's Protection & Grievance Redressal Department of IRDAI. You can do this by directly going to the portal named 'Bima Bharosa System' (www. bimabharosa.irdai.gov.in). You can also e-mail or call them to register your complaint. However, keep in mind that only complaints raised directly by the insured or the claimants are entertained by Bima Bharosa.

Approaching the Insurance Ombudsman: After exhausting the insurer's grievance redressal process, if you are still not satisfied with the decision of the insurer, then you can lodge a complaint with the Insurance Ombudsman based on the territorial jurisdiction of the insurer or your residential address. One can find details of the Ombudsman by going through the policy document or visiting www.cioins.co.in. You can lodge the complaint with the Ombudsman within one year from the date of rejection of representation made by insured/claimant to the insurer or if the insurer fails to address the representation made to it in a month.

The Ombudsman is authorised to take complaints for loss of up to ₹30 lakh. If both the complainant and the insurer agree to mediate, the Ombudsman is required to issue the recommendation within one month and insurer has to comply within 15 days of the receipt of the same. Otherwise, the award is supposed to be passed within three months of the receipt of all requirements from the complainant. If award has been passed against the insurer, then insurer has to comply the same withing 30 days of the receipt of the award.

Other ways for redressal: You can explore other legal remedies as well like going to the Consumer Dispute Redressal Commission present at district level within 2 years of denial of the claim or approaching the relevant court based on its territorial jurisdiction as provided by the law.

It is the responsibility of the insurer to address any grievances of the policyholder in a timely and fair manner. The regulator IRDAI has also put strong mechanisms in place to ensure consumer rights are taken care of. Just like any other industry, it is natural that customer grievances might arise from time to time. It is the duty of the insurers and the industry as a whole to educate the customers on all the redressal means available to them. Customers, too, should be well aware of the policy terms to avoid any unnecessary claim rejections. Making the entire dispute resolution mechanism accessible and more transparent will aid in reducing overall insurance complaints and lead to increased trust levels among insurers and customers.

(The writer is Rasika Kuber.)

TOP

Why insurance for surrogate mothers might be difficult to offer – Moneycontrol – 16th May 2023

Soon, insurance companies will have to offer coverage to surrogate mothers. Couples who have opted for this route will have to buy the coverage for the surrogate mothers. The Insurance Regulatory and Development Authority of India (IRDAI) has recently asked insurance companies to make "suitable" products available. Several couples, particularly celebrities, have walked down this path in recent years, boosting the acceptability of surrogacy in the country.

As per the Surrogacy Act, 2012, Surrogacy (Regulation) Rules, 2022 and Assisted Reproductive Technology Act, 2021, couples intending to take the surrogacy route will have to purchase a health insurance policy in favour of the surrogate mother. The coverage will continue for 36 months and ought to be sufficient to cover "all expenses for all complications arising out of pregnancy and also covering postpartum delivery complications," IRDAI said. Accordingly, the insurance regulator has asked companies to comply with both the Act and their rules.

Complications only, not routine maternity expenses

Insurers say they will design products for the specific needs of such cases. Couples who have opted for this route will have to purchase the cover in favour of the surrogate mother and bear the premium cost, surrogacy regulations say.

"This involves designing a separate product for the purpose. The intent is that the biological parents have to provide for any health complications that the surrogate mother may suffer from," says Dr Bhabatosh Mishra, Director, Underwriting, Products and Claims, Niva Bupa Health Insurance. The need for such policies was felt as under regular health policies with maternity coverage, only biological mothers are covered. However, this does not mean that routine diagnostic tests or delivery charges will be paid for. "Only complications arising during pregnancy and also post-delivery will be covered," says Mishra. That is, if the surrogate mother has a complication-free pregnancy, no claim can be made.

Under an individual health insurance policy with maternity benefits, the coverage kicks in typically after a waiting period of four years. In this case, even regular delivery expenses are covered, albeit with a cap of Rs 35,000- Rs 1 lakh, depending on whether the delivery is normal or Caesarean. Group health covers provided by employers, on the other hand, pay for hospitalisation expenses during delivery without any waiting period.

If the couple or women concerned have decided to opt for an oocyte donor, again they will have to buy a health cover for one year to fund treatment for complications arising out of the oocyte retrieval procedure. Oocyte donation, a part of in-vitro fertilisation (IVF) procedure, enables women with ovarian issues to conceive with the help of a donor.

Grey areas make coverage a complex affair
Some insurers say they will wait for further clarity before designing such products. "The challenge lies in maintaining confidentiality, which is a critical clause in surrogacy. The name of the surrogate woman is to be kept under wraps in such cases. However, when it comes to insurance, we need to know the person who will be covered under the policy," says a senior industry executive who did not wish to be named.

It is not possible to maintain secrecy as the insurer needs to know the person who is undergoing treatment at the hospital. "Also, this could go against the principle of insurance, which exists to primarily cover uncertainties, but in this case, the cover is to be extended to someone who has already conceived," he points out. However, others point out that since only complications, and not pregnancy and delivery expenses, are covered, it will not fall in the category of 'anti-selection'.

Abhishek Bondia, Co-founder and Managing Director, SecureNow Insurance Brokers, points out that this will not act as a bottleneck. "While pregnancy itself is a certainty, complications are not." This could make providing such insurance viable for companies. Insurance companies, however, will need to work around privacy concerns – of the couple involved as well as the surrogate mother - to provide the coverage.

But couples will have to brace themselves for higher premiums. "Premiums are likely to be expensive. For one, it is a policy that necessitates coverage for three years. Also, there is no waiting period involved (unlike in case of plans with maternity benefits), as the coverage will start immediately," says Bondia.

Moneycontrol's take
Insurance policies are getting more advanced with every passing day and it is good that the insurance regulator is moving with the times. From attracting policyholders with lower premiums for a good health profile to innovative motor insurance policies, the good old insurance covers are now coming in with more variants. This new cover for surrogate mothers is a step ahead from the age-old maternity covers and in keeping with the times. Still, these are early days and insurance companies will have to work out the grey areas.

(The writer is Preeti Kulkarni.)

TOP

Insurance Sentiment 2023: Demand for customised health insurance growing across India – Live Mint – 15th May 2023

Health insurance industry in India has undergone a sea-change over the last three years. Covid- 19 had given a big push to health insurance, making people realise the uncertainties of life, and their under-preparedness, in case of mass or even individual health crisis.

Statistically speaking, the premiums around health insurance collection increased from around ₹500 crore in early 2000s to around ₹74,000 crore in FY 2022. This shows a massive growth in demand in the last two decades.

The demand for health insurance is progressively growing from the smaller towns and cities, where almost 700 million people are still under-insured. In addition to the already growing consumer base in the metro cities, there has been a huge demand from consumers (post the pandemic) who do not have deep pockets, younger age group/ millennials, consumers in tier 2/3 cities and beyond, people with limited income brackets.

Along with increased awareness towards health insurance, medical inflation and hospitalisation, are significant reasons for this growing demand. Room rent capping has inflated by 3-4% in the last 1-2 years. India's current medical inflation rate is around 15%, a further inflation of around 10% is expected in FY 2023. In the last 1-2 years, there has also been a growing demand towards low-cost health insurance policies. People from smaller cities and limited income brackets also want to protect their families today. For consumers who do not have abundant funds; low-cost health insurance has proven to be fruitful in preventing them from paying out of pocket in case of any medical emergency.

This segment needs health insurance which are simple and easy to understand; cost-effective, compared to the general health insurance policies and are a permanent solution to non-hospital costs. A Niti Aayog report indicates that the existing health insurance schemes can potentially cover 70% of the population, the remaining 30% face challenge in obtaining proper, need-based health insurance plans. This signifies the need for customised health insurance, which is tailored to one's individual medical requirements.

Using AI/ML based technologies, companies today acquire data on an individual's lifestyle habits, income, medical history and curate products which are closest to an individual's medical needs. Niche products are being offered by insurance companies that allow consumers to include or exclude product benefits as per their requirements.

Personalised health insurance products offering critical illness plans, maternity plans, OPD based health cover, health insurance covering lab tests, medications, no room rent capping are increasingly getting popular amongst consumers today. Both insurance companies and InsurTech players are playing a significant role today, in providing customised health insurance as per consumer needs. IRDAI too has played a vital role by introducing 'Use and File', which has given freedom to insurers to launch insurance products as per consumer needs and address the dynamic market needs of today.

The industry needs to join hands and increasingly work towards customization of health insurance, as it will play a significant role in increasing insurance penetration in the country in the times to come.

(The writer is Bala Chandrasekhar.)

TOP

Why you must know about Co-Pay before purchasing health insurance – Financial Express – 15th May 2023

Co-pay or co-payment in health insurance refers to the cost-sharing arrangement between the insured individual and the insurance provider, where the insured is responsible for paying a specified percentage or fixed amount of the medical expenses incurred, while the insurer covers the remaining portion. It is a common feature in health insurance policies in India and is designed to share the financial burden of healthcare expenses between the insured person and the insurance company.

The concept of co-pay varies among different health insurance policies and can be structured in different ways. In some policies, the co-pay may be a fixed amount, such as Rs 500, that the insured has to pay for every hospitalization or outpatient visit. In other policies, it may be a percentage of the total medical bill, typically ranging from 10% to 30%.

The purpose of co-pay is to ensure that the insured individual has a financial stake in the healthcare expenses, which can help discourage unnecessary utilization of medical services and reduce the overall cost of insurance premiums. It serves as a cost containment measure for insurance companies and encourages responsible healthcare choices by the insured. Co-payments are generally applicable to specific types of medical services, such as hospitalization, diagnostic tests, surgeries, or outpatient consultations. Routine preventive check-ups, vaccinations, and certain pre-defined services may be exempted from co-payments, depending on the policy terms and conditions.

It's important to note that co-payments are separate from deductibles and policy limits. Deductibles refer to the initial amount that the insured has to pay out of pocket before the insurance coverage begins. Policy limits, on the other hand, specify the maximum amount that the insurer will pay for a particular medical treatment or condition. Co-payments can vary depending on the type of health insurance policy chosen. Some policies offer lower premiums but have higher co-payment requirements, while others have higher premiums with lower co-pays. It is essential for individuals to carefully review and understand the terms and conditions of their health insurance policy, including the co-payment structure, before making a decision.

Adhil Shetty, CEO, Bankbazaar.com, says, "When you buy health insurance, take a good look at what the policy excludes. Exclusions are pre-defined situations that the policy will not compensate you for." "Remember that it is in your best interest to read the policy offer document carefully before signing the dotted line. Look out for any clause or phrase that might impact your ability to use your coverage," adds Shetty. Co-payments can affect the out-of-pocket expenses of the insured individual, especially in cases of frequent medical visits or extensive treatments. Therefore, it is crucial to assess one's healthcare needs, financial capabilities, and potential expenses when selecting a health insurance policy with co-payments. Additionally, it is advisable to consider factors such as the network of hospitals and healthcare providers covered by the insurance policy, the reputation and claim settlement track record of the insurance company, and the overall coverage benefits provided.

In summary, co-pay in health insurance is the portion of medical expenses that the insured individual is responsible for paying out of pocket. It is a cost-sharing arrangement between the insured and the insurance company. Co-pays can be structured as fixed amounts or percentages and are designed to encourage responsible healthcare choices and contain costs. Individuals should carefully review their health insurance policy to understand the co-payment terms and how they impact their out-of-pocket expenses.

(The writer is Sanjeev Sinha.)

TOP

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5 reasons why health insurance is a must for all mothers – The Economic Times – 15th May 2023

Motherhood is one of the most cherished and important facets of a woman's life. However, it comes with various responsibilities. Today, most mothers not only provide unconditional love to support loved ones but also play a significant role as equal financial partners in their households. A mother often goes to great lengths to provide for her family and prioritises everyone else's needs, which may cause her to neglect her own well-being. However, her health and well-being are of utmost importance and health insurance plays a crucial role in safeguarding it. This Mother's Day, let us understand how comprehensive health insurance coverage can help mothers support their health.

Why health insurance is important for all mothers?
#1. To fight lifestyle diseases and other illnesses
Women need health insurance plans that are specially designed for them to take better care of their health. Some of the common ailments among Indian women are diabetes, cancer, chronic heart disease, anaemia, and thyroid disorders. To manage such health risks, it is better to select a health insurance plan that is tailored to address and include treatments for such specific healthcare problems. This helps in gaining

access to many hospitals and specialty clinics that offer medical care and cover hospital costs through insurance coverage. Additionally, certain health insurance policies that also cover critical illnesses, some of which require continued treatment even post hospitalization. In such situations, choosing a critical illness coverage in addition to the current health policy is extremely beneficial.

#2. Financial preparedness for motherhood
New mothers-to-be can avail of a health insurance policy to prepare themselves financially for various expenses incurred at different stages of motherhood. Many comprehensive Insurance plans includes maternity cover with added benefits like medical tests, sonography, prenatal and postnatal care along with insurance for new-born babies for a certain period, depending upon the chosen policy.

#3. Access to quality healthcare providers
Health insurance often comes with a network of healthcare providers, ensuring that mothers have access to quality care. This can lead to better health outcomes for both the mother and the baby, as well as peace of mind knowing that they are receiving the best possible care.

#4. Purchasing health insurance is an act of self-care
Self-care involves doing everything you can to take care of your physical and emotional needs, and efficiently manage daily stressors in order to benefit your health in the long run. Health insurance is one of most essential steps when it comes to selfcare. It helps prevent financial stress related to sudden health emergencies.

#5. A step closer towards financial security
With rising medical expenses, a comprehensive health insurance cover can provide the stress-free health protection your mother needs. When purchasing health insurance, several factors must be considered such as sum insured, cover for pre-existing illnesses, value-added services, cover for alternative therapies like Ayurveda and Homeopathy, etc. Additionally, health insurance plans provide a number of advantages such as affordable premiums, cover for preventive health check-ups, the addition of family members to the policy with the option of floater cover, and tax benefits under Section 80D of the Income Tax Act, 1961.

All mothers, in fact, all women, should have a health insurance plan that guarantees financial support in case of health issues. It is essential so that they never have to compromise their health and wellness, irrespective of the situation. To avoid any financial distress, it is important to secure yourself and your loved ones through an adequate and comprehensive health insurance plan. The earlier one buys health insurance, the closer one gets towards achieving steady financial independence and stability.

(The writer is Subramanyam Brahmajosyula.)

TOP

Mother's Day: Health insurance essential for a mother, says Ruchika Varma of Future Generali India Insurance – Live Mint – 14th May 2023

Women should consider buying insurance for themselves, whether they are homemakers or working professionals, says Ruchika Malhan Varma, Chief Marketing Officer, Future Generali India Insurance Company. In an interview with MintGenie, Varma said time is a valuable asset when it comes to investing, and the earlier one starts, the more time their money has to grow.

Edited Excerpts:
Q. At what life stage of the child, do you think mothers must start discussing savings and investments with their wards?
It's never too early to start teaching your children about money management! In fact, the earlier you start, the better, as children are like sponges, and they absorb information quickly. You can start by introducing the concept of money to your child at a young age, perhaps around the age of seven or eight. You can do this by giving them a small allowance, encouraging them to save a portion of it, and explaining the value of money and the importance of saving for the future.

As your child gets older and starts to understand the concept of saving, you can gradually introduce them to the idea of investing. You can start by discussing the different types of investments, such as stocks, bonds, insurance, and mutual funds, and explaining how they work. For example, by the time my daughter was 13, she already knew how systematic investment plans (SIPs) work.

I was careful to keep the discussion age-appropriate and used language that she could understand. Overall, the key is to start the discussion early and gradually build on your child's knowledge and understanding of money management over time, which will set them up for a lifetime of financial success.

Q. Be it homemakers or working women, why should women focus on buying insurance for themselves?
There are several reasons why women should consider buying insurance for themselves, whether they are homemakers or working professionals. Life is full of uncertainties, and no one knows what the future holds for them. Women often play a vital role in their families as caregivers and providers, whether they are working outside the home or not.

By purchasing insurance, they can ensure that their family is protected financially in case of an unforeseen event like death, disability, or critical illness. This will help to ease the financial burden on their loved ones during difficult times. If a woman is the primary breadwinner in her family, having insurance can be especially important. In case of an unexpected event like disability or death, insurance can provide a source of income replacement, which can be crucial to maintaining the family's standard of living.

Insurance can also be an important part of retirement planning. Women often face unique challenges when it comes to retirement savings, such as earning less on average than men and taking time off work to care for children or elderly family members. Insurance products like annuities or life insurance policies can provide a source of retirement income or savings.

Q. What financial gifts would you like to gift yourself as a mother this year?
As a mother, I look for financial security not just for myself but for my daughter as well. Just like all children, my daughter also receives monetary gifts for birthdays and festivals, which I have diligently put into a bank account for minors. Over the years, the amount has reached a good quantum, and I plan to start a SIP from this amount this year. A SIP is an investment tool that allows you to invest a fixed amount of money regularly in a mutual fund or a basket of funds and is a great way to accumulate wealth over time and provide your children with a substantial amount of money that can be used for education, a down payment on a house, or any other significant expenses.

Another financial gift that I would like to give myself is home insurance. Many people are unaware of the different types of home insurance available and the benefits that they offer. Home insurance typically covers your house against a range of risks such as fire, lightning, explosion, earthquake, storm, flood, theft, and other perils.

Home insurance is not just about covering the infrastructure of your house, but it also covers your personal belongings such as furniture, electronics, jewellery, and other valuables in case of theft or damage caused by natural disasters such as floods or earthquakes. This means that if any of your personal belongings are stolen or damaged due to a covered event, you will be able to claim the cost of repairing or replacing them through your home insurance policy.

Q. Do you advocate mothers working on a separate retirement corpus to secure their future?
Mothers who work outside the home face unique challenges in planning for their retirement. They have to balance career goals with childcare responsibilities, and they may have interrupted work histories that can impact their ability to save for retirement. Additionally, women generally tend to live longer than men, which means they need to save more to fund a longer retirement.

Considering these challenges, it can be beneficial for mothers who work to build a separate retirement corpus to secure their future, to ensure that they have enough savings to support themselves during their retirement years. However, it's important to keep in mind that retirement planning is a complex process, and there is no one-size-fits-all solution. Factors such as income, expenses, investment goals, and risk tolerance should all be considered when developing a retirement plan.

Q. More people are now writing wills to remove discrepancies regarding the nomination. Do you think today's mothers should also pen their wills?
Absolutely! While traditionally wills were seen as something that older individuals should consider, there are several reasons why people of all ages, including mothers, may want to consider writing a will.

A will can help ensure that your assets are distributed according to your wishes after your passing. This is especially important if you have specific wishes for the care of your children or dependents. A will can provide clarity and peace of mind that your loved ones will be taken care of in the event of your passing. If you do not have a will, the laws of intestacy will determine how your assets are distributed. This can lead to disputes, delays, and additional costs for your loved ones. Having a will can avoid these potential issues and is definitely recommended.

Q. Which investment instruments do you think would serve best to today's mothers?
A combination of insurance and investment instruments can serve the best to today's mothers. For a mother to continue being a provider and nurturer, she must be in good health. Health insurance is an essential investment for mothers who want to protect themselves and their families from medical emergencies. It can help them cover the high costs of medical treatment, hospitalization, and medication.

Apart from health insurance, term life insurance provides an excellent option for mothers who want to ensure financial security for their families. With a term life insurance policy, mothers can ensure that their families will receive a lump sum payment in case of an untimely departure during the policy's term.

In terms of investments, mutual funds are an excellent option for mothers who want to invest in the stock market without having to pick individual stocks. Unit Linked Insurance Plans (ULIPs) are a type of insurance-cum-investment instrument that combine the benefits of insurance and investment as they offer life insurance coverage along with investment in equity, debt, or balanced funds. This explains why they can be an excellent option for mothers who want to invest in the stock market and at the same time secure their family's future.

The Public Provident Fund (PPF) is a long-term investment option offered that provides guaranteed returns and tax benefits and is an excellent option for mothers who want to save for their children's education or their retirement.

(The writer is Abeer Ray.)

TOP

IRDAI forms expert panel for advice on mental health cover – The Hindu – 13th May 2023

Insurance regulator IRDAI has constituted a five-member expert committee comprising medical experts and insurers for advice on matters related to mental health and insurance.

With the National Institute of Mental Health and Neurosciences (NIMHANS) Director Pratima Murthy as chairperson, the committee will be providing advice and inputs on existing coverage and those to be offered for mental illnesses. It will also guide on the terminology and concept from a medical domain perspective, and aspects pertaining to mental illnesses from an insurance perspective.

The panel, with a two-year tenure, comes in the backdrop of mental health being identified as an important area requiring attention for insurance coverage. "A holistic examination of aspects involved such as types of conditions, treatments from an insurance perspective is necessary when dealing with products designed to cover mental illnesses and other related aspects," the Insurance Regulatory and Development Authority of India said.

'Comply immediately'

Separately, IRDAI advised all insurers to comply with the provisions pertaining to insurance covers for the surrogate mother and oocyte donor under the Surrogacy (Regulation) Act, 2021, and ART Act, 2021. "All insurers are directed to comply with the provisions of the two Acts with immediate effect and ensure suitable products are made available," it said in a circular.

Under the Surrogacy (Regulation) Act the intending woman or couple should purchase a three-year health insurance for the surrogate mother. The cover should be for an amount sufficient to cover all expenses for all complications arising out of pregnancy and also covering post-partum delivery complications.

The ART Act, 2021, pertaining to Assisted Reproductive Technology, has stipulated insurance coverage for 12 months in favour of the oocyte donor by the commissioning couple or woman, for an amount sufficient to cover all expenses for complications arising due to oocyte retrieval.

TOP

Transforming health insurance with technology: A look into India's digital healthcare future –The Times of India - 12th May 2023

The Indian health insurance sector is experiencing a powerful transformation driven by technological advancements and regulatory policies. Health insurers strive to adopt the latest technologies to be future-ready and achieve long-term efficiency. The ultimate goal of these changes is to democratize health insurance, reduce costs and provide better service to beneficiaries while improving their overall health.

As we look to the future, five tech-enabled trends will reshape the health insurance landscape in 2023 and beyond. These include:

Rapid rise in automation of claims processing: Healthcare claims have been surging and insurers are struggling to keep up with the demand. The Insurance Regulatory and Development Authority of India (IRDAI) mandates that health insurance claims must be settled within 30 to 45 days, leaving little room for error. With a workforce alone unable to meet these needs, health insurers and Third-Party Administrators (TPAs) are turning to automation as a solution. By utilizing real-time channels, Optical Character Recognition (OCR), Artificial Intelligence (AI) / Machine Learning (ML), rule engines, and Robotic Process Automation (RPA), healthcare payers can streamline their claims processing workflow to meet the accelerating demand. Automation not only minimizes operator errors but also improves the overall processing accuracy, allowing for faster settlement and touchless, real-time processing in some cases. Hospitals also benefit from a reduced payment cycle, but they need to submit cleaner claims to enable this automation. In short, automation of claims processing is a game-changer in the healthcare industry, allowing for more efficient and accurate processing while meeting the growing demand for healthcare claims.

Cloud and AI/ML lead the way for technology transformation: Health insurance companies are on a mission to future-proof themselves by embracing cutting-edge technology. To achieve this, they're scaling up their infrastructure and adopting cloud-based solutions for increased agility and scalability. One of India's biggest health insurers has already moved its entire core systems to the cloud, including production data centers, while public cloud platforms like Amazon Web Services (AWS) and Google Cloud Platform (GCP) are tailoring their offerings to meet the growing demand. In addition to cloud adoption, health insurers are actively leveraging AI/ML technologies and advanced analytics to transform their service architecture and enhance the customer experience. AI/ML offers a myriad of use cases, from policy issuance to analytics-based nudges for guided selling and effective outreach. Further, with false and fraudulent claims accounting for 15% of total health claims annually, AI/ML solutions are a valuable tool in detecting fraud and irregularities.

Revolutionizing healthcare cost containment with digital tools: The highly competitive health insurance market in India has prompted insurers to focus on cost containment. IRDAI has proposed a cap of 35% on Expenses of Management (EOM), urging insurers to reinvent their shopper portals, automate lead capture, and explore new-age distribution channels like Paytm for direct-to-customer sales. Telemedicine and home healthcare are leveraged to prevent costly hospitalization and emergency room visits. Health insurers are also gradually adopting technologies like blockchain, RPA, WhatsApp integration, and AI chatbots to lower administrative costs. As the government aims to achieve Universal Health Coverage for all by 2030, these digital tools and strategies could play a vital role in reducing premiums and enhancing care delivery.

Health insurers will join hands with wearable tech makers to promote wellness: The rise of non-communicable diseases (NCDs) has become a significant concern for India's healthcare system, accounting for 65% of deaths in the country. The economic burden on middle- and low-income groups due to Out-of-Pocket (OOP) expenditures for managing chronic conditions is also substantial. Health insurers are realizing their responsibility to promote member wellness and are partnering with wearable device makers like Fitbit and GOQii to offer personalized health coaching. Wearables and other interconnected devices like sensors, monitors, and cameras facilitate Remote Patient Monitoring (RPM) by gathering vital parameters in real time, helping to bridge the infrastructural gaps in the system.

RPM solutions like smart glucometers are beneficial in chronic disease management, reducing the need for frequent hospital visits. Insurers and hospital groups are collaborating with wellness platforms like HealthifyMe and digital therapeutics firms like Wellthy Therapeutics to offer wellness programs, including smoking cessation, stress management, and disease management.

Interoperable digital health records will be key for revolutionizing healthcare:
Despite significant technological advancements, the healthcare sector still relies heavily on manual and complicated processes due to the lack of standard data exchange protocols. To achieve Universal Health Coverage, India needs an interoperable digital ecosystem, and the Unified Health Interface (UHI), a central government-backed initiative under the Ayushman Bharat Digital Mission (ABDM), aims to facilitate this. The ABDM's unique health ID, called ABHA, enables easy access to medical records and health history nationwide, allowing for seamless care transition. ABHA can potentially revolutionize healthcare in India, just as UPI did for payments. The immediate focus for healthcare providers and insurers should be on adopting standard code sets, like ICD-10 and CPT, and data exchange frameworks like Fast Healthcare Interoperability Resources (FHIR). They must evaluate their system capabilities, the underlying infrastructure, and the associated data governance policies to embark on their interoperability journey. While some health insurers are already embracing an API-first strategy to facilitate faster data exchange, tech giants like Google and Microsoft are offering solutions to bridge interoperability barriers. With the help of other technologies such as Natural Language Processing (NLP), digital health records have the potential to enhance clinical documentation, accelerate clinical decisions, and provide comprehensive care to patients.

In India, the integration of technology in the healthcare insurance sector is changing the landscape of the industry. The adoption of automation, AI/ML, wearables, and digital tools for cost containment, along with digital health records and interoperability, is transforming the way health insurers work. These trends aim to democratize health insurance, reduce costs, serve beneficiaries better, and improve overall health outcomes. The benefits of tech enablement in the healthcare insurance sector are immense, and it is an exciting time for the industry.

(The writer is Singaravelu Ekambaram.)

TOP

SURVEY AND REPORTS

Private insurers continue to gain market share; solvency position of PSU insurers worsens: ICRA – Live Mint – 16th May 2023

Credit rating agency ICRA has claimed that private insurers have continued to gain market share in the country but the solvency position of the PSU insurers has deteriorated. Further, ICRA projected that the insurance industry's gross direct premium would cross ₹3 lakh crore mark by FY2025 as against ₹2.4 lakh crore at the end of March 2023.

According to the report, private insurers' combined ratio is likely to improve, and Return on Equity (RoE) is expected at 11.2-12.8% in FY2024 and 12.5-13.9% in FY2025. However, most of the PSU insurers are expected to witness a high combined ratio resulting in net losses, though it will be lower compared to the last few years, ICRA's report highlighted.

It said that the capital requirement of three PSU general insurers (excluding New India) is estimated at a sizeable ₹172-175 billion to meet a solvency of 1.50 times as of March 2024, assuming 100% forbearance from the regulator.

Further, the report said that the health segment witnessed the sharpest growth, accounting for 48-50% of the incremental GDPI in FY2023. The auto segment also picked up pace after the Covid pandemic.

The net claims ratio improved with the normalisation of health claims, partially offset by higher claims in the motor segment with increased vehicle movement, post-pandemic, ICRA said.

However, the underwriting losses of public sector insurers increased because of wage revision and payment of associated arrears.

TOP

INSURANCE CASES

Insurer can't transfer liability to another party – Business Standard – 14th May 2023

Aroma De France was engaged in the business of perfumes and related products. The firm had taken a godown on rent at Dabhasa Village where packaging materials and bottles were stored. These were insured for Rs 1.5 crore under a Standard Fire and Special Perils Policy issued by United India Insurance. On February 2, 2014, the landlord of the godown arranged a reception for his son’s marriage on an adjacent vacant plot. He took the electric connection for lighting from an adjoining factory. After the party got over around 4 a.m., the workers noticed a fire emanating from the godown rented to Aroma De France. The landlord, the fire brigade and the police were immediately informed. Aroma De France lodged a claim with the insurer for the packaging material gutted in the fire. The insurer appointed a surveyor who promptly inspected the site. He also examined all the relevant records. On February 15, 2014, he submitted an “Immediate Loss Advice” report in which he recorded the cause of loss to be accidental. The net loss was assessed at Rs 95,03,836 in the final survey report dated December 17, 2014.

The insurer subsequently appointed Protocol Insurance Surveyors to investigate the claim. The investigator submitted his report on August 8, 2015, recording that all the documents were examined and were found to be in order. The insurer then sought clarification from the surveyor about the cause of the fire and received the reply that it was due to the bursting of electric cables passing through the ground below the godown. Thereafter, the insurer appointed an expert who opined that underground cables should not normally blow off even in the event of a short circuit. The insurer alleged that conflicting statements were made from time to time and repudiated the claim. Aroma De France (the insured) filed a complaint before the National Commission. The case was contested by the insurer contending that it was not liable and that the landlord should be held responsible for the damage under the law of torts. The insurer relied on the opinion of the expert that underground cables do not normally explode even when short-circuited, and hence argued that the claim had been rightly rejected.

The National Commission noted that factually there was no power supply to the godown, so a mere provision in the lease agreement for the landlord to pay the electricity charges would not constitute a contradiction. The Commission further observed that the surveyor had personally verified the burst and burnt underground cables and had also inspected the damaged flooring of the godown. It held that this clearly established the cause of the damage. In contrast, the expert had given an opinion which was merely "a hypothetical contingency", without having actually visited the site for verification, so no reliance could be placed on it. The Commission also observed that even if the landlord is the tortfeasor, the insurer should first settle the claim and then take legal action to recover the amount from the tortfeasor. (A tortfeasor refers to a person or entity that commits a tort—a civil wrong that causes harm or injury to another person or their property, leading to legal liability). Accordingly, by its order of May 4, 2003, delivered by the bench of Ram Surat Ram Maurya and Inder Jit Singh, the National Commission ordered the insurer to pay Rs 95,03,836 as assessed by the surveyor along with interest from March 8, 2014, computed at 2 percent above the bank rate as provided under the Insurance Regulatory and Development Authority of India (IRDAI) regulations.

(The writer is Jehangir B Gai.)

TOP

PENSION

No clarity on higher pension formula as deadline looms – Financial Express – 18th May 2023

The Employees' Provident Fund Organisation (EPFO) is yet to release the method for computation of higher pension, leaving applicants in a dilemma over whether to opt for it. Compounding the problem, the applicants will also not have the option to withdraw their applications for higher pension at a later date, if they do not find the formula to be agreeable.

The EPFO has already received nearly 1.4 million applications for higher pension under the Employees' Pension Scheme and it is expected that more people would apply before the June 26 deadline.

Senior government sources said the method of computing the pension will be finalised after the application deadline passes and it would depend on the number of applications and the overall contribution received into the pension fund. They also indicated that the current pension formula could be reviewed if required, but a decision on this has not been taken as of now.

"These are issues that will be looked into once there is an understanding of what are the total number of people who have been found to be eligible for the scheme and the amount of past contributions received," said the source.

Under the current formula used by the EPFO to calculate pension, the pensionable salary is multiplied by the pensionable service or the number of years of contributions made to the EPS and then it is divided by 70. The pensionable salary was earlier defined as the average salary of the last 12 months, but this has now been changed to the average salary of the last 60 months.

As of now, the EPFO has released a calculator for applicants for estimating the dues for pension on higher wages. This would help applicants assess the amount of money that has to be transferred in their pension fund for past contributions and also the routing of funds from their provident fund to the pension fund.

This follows the decision to source the additional contribution of 1.16% for members seeking higher pension from within the overall 12% of the contribution of the employers into the provident fund. This in effect means that the employer's contribution towards the pension fund would be 9.49% as against the current 8.33% and it would have to be deducted for the past years. In an internal circular to its offices, the EPFO has also listed out the procedure for deposit or transfer of due contribution with interest into the pension fund.

Experts noted that a decision to opt for higher pension under the scheme should only be taken based on a comprehensive view of their income and investments but said that the lack of clarity on the method of calculating pension could prove to be a disincentive for many.

Kuldip Kumar, personal tax expert and former national leader-global mobility practice, PwC India, noted that anyone making investments in any instrument, the market regulator Sebi, has strict norms of disclosures to protect investors' interest. "Opting pension on higher salary too is an investment decision, it is suggested that the method of computation of pension should be clarified before subscribers exercise the option of choosing pension on higher salary. If that is not possible at this stage, subscribers may be allowed to withdraw their earlier option of pension on higher salary, if they are not happy with the method of computation of pension to be notified in future," he said.

He further noted that the EPFO had said that the method of computation of pension will follow through subsequent circular. "That raises the question, whether EPFO will change the pension formulae, where based on the number of applications received for opting the pension on higher salary and the corpus and/or current matrix doesn't result in EPFO sustaining to meet its pension obligation," he further said.

(The writer is Surabhi.)

TOP

National Pension System: Choosing right annuity schemes – Financial Express – 17th May 2023

Subscribers of National Pension System (NPS) will now get a wider range of annuity options and can opt for multiple annuities from the same annuity service provider to optimise their retirement income. The Pension Fund Regulatory and Development Authority (PFRDA) in a circular has said that the option of multiple annuities will be allowed to those subscribers who earmark the annuity corpus of over Rs 10 lakh, wherein Rs 5 lakh will have to be utilised to buy each annuity scheme.

At present, subscribers are allowed to buy one annuity scheme from the annuity service provider at the time of exit. There are 15 annuity service providers empanelled by PFRDA to maintain the annuity contribution of subscribers. The annuity service providers are life insurance companies regulated by the insurance regulator and empanelled by the PFRDA to provide the annuity to the NPS subscribers.

The pension amount will vary based on the types of annuity plans such as pension for life with return of purchase price on death of the annuitant, pension for life at a uniform rate, pension payable for 5, 10, 15 or 20 years, pension payable for life increasing at a rate of 3% a year, pension for life with a provision of 50% of the annuity payable to spouse for upon death of the annuitant, pension for life with a provision of 100% of the annuity payable to spouse upon death of the annuitant, etc.

Opting for NPS annuity
One of the major benefits of NPS for private sector employees is that there is no upper cap on the amount of investment. Regular investments and step-up contributions periodically will result in a larger annuity corpus, which can be used for generating a higher pension. Other popular annuity schemes have upper limit of investments such as Pradhan Mantri Vaya Vandana Yojana at `15 lakh, Senior Citizen Savings Scheme at `30 lakh.

In NPS, a subscriber can withdraw 60% of corpus after maturity and the remaining 40% will have to be mandatorily invested for purchasing annuity. The 60% of the corpus withdrawn will be exempt from tax and the 40% of the amount is invested for annuity. However, the regular annuity income received will be taxed at the marginal rate of the taxpayer. In case the accumulated corpus is below `5 lakh at the time of maturity, then the subscriber can withdraw the entire corpus. In such a case, the IT- exemption will not extend beyond 60% of the corpus and the remaining 40% of the corpus would be taxable upon withdrawal.

In case a subscriber plans to surrender the scheme before reaching the age of 60, then he will have to allocate 80% of the corpus to get the annuity scheme. Once the annuity service provider is selected, a subscriber cannot change the annuity scheme or even the service provider.

Steady income

The annuity amount provides a steady monthly income for life. The payout can be monthly, quarterly or annual as chosen. So, it is important to select the right annuity scheme and a stable annuity provider at the time of the exit from NPS as annuity will be a long-term engagement with the service provider. To accumulate a retirement corpus at a low cost, a subscriber can either opt for active choice or auto choice. Private sector NPS subscribers may invest up to 75% of their funds in equity and the low cost structure of NPS will make a difference to the returns and the final corpus.

(The writer is Saikat Neogi.)

TOP

Have dependent family members? Buy return of purchase price annuity – Business Standard – 16th May 2023

The Pension Fund Regulatory and Development Authority (PFRDA) has changed the rules regarding the purchase of annuity at the time of exiting the National Pension System. Earlier, investors had to put the entire corpus in one annuity. Now, if the corpus size exceeds Rs 10 lakh, they can buy multiple annuities of at least Rs 5 lakh each. Instead of buying a single annuity, they can now buy a bouquet of annuities to meet their varied needs. On retirement, 40 percent of the NPS corpus must go into annuities. What is not clear is whether the subscriber needs to buy all the annuities at one go, or he can buy one annuity at the age of 60, and leave the balance with NPS. “If you can leave a part of the 40 percent that has to be annuitised with NPS, then you can buy immediate annuities at regular intervals. But if all annuities must be purchased at one go, you could buy an immediate annuity with the first, say, Rs 10 lakh, and buy deferred annuities whose payouts start at five-year intervals,” says Deepesh Raghaw, Sebi-registered investment advisor (RIA) and founder, PersonalFinancePlan. This strategy will allow you to combat inflation. Returns from annuities improve with age.

Investors should limit the number of annuities to three or four. “If you buy too many, monitoring whether you have received the payout from each one will become a hassle,” says Arvind A Rao, certified financial planner and founder, Arvind Rao and Associates. Joint life means first the buyer gets an annuity and after he has passed away his spouse gets an annuity (which could be 100 or 50 percent). “Those who have financially dependent spouses must buy this option so that the latter don’t have to struggle financially in their absence,” says Sameep Singh, head of products-savings, Policybazaar. RoPP means the principal is returned to the heirs after the buyer and his spouse have passed away. “If you pass away early after purchasing the plan, the principal comes back to the family, providing relief to them,” says Raghaw. The pension paid out is lower in these plans. Singh says this option allows the buyer to pass on wealth to the next generation. In the without RoPP option, the principal is not returned to the buyer’s heirs. “But this option can provide a pension that is 20-30 percent higher than the with-RoPP option,” says Singh. Singh informs that the most popular option on his platform is joint life with RoPP. The choice should depend on the size of the retirement corpus, stage in life, and state of health. “Subscribers without financial dependants may go for the without RoPP option and avail of a higher annuity for themselves and their spouse,” says Abhishek Kumar, Sebi-RIA and founder, SahajMoney.

According to Rao, those who don't have a large retirement corpus should also not think of passing on a legacy and go for the without RoPP plan. By doing so, they will avoid being a burden on their children during their lifetimes. "If there are other assets to take care of the family, even then one can go for the without RoPP option," he adds. Raghaw says that at the age of 70, if your children are well settled and you are in good health, you may buy a without RoPP annuity. "At this age, the return from the without RoPP option becomes much higher than the with RoPP option, so you can meet your cash flow needs while locking in less money into an annuity," he says. However, if the buyer's health is not good buying this option would be foolhardy. Another point to remember is that the amount that goes into buying the annuity gets locked in. "In with-RoPP variant there is an exit route where by paying some penalty you can take out your money. In without-RoPP, there is no exit route," says Raghaw.

(The writer is Karthik Jerome.)

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IRDAI CIRCULAR

Topic	***Reference***
First year premium of Life Insurers as at 30.04.2023	https://irdai.gov.in/web/guest/document-detail?documentId=3437409
Circular on Surety insurance guidelines to Non Life Insurers	https://irdai.gov.in/web/guest/document-detail?documentId=3406900

TOP

GLOBAL NEWS

Thailand: EV insurance premiums expected to increase – Asia Insurance Review

Electric vehicle (EV) insurance premiums are likely to increase in future to be commensurate with risks and costs of repairs that are different from fossil-fuel vehicles, according to Mr Jiraphant Asvatanakul, CEO and president of Thaivivat Insurance Public Company (TVI).

"The direction of EV insurance premiums in the future should increase because there are still many risks that must be assessed," he said, according to a report by the newspaper Thairath.

The Thai General Insurance Association has consulted the industry regulator, the Office of Insurance Commission (OIC), to discuss restructuring EV insurance premiums to be more in line with related risks and asking for cooperation with vehicle manufacturers to help assess the costs of spare parts and repairs. The review is expected to be completed within this year.

As it is, at present, vehicle owners consider EV insurance premiums to be higher than those for fossil-fuel vehicles. EV sales prices and insurance premiums are relatively inconsistent because the prices of EVs are subsidised by the government, say non-life insurers. However, insurance premiums are based on the full price of a vehicle. At the same time, electric cars still use some parts that cannot be repaired.

In addition, the number of EVs is still small and the industry is still at the stage of collecting EV statistics. In March 2022, Thailand set a goal of having 1m EVs on the country's roads by 2025. The market is expected to include commercial delivery vans, buses, and trucks in addition to private cars.

TOP

Indonesia: Non-life insurance market expected to grow faster than life segment - Asia Insurance Review

Life insurance premiums this year are expected to post a growth of 2%-5% compared to 2022, according to Mr Reza Siregar, head of Indonesia Financial Group Progress (IFG Progress). The projected growth in claims in the life insurance industry is expected to be in the range of 5%-9% this year, according to a report in Kontan, quoting Mr Reza.

"For the general insurance industry, the premium rate is projected to grow by 6% year on year. Meanwhile, in terms of claims, claim growth is projected to grow 10% year on year in 2023," he said. He added that the reinsurance sector will expand in line with Indonesia's economic growth. Reinsurance premiums are projected to grow by 6.2% year on year. The rate of reinsurance claims is also assumed to increase by 10.3% year on year.

Gen Z
Mr Reza also said that the preliminary results of a survey of Gen Z found that most respondents had a moderately literate level of insurance literacy. Gen Z, defined as those born between 1996 and 2020, is the demographic cohort succeeding millennials.

Mr Reza said, "The level of understanding of insurance products— especially the types of products and benefits— is still very low, while knowledge regarding basic concepts and basic principles of insurance, rights and obligations of policyholders, and the risks of holding insurance policies, tends to be moderate," he said.

He added, however, that the attitudes and perceptions of respondents towards insurance were very good. "Gen Z is a new hope for the insurance industry going forward, with a note that it is necessary to continue to make efforts to develop literacy to increase their knowledge and understanding," he said.

TOP

Singapore: Life insurance premiums fall in 1Q under sluggish economic conditions - Asia Insurance Review

Singapore's life insurance industry recorded a total of S$1.05bn ($784m) in weighted new business premiums for 1Q2023, a decrease of 13.6% compared to 1Q2022, says the Life Insurance Association, Singapore (LIA Singapore). Single-premium products recorded a 46.0% quarter-on-quarter decrease in weighted premiums amounting to S$355.7m in 1Q2023. This is against the backdrop of the nation's muted economic growth in the first quarter of the year with concerns that a potential technical recession may further impact Singapore in 2023.

The fall in demand for single-premium products may also be attributed to a volatile macroeconomic environment and rising interest rates in an increasingly competitive marketplace.

Annual premium policies
Bucking the trend, however, is the increased take-up of annual premium products by 24.7% quarter on quarter, amounting to S$692.0m in total weighted premiums.

Health insurance
Total new business premiums5 for individual health insurance for 1Q2023 amounted to S$93.6m, an increase of 12.9% compared to the corresponding quarter last year.

Mr Dennis Tan, the president of LIA Singapore, said, "Despite uncertainties in the macroeconomic environment, Singapore's life insurance industry will remain focused on supporting Singapore's community in addressing their protection and financial needs.

Claims payouts
Between 1 January 2023 and 31 March 2023, the life insurance industry paid out S$2.57bn to policyholders and beneficiaries, an increase of 12.5% compared to the same period last year. Of this amount, S$2.18bn was for policies that matured. The remaining S$398.6m was for death, critical illness or disability claims.

Looking forward

Mr Tan said, “With headwinds expected to impact us in the coming months, the life insurance industry will need to be nimble and adapt to changing consumer demands. The industry will continue to invest in digitalisation and talent to enhance efficiencies and customer experiences as we prioritise meeting the financial and protection needs of the community in Singapore.”

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MUMBAI – TRAINING PROGRAMS – JUNE – 2023

Sr. No.	Program Name	Program Start Date	Program End Date	Details	Registration Link
1	Understanding Electric Vehicle Insurance	01-Jun-23	02-Jun-23	ClickHere	Register
2	Basics of Aviation Insurance	05-Jun-23	06-Jun-23	ClickHere	Register
3	Liability Insurance -Appreciation	07-Jun-23	08-Jun-23	ClickHere	Register
4	Taxation(IT & GST) in Life Insurance	07-Jun-23	08-Jun-23	ClickHere	Register
5	Marketing Strategies for Branch Managers and Heads of Marketing Units : Life Insurance	07-Jun-23	08-Jun-23	ClickHere	Register
6	Investment Awareness	08-Jun-23	08-Jun-23	ClickHere	Register
7	Understanding Life Insurance Operations for Middle Level Managers	08-Jun-23	09-Jun-23	ClickHere	Register
8	Insurance Survey (Pre Acceptance and Post Loss) Report Writing	08-Jun-23	09-Jun-23	ClickHere	Register
9	Workshop on Soft Skills for team managers and team leaders	12-Jun-23	14-Jun-23	ClickHere	Register
10	International Reinsurance Program	12-Jun-23	17-Jun-23	ClickHere	Register
11	Creating High performers in Banca Channel	14-Jun-23	14-Jun-23	ClickHere	Register
12	Ind-AS and Accounting Standards for Life Insurance	15-Jun-23	16-Jun-23	ClickHere	Register
13	Liability Insurance: Focus - Casualty Lines	15-Jun-23	16-Jun-23	ClickHere	Register
14	Customer Service and Claims Management	19-Jun-23	20-Jun-23	ClickHere	Register
15	Sales Cycle Management-Power Selling	19-Jun-23	20-Jun-23	ClickHere	Register
16	Programme on Anti-Money Laundering (AML), KYC and Counter-Financing of Terrorism(CFT)	20-Jun-23	20-Jun-23	ClickHere	Register
17	Insurtech and Agriculture	21-Jun-23	21-Jun-23	ClickHere	Register
18	Principles of Valuation - Life	21-Jun-23	21-Jun-23	ClickHere	Register
19	Personal Financial Planning and Life Insurance	22-Jun-23	23-Jun-23	ClickHere	Register

20	Motor OD Insurance - Underwriting and Claims	22-Jun-23	23-Jun-23	ClickHere	Register
21	Basics of Life Insurance for New Entrants in Life Insurance Companies	26-Jun-23	27-Jun-23	ClickHere	Register
22	Management of Fire Insurance (Material Damage and LOP)	26-Jun-23	27-Jun-23	ClickHere	Register

KOLKATA – TRAINING PROGRAMS – JUNE – 2023

Sr. No.	Program Name	Program Start Date	Program End Date	Details	Registration Link
1	Managing Liability Insurance: Marketing, Underwriting and Claims (Other than Motor TP and Cyber Liabilities)-CVT Kolkata	16-Jun-23	17-Jun-23	ClickHere	Register
2	Managing Liability Insurance: Marketing, Underwriting and Claims (Other than Motor TP and Cyber Liabilities)-CT Kolkata	16-Jun-23	17-Jun-23	ClickHere	Register
3	Ind-AS and Accounting Standards for Insurance-CT Kolkata	19-Jun-23	20-Jun-23	ClickHere	Register
4	Industrial Risk Inspections: Methods and Reporting-CVT Kolkata	22-Jun-23	-	ClickHere	Register
5	Management of Renewable Energy Insurance-CVT-Kolkata	22-Jun-23	23-Jun-23	ClickHere	Register
6	Management of Renewable Energy Insurance-CT-Kolkata	22-Jun-23	23-Jun-23	ClickHere	Register