CARE HEALTH INSURANCE LIMITED



HEALTH INSURANCE

EQUAL OPPORTUNITY POLICY (RIGHTS OF PERSONS WITH DISABILITIES)

(CHIL/POL/125/017)

Prepared by: Head - Payroll & HR Operations

Signature:

Reviewed by: Head – Human Resources

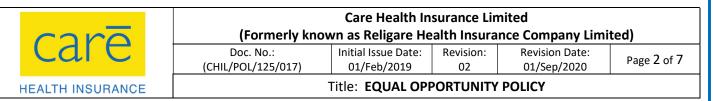
Signature:

Approved by: Head – Human Resources

Signature:

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1. <u>Background:</u>

The Government has enacted the Rights of Persons with Disabilities Act, 2016 (hereinafter referred to as "the Act"). In terms of the same, establishments in the private sector have some duties to perform. Care Health Insurance Limited (The Company) believes in providing equal opportunity to all including differently abled persons to be employed in the health insurance sector. The policy enunciated below is a step in that direction.

2. <u>Applicability:</u>

This Policy applies to all functions & offices of CHIL and aims to promote inclusiveness.

2 (a). Definitions

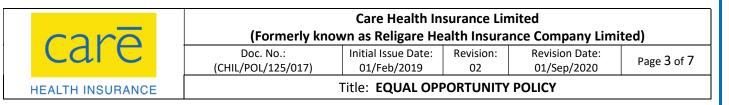
- A. "Act" The rights of persons with Disability Act, 2016 is being referred hereinafter as "Act"
- B. "CHIL" refers to Care Health Insurance Limited along with all offices located PAN India
- C. "Employees" Employees means any individual appointed and working for CHIL either directly on its payroll or on the payroll of a third party vendor indirectly associated with CHIL
- D. "Differently Abled" means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others and who has been issued Disability Certificate issued by the Competent Authority.
- E. "Disability Certificate" In accordance to Section 57 (1) of the Rights of Persons With Disability Act 2016, the Certifying Authority shall issue Disability Certificate to the category pf persons qualifying under the said category.
- F. "HR Department" The Human Resource Department of CHIL which is also the department concerned with the appointment of employees under this policy.
- G. "Liaison Officer" An officer designated to look in to the grievance of the Differently Abled person employed with CHIL.

3. Equal Opportunity & Non-discrimination:

The Company shall provide equal opportunity to differently abled persons considered for employment in positions where they could be employed. The company would also provide them with necessary facilities and amenities to enable them to effectively discharge their duties for which they are employed.

4. Identification of positions & manner of selection:

The jobs for which differently abled person could be considered would be identified by the HR Department in consultation with the respective Business/Channel/Department Head. The positions that may be identified would be notified on the website of the company. The persons being considered for such positions would be notified of the recruitment and selection process as well as other associated rules of employment. The positions so notified should not be construed as reservation. The Company will give first preference to candidates who are differently abled for that positions that are notified.



5. <u>Manner of Selection:</u>

The Company adopts a transparent selection process based on merit and without any bias to disabilities of the prospective candidate. Candidate with necessary disability certificate issued in accordance with the Act by the competent authority will only be considered for the identified positions. In case such candidates are not found suitable or no such candidate is available, the company will recruit the candidates without disability in those positions.

6. <u>Post Recruitment:</u>

Company will provide necessary training to the new recruits to enable them to carry out their jobs effectively. The necessity of training, its types and methods shall be determined by the HR department and its opinion shall be final. Wherever necessary, the qualified medical personnel of the Company will be consulted.

7. <u>Leaves & Other Policies:</u>

The differently abled employees will be governed by rules of leave as is applicable in the Company.

All other Policies of the Company as are applicable to other employees shall be applicable to the Differently Abled employees as well.

8. <u>Accessibility & Facilities to be provided:</u>

The Company shall provide suitable infrastructure subject to practical feasibility to enable differently abled employees to have access to common facilities taking care of their reasonable convenience.

9. Liaison Officer:

The Talent Acquisition Head of the company will be the liaison officer. The Liaison Officer shall be responsible for ensuring adherence to this policy and the law along with the location Business/Department Head.

10. <u>Grievance:</u>

Any person having any grievance regarding this content of the policy or its implementation or any other matter which is subject matter of this policy should report the same to the Liaison officer.

11. <u>Registration:</u>

The policy would be formally registered with the appropriate authority as required under section 21 of the Act and the relevant rules that have been framed.

12. <u>Compliance:</u>



The Head of the respective location/department along with the Liaison officer will be responsible for implementation of the Rights of persons with Disabilities Act 2016 and rules framed thereunder.

13. Additional guide for persons with disabilities:

1. Any person with specified disability should apply in Form IV of the Rights of Persons with Disabilities Rules, 2017

2. The application can be made to the notified competent authority in which the applicant resides. The address should be the same as mentioned in his/ her proof of residence

3. The certificate can also be obtained from the concerned medical authority of a government hospital where the applicant is undergoing treatment in connection with a disability

4. For people with intellectual disability, application can be made by his/ her guardian

- 5. The application should be accompanied with
 - Proof of residence
 - Two recent passport size photographs
 - Aadhaar number or Aadhaar enrolment number

(formerly known as Religare Health Insurance Company Limited) Dec. No: Dec. No: Difference in the insurance Company Limited) Page 5 of 7 THE INSURANCE FORM IV Application for Obtaining Certificate of Disability by Persons with Disabilities (1) Name:	_		Care Health Insu			
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FORM IV Application for Obtaining Certificate of Disability by Persons with Disabilities (1) Name:						Page 5 of 7
Application for Obtaining Certificate of Disability by Persons with Disabilities (1) Name:	H INSURAN	CE	Title: EQUAL OPPO	RTUNITY PO	LICY	
(1) Name:			FORM IV			
(Surname) (First Name) (Middle Name) (2) Father's Name:	Ар	plication for Obtaining Cert	ificate of Disability by Pe	rsons with E	Disabilities	
(3) Date of Birth: /(Date) (Month) (Year) (4) Age at the time of application:years (5) Sex: Male/Female/Transgender:	(1) Name	:: (Surname)	(First Name)	(Middle	e Name)	
(3) Date of Birth: /(Date) (Month) (Year) (4) Age at the time of application:years (5) Sex: Male/Female/Transgender:	(2) Fathe	r's Name:	Mother's Name:			
(5) Sex: Male/Female/Transgender: (6) Address: (a) Permanent address (b) Current Address (i.e. for communication)						
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(10) Nature of disability:	(9) Identi	fication marks:				
	(i)	(ii)				
(11) Period since when disabled: From Birth//since year:	(10) Natu	ire of disability:				
	(11) Perio	od since when disabled: Fron	n Birth//since year:			



(12) (i) Did you ever apply for issue of a certificate of disability in the past - yes/no

(ii) If yes, details:

(a) Authority to whom and district in which applied

(b) Result of application

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law

(signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities, etc.)

Date:

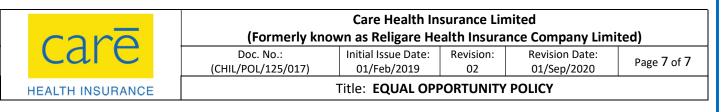
Place:

Enclosures: 1. Proof of residence (Please tick as applicable).

- (a) ration card,
- (b) voter identity card,
- (c) driving license,
- (d) bank passbook,
- (e) PAN card,
- (f) passport,
- (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Government school,
- (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.
- 2. Two recent passport size photographs

(For office use only) Date: Place:

Signature of issuing authority Stamp



AMENDMENT HISTORY:

Version No.	Description	Date	Prepared By	Reviewed By	Approved By
1	EQUAL OPPORTUNITY POLICY	01-Feb-19	Amit Gupta	Sanjeev Meghani	Sanjeev Meghani
2	Formatting as per re- branding	01-Sep-20	Amit Gupta	Sanjeev Meghani	Sanjeev Meghani