

THE EAST WEST UNIVERSITY EMPLOYEES' HEALTH CARE AND DEATH BENEFIT POLICY 2020

PRELIMINARY

1. SHORT TITLE AND APPLICATION

- a. This Policy may be called "The East West University Employees' Health Care and Death Benefit Policy 2020" which includes Medical Expenses Reimbursement Policy and Disability/Death Benefit Policy.
- b. This Policy shall be applicable only to the Full-Time Employees of East West University.
- c. This Policy has been made effective from 01 January 2021.

2. DEFINITIONS

In this Policy, unless there is anything repugnant with the subject or context,-

- a. **Accident** shall mean sudden and unforeseen event resulting in bodily injury requiring hospitalization.
- b. **Ancillary Services** shall mean to include hospital/clinic admission fees, room services, post-operative care facility, intensive care facility, oxygen therapy, blood transfusions, service charges, ambulance service, dressing while in confinement, tests other than routine investigations.
- c. **Consultant** shall mean a Physician or a Surgeon who is registered with the Bangladesh Medical and Dental Council or of other countries as per Government Rules and who is qualified to treat the type of injury or illness requiring hospitalization.
- d. **Customary and Reasonable fees or charge** shall mean the usual fee or charges demanded by the Physician/Surgeon or Hospital/Clinic for a specific service or supply, within that specific limited geographical area.
- e. **Dependant Family Members** shall mean
 - i) Legal wife or husband (but not including those divorced) and
 - ii) Where applicable, unmarried children/step-children/children adopted below the age of twenty five provided that such children are fully dependent on the Employee for financial support. Maximum 2 children are eligible for getting benefits under this policy.
- f. **Disability** shall mean, in the event of a sickness or accidental bodily injury caused individually or simultaneously requiring hospitalization and medical treatment thereof which will be considered as 'one disability'. Confinement within 120 days due to different ailment shall be considered as a separate disability. If a disability is due to causes which are

the same or related to the causes of a previous disability (including complication arising there from) the disability shall be considered as a continuation of the previous disability and not a separate disability.

- g. **Eligible Expenses** shall mean the expenses incurred by an employee for required care and services offered by or ordered by a physician which are within the limits of financial provisions of this policy (section-3).
- h. **Employee** shall mean all full-time Teaching and Non-Teaching staff (not contractual or part-time employee or adjunct faculty members) of the University along with their dependent family members.
- i. **Hospital** shall mean a hospital or clinic which is registered as such with the Directorate of Health, Bangladesh. It shall not include rehabilitation centre, natural care clinic or nursing home for the addicted. In case of overseas treatment it shall mean Government approved hospital or clinic of that country.
- j. **Hospitalization** shall mean confinement to a hospital or clinic as an in-patient for at least 24 consecutive hours. However, confinement of less than 24 hours facilitated by advanced technological surgical intervention such as Phaco-surgery, Cholecystectomy, Lithotripsy, Laparoscopy etc. shall be considered as hospitalization.
- k. **Illness** shall mean illness, which requires hospitalization.
- l. **Maternity Benefit** shall mean benefit for any condition related to pregnancy or child birth and any complications there from. The benefit will be admissible up to 2 (two) pregnancy.
- m. **Medical Emergency** shall mean a sudden onset of illness or accidental bodily injury that requires immediate hospitalization, any delay of which would jeopardize the life or health of the Employee. The attending doctor shall diagnose the Medical emergency cases.
- n. **Necessary Medical Treatment** shall mean appropriate therapeutic and clinical procedures, services or supplies used for medical treatment of illness and injury with generally expected standard or medical practices.
- o. **Nurse** shall mean a person who is registered with the Bangladesh Nursing Council as a qualified nurse.
- p. **Pre-existing Condition:** The University will allow all pre-existing diseases from day one of coverage which will be applicable for new employee also. However, pre-existing condition(s) to be covered under the policy has/have to be reported/ recorded during joining of any new employee.
- q. **Routine Investigation** shall mean the medical tests performed routinely on admission in a hospital which shall include the following- CBC with ESR, Peripheral blood film, Blood sugar, Blood urea, urine R/E, Blood for grouping, X-ray chest, ECG. Tests other than these shall be regarded as special investigations.
- r. **Spouse** shall mean either wife or husband of an employee.
- s. **Standard Health** shall mean normal disease-free state having no (i) Congenital or acquired disease/disability/deformity (ii) diagnosed chronic illness or symptoms of any illness.
- t. **Standard Cost or Charge** shall mean the charge demanded for various medical services provided by the hospitals registered with the Directorate of Health Services, Bangladesh. In-case of overseas treatment cost of Evercare Hospital Dhaka for similar treatments to be considered as Standard Cost.

- u. **Surgical Operation** shall mean any manual or operative procedure required for cure of diseases, repair of injuries including correction of deformities and defects arising from the same, relief of pains and sufferings, and prolongation of life.
- v. **University** shall mean EAST WEST UNIVERSITY.
- w. **Year** shall mean financial (July – June) year.

Words referring to **men** shall include **women** where applicable.

BENEFITS AND ENTITLEMENT

3. BENEFITS

1) Distribution of Category:

Category	Designations
A	Teaching Staff: From Associate Professor or equivalent and above Non Teaching Staff: From Additional Registrar or equivalent and above
B	Teaching Staff: From Lecturer or equivalent to Assistant Professor and equivalent Non Teaching Staff: From Deputy Registrar or equivalent to Joint Registrar and equivalent
C	From Registration Officer or equivalent to Assistant Registrar and equivalent
D	Below Registration Officer or equivalent

2) Medical Expenses Reimbursement Policy will cover the treatment expenses of an employee and his/her family members due to illness or injury inclusive of pre-admission and post discharge follow up treatment expenses as per terms & conditions stated in this policy.

Benefit Schedule (with sub-limits per year)

Schedule-A

Category	A	B	C	D
Benefit Limit per person per Year (Tk.)	2,00,000	1,10,000	70,000	35,000
Daily Hospital Room Rent (Actual or Maximum, the lower one)	4,000	2,200	1,600	900
Total Hospital Room Rent (Actual or Maximum, the lower one) (Tk.)	80,000	44,000	28,000	14,000
All other In-Patient treatment expenses inclusive of surgical charges, consultation fees, medicines, medical appliances and relevant medical investigations related to the ailment and other ancillary services (excluding Room & ICU/CCU charges) maximum per year (Tk.)	1,20,000	66,000	42,000	19,000

Schedule-B (not included in the limit set in the above schedule-A)

Maternity Benefit per Pregnancy :				
Normal Delivery	20,000	16,000	11,000	6,700
Caesarean Delivery	33,000	30,000	23,000	13,300

3) Overseas Treatment:

In-Patient Treatment facilities outside of Bangladesh are also covered but reimbursement shall be made as per standard cost of such treatment in Bangladesh and in equivalent Bangladesh currency within the above mentioned benefit limit.

LIMITATIONS AND EXCEPTIONS

4. LIMITATIONS

- a) Maximum of 3 days prior to hospitalization and maximum of 10 days post Hospitalization Treatment Expenses related to only medicines & investigations are covered. However, any outpatient treatment or any minor Surgical Operation are excluded where confinement in hospital is not necessary or performed as an out-door surgery.

- b) Any charge for food or food supplements (Horlicks, Viva, Vitamins, Bournvita etc), cosmetic creams or oils of any nature, hair cutting, telephone charges, rental car services, attendant pass charges etc, shall not be considered as reimbursable.

5. EXCLUSIONS

No benefit shall be paid under this policy for expenses or losses resulting from or incurred in connection with or in consequence of the following:

- a) any congenital infirmity.
- b) mental, emotional or chronic psychiatric disorders, alcoholism or any other drug addiction.
- c) prophylactic and immunization procedures.
- d) obesity i.e., treatment for, or required as a result of obesity.
- e) any procedures which is experimental or not generally accepted by the medical profession viz. acupuncture, Alternative Medical Care (AMC) etc.
- f) any cosmetic or plastic treatment/surgery, unless required as reconstructive surgery as a consequence on an injury due to accidents, burns.
- g) rest, convalescence or rejuvenation cures, thermal baths, physiotherapy or confinement for the purpose of slimming or beautification.
- h) treatment of family planning purposes including termination of pregnancy, sterility or treatment related to assisted reproduction.
- i) attempted suicide, violation or attempted violation of the law, injuries willfully or intentionally self infected or due to insanity or under the influence of a drug.
- j) routine examination of eye and ear, fitting or replacement of eyeglasses (including intra-ocular lens or contact lenses) or hearing aids
- k) health screening including routine physical examinations (health check-ups), radiotherapy-X-ray radium or radioactive isotopes treatment (except hospitalization), chemotherapy or hospitalization due to complication of chemotherapy (except hospitalization) or any form of treatment when not incidental or necessary to the treatment of the injury/illness which caused the hospitalization
- l) any dental treatment unless require hospitalization for reconstructive surgery as a consequence of an accident.
- m) injury arising due to accident while participating in any unlawful activities (i.e., driving a car without a license)
- n) non-surgical care of tuberculosis, hepatitis B & C and any other vaccination
- o) injury or disease directly or indirectly attributed to or caused by war, declared or undeclared, or war like operations or as a result of direct involvement in a riot, strike or civil commotion
- p) sleep disorders i.e., treatment for insomnia, sleep apnoea, snoring, or any other sleep related breathing problem
- q) treatment of a new born child up to the age of three weeks
- r) injury, destruction or damage caused by nuclear fission, nuclear fusion or irradiation
- s) circumcision, cost of prostheses, corrective devices

- t) all expenses incurred in connection with the donor for any treatment
- u) AIDS and HIV diseases
- v) Surgery within the first six months of employment for abdominal inguinal hernia, hemorrhoid/Tonsil Adenoid, Enlarged Prostate, Fibroid Uterus or dysfunctional uterine bleeding.
- w) participation by the employee in a criminal or unlawful act or any act or activity not approved by the university.

CLAIM SETTLEMENT

6. CLAIM PROCEDURES

- a) When advised by a medical consultant/qualified physician for hospitalization, the employee must inform the Office of the Human Resource and Logistics (HR&L) and EWU Medical Centre through the employee's own Head of the Department with a doctor's advice 3 days before admission or 3 days after admission (in case of emergency) in a Hospital/Clinic.

If an employee is admitted in a Hospital/Clinic, the employee shall submit claim through the prescribed 'Claim Form' to the HR&L Department of EWU within 30 (thirty) days after discharge from the Hospital/Clinic for reimbursement of expenses. The University shall reimburse to the employee the actual expenses incurred for hospital treatment within the benefit limit upon receipt of all relevant and complete valid documents within 21 days.

- b) Employee shall claim expenses by submitting the prescribed Claim Form to the University together with supporting documents (duly certified by the Medical Officer of the University) including the followings:
 - i) Consultant's/physician's recommendation for hospitalization (copy)
 - ii) Discharge certificate (copy)
 - iii) A copy of the patient's file while hospitalized (if possible)
 - iv) Money Receipt of Bill of Consultant (Physician/Surgeon) fee (original)
 - v) Bill relating to room charges, investigations and other services where applicable (original)
 - vi) Bill of medicine/dugs along with the copy of prescriptions (original)
 - vii) Bill relating to Surgical Operation charges (operation theater, surgical team, delivery charge, anesthesia & other charges), where applicable (original)
 - viii) Bill relating to ancillary charges (i.e. ambulance service , oxygen therapy, blood transfusions, etc,)
- c) The University shall settle the claim submitted within 21 days from the date of receipt all relevant valid documents. No advance or any part payment shall be made.

- d) The University shall, where it deems necessary, seek opinion of its medical expert to satisfy itself that the employee has been provided with the prescribed medical treatment and services.
- e) The University shall have the right to obtain any information from any source, in respect of the claim, which the University deems necessary.
- f) Eligible (reimbursement) amount shall be certified by the following 3 (three) member committee :
 - i. Registrar – Convener
 - ii. Chief of Human Resource & Logistics - Member
 - iii. Senior/Medical Officer - Member

The committee will make recommendation on the claim within 10 (ten) days upon receipt of the claim. Payment will be processed as per the delegation of the financial authority mentioned in the University Finance Code.

- g) Reimbursement under this policy will be made in favor of the Employee through Account Payee Cheque or Bank Account Transfer.
- h) If it is proved that an employee has manipulated the hospital bills or attempted to manipulate the hospital bills by any means, the University will decline the claim as well as the said employee shall be ineligible for getting benefit under this policy for next 05 (five) financial years and /or the university authority may take punitive actions as per service rule.
- i) For the purpose of this section, employee concerned shall send the updated information of their own and their family members to the Office of the Human Resources & Logistics. The Office of the Human Resources & Logistics shall update individual employee’s personal file with the required information.

DEATH BENEFIT POLICY

7. SCHEDULE OF POLICY

Type of Benefit	:	Death Benefit and Permanent Total Disability or Partial Disability.
Limit of Benefit	:	24 times of the last basic salary drawn subject to a Minimum: Tk. 5,00,000/- & Maximum: Tk. 20,00,000/-
Person to be Entitled	:	All Full Time Employees (Not included family members) of the University
Age Limit	:	Up to the age of full time employment

- A. **Death Benefit:** If an Employee dies (except death due to suicide within one year from the date of joining the University and HIV/AIDS related diseases), the University upon receipt of written proof of such death as set out in clause 05 & 06 of section 8 (General Conditions) and adequate proof of the deceased employee's age and subject to the provisions of this policy will pay to the nominated person (s) the full amount (100%) of benefit. In case of the nominee being not available due to death or otherwise, the amount will be reimbursed to the legal successors of the deceased employee according to the succession certificate issued by the appropriate authority.
- B. **Accidental Death Benefit:** If within 90 days from the date of the occurrence, an employee dies directly from an accident caused through external and violent means, then subject to the provision of this policy, the University will pay to the nominated person(s) the full amount (100%) in addition to Death benefit mentioned in Para -A above i.e. 200% of benefit.
- C. **Permanent and Total Disability:** In case of Total and Permanent Disability resulting from bodily injury directly through accidental means, which prevents the employee from continuation of service as an employee of the University, engaging in any business/occupations or work whatsoever for remuneration or profit and which disability has continued uninterruptedly for a period of at least six months and has been certified to be incurable by the Medical Officer/Consultant, then subject to the provision of this policy, the University will pay to the employee the full amount (100%) of benefit and the employment of the employee will be terminated as per the provisions of the Service Rule.

In the interpretation of this definition, the university will, however, recognize as Total and Permanent Disability the entire and irrevocable loss of:

- i) Both eyes,
- ii) Both hands above the wrist,
- iii) Both feet above the ankle,
- iv) One hand above the wrist and one foot above the ankle,
- v) One eye and one hand above the wrist,
- vi) One eye and one foot above the ankle.
- vii) On account of total disability caused by burn

- D. **Permanent Partial Disability:** In case of a Permanent Partial Disability caused by an accident, indemnity according to the terms and conditions mentioned hereinafter shall be made by the University as specified by the following schedule and where applicable, only one sum namely the larger sum will be paid for multiple injuries resulting from one accident:

Description of Permanent Partial DisabilityPercentage of the Benefit payable

Event	% of Maximum Benefit Amount
Loss of one eye	50
Loss of or Loss of use of one Limb	50
Loss of Hearing: -both ears	75
-one ear	25
Loss of Speech	50
Permanent total and irreversible loss of the lens of one eye	50
Los of or Loss of use of four Fingers and thump of -right hand	70
-left hand	50
Los of or Loss of use of four Fingers of -right hand	40
-left hand	30
Loss of or Loss of use of one Thump -both right joints	30
-one right joint	15
-both left joints	20
-one left joint	10
Loss of or Loss of use of one Fingers -three right joints	10
-two right joints	7.50
-one right joint	5
-three left joints	7.50
-two left joints	5
-one left joint	2
Loss of or Loss of use of Toes -all one foot	15
-great-both joints	5
-great-one joint	3
Fractured leg or patella with established non-union	10
Shortening of leg by at least 5 cms	7.50

Note: The above percentages of benefits are in line with the standard insurance policy of the country.

Permanent disabilities not mentioned above shall be compensated in accordance with their severity as compared to those listed. Permanent, partial or total loss of use of limb shall be deemed to be the same as permanent, partial or total loss of the said limb.

No indemnity is payable for any pre-existing degree of disability and if further injury occurs; only the difference between the condition prior to and after current injury shall be considered.

8. GENERAL CONDITIONS

- 1) **Eligibility:** All full-time employees (not family members) of the University are eligible for this benefit.
- 2) **Individual Effectiveness:** Benefit shall be entitled from the date of the joining in the University services as full-time employee.
- 3) **Residence and Travel:** This Policy contains no restriction upon the employee in respect of residence, travel, and workplace. However, the risk of aviation other than as a fare paying passenger travelling by recognized commercial airlines is not covered.
- 4) **Medical Examination:** If University's Medical Officer feels necessary; s/he may advise an employee for medical examination. The Medical Officer will certify all the medical reports, prescriptions and other statements relating to evidence of an employee for processing his/her reimbursement of benefits.
- 5) **Claim:** Before making payment of any claim under this policy, the University shall require the concerned department as the case may be, the notice issued by the Registrar Office regarding the death or disability of the employee and the cause and proof thereof along with the certificate of the attending physician. In case of death, the actual cause thereof must be mentioned in the certificate. The University may require any other documents it may deem necessary before admitting a claim under this policy. The University should be notified of the occurrence of death or accident of the employee as soon as possible but not exceeding 90 (ninety) days from the death/accident after which it will be treated as time-barred. For death caused by accident copies of F.I.R. lodged with respective police station and post mortem report will also be required.

Payment in connection with Total Disability and Partial Disability will be made in favor of the Employee. The Payment in respect of Death Benefit will be made in favor of the Nominee of the employee (as per employee's personal file). In case of the nominee being not available due to death or otherwise, the amount will be reimbursed to the legal successors of the deceased employee according to the succession certificate issued by the appropriate authority.

Payment, in either case, shall be made through Account Payee Cheque or Bank Account Transfer.

Payment of claim has to be certified by the committee as stated in section 6(f).

- 6) **Exclusion for Supplementary Benefits:** Supplementary benefits covered at paragraphs B, C and D of table of benefits (section-7) hereinbefore appearing shall not be payable if death or disability is caused by
 - a) attempted suicide or intentionally self-inflicted injury, while sane or insane,

- b) war, invasion, act of foreign enemy, hostilities (where war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riots, strike, civil commotion, assault, terrorist act, homicide or any war like operations,
- c) failure to seek or follow medical advice,
- d) committing a felony,
- e) participation by the employee in a criminal or unlawful act or any act or activity not approved by the university,
- f) any injury incurred before the joining in the University as an employee,
- g) engaging in or taking part in professional sports(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race, underwater activities involving the use of breathing apparatus or not , material arts, hunting maneuvering, parachuting, bungee-jumping,
- h) accident occurring because of the employee is affected by alcohol or any drugs, narcotics or psychotropic substances,
- i) service, travel or flight in or descent from any kind of aircraft , except as a passenger in an aircraft operated by a commercial passenger airline on a scheduled air service over an established passenger route.

9. REMOVAL OF DIFFICULTIES

If any difficulty/confusion arises in implementation of any section/clause of this policy, the Board of Trustees of the University may provide such directions as it think appropriate for removing that difficulty/confusion.

10. FUTURE MODIFICATIONS:

If it is required as per need of the time and situation, this Policy may be updated, modified, altered, and changed with the approval of the Syndicate and with the approval/ concurrence of the Board of Trustees, East West University.

==The End==



FORM-EWU/HCDB/- A
Section: 6 (a) & 8(5)
Claim Form

1. Particulars of the Employee:
 - a) Name: _____ b) Employee ID: _____
 - b) Designation: _____ d) Name of the Department: _____
 - c) Date of joining: _____
2. In case of Permanent Disability or Deceased Employee:
(Particulars of Nominee)
 - a) Name of the Nominee:
 - b) NID Number / Birth Certificate (Copy to be enclosed):
 - c) Relation with the Employee:
3. Type of Benefit applied for:
(Reasons of Sickness/Disability/ Death, where applicable shall have to be mentioned)
: _____

NB: In case of medical expenses reimbursement necessary bill vouchers shall have to be submitted. In case of Total Disability or Death, Certificate to this effect from the Chairman of Union Council/Pourosova/City Corporation shall have to be submitted

4. Particulars of benefit Receipt earlier under this Policy :
 - a) Date of Receipt: _____ b) Amount of Benefit(Tk.): _____
 - b) Reason of Receipt: _____

I, _____, solemnly declare that the information furnished in the above is correct and complete.

Date: _____

Name & Signature

5. Recommendation:

Department/Section Head

It is hereby recommended the claim as per policy.

Date: _____

Name & Signature
Designation

6. Verification:

Office of the Chief, Human Resources Logistics (Chief, HR&L)

As per record(s) kept in the HR&L Office the information given above relating to the Employee / Nominee is complete and correct.

Date: _____

Name & Signature
Designation

7. Verification:

Respective Committee

It is certified that the bills/vouchers/ documents are in conformity with the provisions of the East West University Employees' Health Care and Death Benefit Policy 2020 and sufficient to reimburse the benefit applied for and the applicant is eligible to get the following amount of benefit:

Sl #	Description	Claimed Amount (Tk.)	Payable Amount (Tk.)	Remarks
	Total			

Opinion, if any _____

Member's Signature

Member's Signature

Convener's Signature

8. Payment:

In order to make the payment the Finance & Accounts department will get the financial approval from the competent authority through the proper channel.