



## Indian Association of Dermatologists, venereologists & Leprologists Karnataka Branch

### ***BENEVOLENT FUND***

#### **Introduction:**

“IADVL KN Benevolent Fund” is a novel initiative of IADVL KN for the benefit of its members.

#### **Objectives:**

The objective for which the fund is established is to provide financial assistance for maintenance, medical illness or any other exceptional circumstances to necessitous members.

- This scheme will be helpful to meet immediate expenses in case a member needs ICU care, prolonged medical care, and for permanent disability
- IADVL KN aims to provide benevolence in the form of immediate financial assistance to its members to tide over their genuine financial difficulty.
- This will also assure members the support and good wishes of the entire IADVL KN family. This scheme will strengthen the bond between the members and IADVL KN association, making our association more member-friendly and purposeful. Hence the objectives of this scheme is to provide financial help to the deserving members

**1. Eligibility:** Any bonafide life member (LM) and provisional life members (PLM) of IADVL KN. PLM will be eligible till they are members of IADVL-KN.

#### **2. Membership of the Fund:**

The existing LM and PLM members of IADVL-KN, will continue to be the members of the Benevolent Fund.

#### **3. Administration:**

The Administration of the fund shall vest in a Managing Committee, which shall carry out the objects of the Fund and generally exercise all powers in furtherance

thereof. The committee shall consist of total 11 members. The following shall be the members of Managing Committee.

- Chairman (President of IADVL-KN)
- Central finance committee chairman
- Members: Honorary general secretary & Treasurer of IADVL-KN
- Other committee members EX officio IADVL-KN (1 past President, 1 past vice-president, 3 past secretary /treasurer)
- 2 nominated members

Advisers

Past of presidents of IADVL-KN and IADVL-KT

#### 4. Quorum:

The Quorum of the meeting shall be 7 members. In the exceptional circumstances, the meeting shall be held physically or virtually at any required time.

#### 5. Budget:

A corpus of *Rupees Fifty Lakhs* shall be earmarked for this Fund which will be with IADVL-KN general fund and disbursed as and when need arises.

#### 6. Sources of Fund

##### A) DONATIONS from Members

- Donation can be made by members to the fund. The donation into the fund is purely based on the individual's willingness to join hands for this great cause.
- After collecting donation, the association will acknowledge the member with a certificate of appreciation.

##### B) Grant from Government

#### 7. Benefit:

- This scheme will provide a **maximum amount of rupees Three lakhs** per member subject to amount claimed, necessity for hospitalization, treatment received and bills produced on case to case basis.
- ICU admission of more than 72 hours is required to claim benevolent fund

- Conditions covered under the fund: MI, CVA, PARALYSIS, CRF, MAJOR ACCIDENTS, permanent disabilities, malignancy.
- In case of demise of a member due to illness, the amount will be provided to family members
- Decision of managing committee is final.
- The benefits will be reviewed from time to time depending upon the number of members making a claim under the proposed scheme.

#### **8. Coverage of Financial assistance:**

**All Life members (LM) and provisional life members (PLM) of IADVL-KN, as per the register maintained by Hon. Secretary General of IADVL-KN. Benefits will be given only to a member *whoever fulfill the criteria mentioned in point 7.***

#### **9. Application Process:**

The member will apply to Hon. Secretary General, IADVL-KN. Duly filled form and relevant documents should be submitted by the members. But in certain extraordinary situation any IADVL-KN member/dependent can apply on his/her behalf.

List of documents required:

- Duly filled application form (copy attached)
- Copy of hospitalisation along with discharge summary report (should be produced later)
- Copy of PAN Card
- Copy of cancelled cheque leaf with name of member pre-printed
- Photocopy medical bills

#### **10. Modalities of disbursement:**

Upon receipt of the application the Managing Committee duly shall evaluate and approve the same based on the merit of the case. The approved fund can be electronically transferred only in the name of the affected member whose PAN card is verified.

In cases of emergency, the Chairman and one of the two members i.e., Secretary and the Treasurer can grant financial assistance subject to the limits fixed above. Each such grant shall be reported to the Managing Committee at its subsequent meeting for ratification of such grants.

### **10. Audit of accounts:**

All necessary documents and back papers need to be filed by the Treasurer and is subject to audit verification by IADV-LKN Auditor.

### **11. Statutory /Legal compliances:**

The amount should be allotted after necessary TDS and TDS certificate filed as per norms. All legal and statutory requirements need to be cleared.

### **12. Indemnity against Action etc.:**

All members of the Managing Committee shall stand absolved from any liability in respect of actions, costs and all other claims made against them for anything done or any action taken by them on behalf of the 'IADV-LKN Benevolent Fund'

### **13. Rules**

- Only LM's and PLM's who are eligible. Dependents and ALM are not eligible.
- A maximum of Rs.3,00,000/- is admissible per claim on case to case basis.
- Member shall disclose about receiving benevolent fund from other associations (IADV-L, ACSI, BDS, IMA)
- If individual member had claimed some other health insurance its mandatory to disclose. But this scheme is irrespective of benefit claimed under other health schemes.

## APPLICATION FORM FOR FINANCIAL ASSISTANCE FROM BENEVOLENT FUND

**MEMBERSHIP NUMBER:** \_\_\_\_\_

1. Name of the Applicant :
2. Full Postal Address :
3. Full Permanent Address :
4. Relationship of the applicant with member:
5. Name of Member:
6. Age of Member as on date of application:
7. Mobile number of Applicant ( other than member) to be contacted:
8. PAN of Member:
9. Reasons for Application:
10. How much funding are you applying for?:
11. Household Income ( Amount in Rs.):
  - a. Please Provide your salary details , any other income details below:
  - b. Please provide details of income earned by your spouse if any.
  - c. Please provide details of your household income if any:

**12. Bank Account details of the Member:**

- a. Name of Bank:
- b. Account Number:
- c. IFSC:
- d. Branch Name:
- e. Name of Account holder:

**13. Date of hospitalisation:**

**14. Number of days stay:**

**15. Details of Health insurance opted( if any):**

**16. Attachments:**

- a. PAN copy of Member
- b. Hospital discharge summary ( provide later)
- c. Insurance Copy if any
- d. Medical bills( provide later)
- e. Doctors Report for further treatment.
- f. Self declaration of Member( Provide Later)