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திகதி
Date } 02.08.2024

Circular No: 29/2024

- All Provincial Secretaries of Education
- All Provincial Directors of Education
- All Zonal Directors of Education
- All Principals of Pirivenas
- All Principals of Government Schools
- All Principals of Government Approved Private Schools
- All Principals of Government Aided Schools for Special Education

Suraksha Student Insurance Scheme

The Circular No. 35/2022 dated 31.10.2022 issued by Ministry of Education in respect of the above subject is hereby cancelled and this Circular is effective from 01.07.2024.

02. The main objective of the Ministry of Education is to socialize children empowered with skills and knowledge. Accordingly, the Ministry of Education has taken different steps to create a safe environment in order to ensure physical and psycho-social well-being of students. The *Suraksha* Student Insurance Scheme has been introduced in year 2017 in accordance with the budget proposal of the government as a step to ensure the continuous education of students by preventing the disruption to education due to diseases, accidents and disabilities experienced in schools or outside the school premises.

03. The *Suraksha* Student Insurance Scheme was in operation uninterruptedly from 01.10.2017 to 01.12.2022. However, this insurance scheme was not in operation from 02.12.2022 to 30.06.2024 and the Ministry of Education has signed an agreement with Sri Lanka Insurance Corporation General Limited for a period of 03 years again with effect from 01.07.2024.

04. Students in the age limit between 5-21 years who are studying in grades 1-13 in government schools, government approved private schools and Pirivenas, as well as students in the age limit between 4-21 years of age studying in assisted special schools are the beneficiaries of the *Suraksha* Student Insurance Scheme.

05. Under this insurance coverage, students belonging to the families generating less than Rs.180, 000/= as annual income and 'Aswesuma' Programme shall only be entitled for the parent death benefit.

06. Actions are taken to provide the relevant insurance facilities covering 24 hours, all days of the year for a period of 3 years with effect from 01st July 2024 to 30th June 2027 by the Sri Lanka Insurance Corporation General Limited.

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The insurance benefits offered under the *Suraksha* Student Insurance Scheme are as follows. (instances and benefits mentioned in Chapter 2 of the Instruction Manual)

i. **Health Insurance**

- In-door treatment benefits - Rs. 300,000/= (government/private hospitals)
- Out-door treatment benefits - Rs. 20,000/=
- Critical illness benefits - Rs.1,500,000/=

ii. **Accident Insurance**

- permanent total disability - Rs. 200,000/=
- permanent partial disability - Rs. 150,000/=
- temporary disabilities - from Rs. 25,000/= to Rs.100,000/=

iii. **Life Insurance**

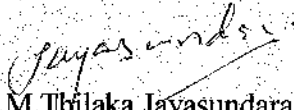
An amount of Rs.75,000/= is granted per student in case of a parent/legal guardian death of a child in families that belong to 'Aswesuma' programme in addition to the students from low-income families generating an annual income less than Rs.180,000/=. The maximum amount allocated for a death is Rs.225, 000/= and the said amount is equally shared among all the school students in the same family. In case of the death of both of the parents or the legal guardian, the said amount is granted for both occasions separately.

07. It is mandatory that the principal of the school should sign and certify the claim form (Annexure 01) and all other relevant documents of the claim in order to obtain the aforementioned benefits.

08. All the details about this insurance coverage scheme and the duties vested in each educational institution are included in the Instruction Manual.

09. The educational authorities should take necessary actions to aware school community appropriately in relation to the benefits, conditions and expected scope of duties relevant to the '*Suraksha*' Student Insurance Scheme introduced by the Ministry of Education and implemented by Sri Lanka Insurance Cooperation General Limited.

10. I would like to emphasize that all the relevant parties including principals should provide their maximum contribution to grant the insurance benefits of the '*Suraksha*' Student Insurance Scheme to the students in order to provide opportunities for the students to gain the maximum benefit out of all the educational opportunities as well as to produce a healthy generation of children for the nation.


J.M.Thilaka Jayasundara
Secretary
Ministry of Education

Copies:

1. Secretary to the President - for kind information
2. Secretary to the Prime Minister - for kind information
3. Auditor General, Auditor General's Department - for kind information
4. Secretary, Ministry of Finance - for kind information
5. Secretary, Ministry of Health - for kind information
6. All Provincial Chief Secretaries - for kind information

INSTRUCTION MANUAL

CHAPTER 01 - 'SURAKSHA' STUDENT INSURANCE SCHEME

The particulars of the insurance cover, insurance company, beneficiaries and being a beneficiary are described in this chapter.

1.1 Insurance Coverage

The insurance coverage introduced by the Ministry of Education is called 'SURAKSHA' Student Insurance Coverage. This 'Suraksha' Student Insurance Coverage is provided by the **Sri Lanka Insurance Corporation General Limited which signed an agreement with the Ministry of Education** for the period from 01st of July 2024 to 30th of June 2027.

1.2 Beneficiaries

All students in the age limit between 5-21 years who have been registered and are studying in formal general education institutions; all government schools, government approved private schools, Pirivenas from Grade 01 to Grade13 and the students in the age limit between 4-21 years of age who are studying in assisted special schools are the beneficiaries. Students who leave school are not considered as beneficiaries.

In this circular and instruction manual, government schools, government approved private schools and assisted special schools are referred to as "schools", and Mulika Pirivena, Maha Pirivena and Vidyayathana are referred to as "pirivena". All lay and clergy students are referred to as "students".

CHAPTER 02 – INSURANCE COVERAGE INSTANCES AND BENEFITS

Details of instances related to health benefits, accident benefits, death benefits, special benefits and their financial amounts are described in this chapter.

2.1 Health Coverage Benefits (only re-imburements of expenditures)

2.2.1. Indoor treatment benefits – up to Rs. 300,000

All benefits are paid subject to the claim amounts relevant to the year.

2.1.1.1 For a paying ward of a government hospital, private Ayurvedic hospital or government approved private hospitals

- a. Indoor treatments and cost of medicines (maximum room charge per day – Rs.12,500/=)
- b. doctor fee/ specialist consultant doctor fee/ surgeon and anesthetic doctor fee.
- c. expenses of surgeries, diagnosis testing, pharmaceutical drugs and medicine, expenses of surgery tests, special treatments recommended by specialists.

2.1.1.2 For non-paying wards in a government hospital and government Ayurvedic hospital

- a. payment per night at a non-paying ward in a government hospital / government Ayurvedic hospital – daily allowance of Rs. 1000/= (even during an instance of a pandemic)
- b. Expenses on prescribed medicine, tests, scans and x-ray tests taken from outside when obtaining inhouse treatments

2.1.1.3 Other Benefits

- a. Expenses for surgeries being done without being hospitalized (including expenses for Endoscopy, Colonoscopy, Sigmoidoscopy and Bronchoscope)
- b. Expenses for special extra nutritional supplements recommended for critical or serious diseases
- c. Expenses for medicines followed after being discharged from the hospital (for a period of one week from the date of being discharged from the hospital)
- d. Expenditure borne for PET scans
- e. Treatments done in overseas upon medical recommendations
- f. Treatment for Covid-19 (for private hospitals only)
- g. Expenses of plastic surgeries to correct marks after an accident or due to an accident

2.1.1.4 Additional Benefits payable up to a maximum of Rs.75 000/=

- a. Expenses for equipment and materials that are utilized in long-term diseases/ surgeries / accidents (TED/ stockings / air mattress/ water mattress/ rehabilitation accessories/ special shoes/ walking aids/ crutches/ wheel chairs)

2.1.2 Outdoor Treatment Benefits -up to Rs. 20,000/= (only re-imburements of expenditures)

- a. Expenses for the followings are reimbursed even without a hospitalization (EEG, MRI, CT scan, DMSA Scan, DTPA Scan, Ultra Sound Scan, X-Ray)
- b. Treatments for dental diseases – only for filling and extractions
- c. Ayurveda treatments for ailments caused by an accident (government approved Ayurvedic medical centers – Annex 08)
- d. Treatments for visual and hearing (eye & ear) impairments
- e. For visual and hearing aids (This is a benefit that can be obtained on the basis of reimbursement. However, for low-income families, this facility can be obtained under direct payment. The maximum annual expense for spectacles is Rs.10,000/=.)
- f. For Lumber Guards and cervical collars required for the treatment of an accident

2.1.3 Critical Illnesses Coverage Benefits – Up to Rs.1,500,000/=

In case of treatments obtained from a local hospital, direct payments and reimbursements are applied and only reimbursements are allowed for treatments obtained from a foreign country. Overseas treatments are allowed only if there is no relevant treatment in Sri Lanka and in case of an urgent treatment where you have to stay in the waiting list. (The list of approved hospitals from which direct payments are available for serious or critical diseases is given in Annex 09)

2.1.3.1 Instances of insurance coverage for critical illnesses are provided below.

- a. Heart surgery
- b. Cancer treatments
- c. Kidney transplantation
- d. Dialysis
- e. Bone marrow transplantation
- f. Hip, shoulder, knee replacement
- g. Brain surgery
- h. Scoliosis
- i. Cochlear implantation / hearing accessories
- j. Spinal cord compression
- k. Liver transplantation
- l. Eye surgeries (surgeries due to accidents, conjunctiva surgery, eye lens transplant) / tumors/ cancers and any other surgeries)
- m. Artificial limbs
- n. Thalassemia
- o. Japanese Encephalitis

2.2 Accident Benefits (re-imburement only)

2.2.1 Total permanent / permanent partial and temporary disability benefits (maximum amount for one instance or one year)

2.2.1.1 For total permanent disabilities - Rs. 200,000/=

- a. Loss of vision in both eyes -Rs. 200,000/=
- b. Loss of hearing in both ears -Rs. 200,000/=
- c. Loss of 2 limbs -Rs. 200,000/=
- d. Loss of one eye and one limb -Rs. 200,000/=
- e. Loss of one ear and one limb -Rs. 200,000/=
- f. Loss of one eye and one ear -Rs. 200,000/=

2.2.1.2 for permanent partial disabilities - Rs. 150,000/=

- a. Loss of one eye - Rs.150, 000/=
- b. Loss of one limb - Rs.150, 000/=
- c. Loss of hearing in one ear - Rs.150, 000/=

2.2.1.3 For temporary disabilities – from Rs. 25,000/= to Rs.100,000/=

The payment is determined in accordance with the time required to stay at home for treatments. The documents required by the insurance company should be submitted together with the recommendations of the government approved doctor (Ayurvedic treatments are included.) in relation to this matter. Payments as per the treatment period,

- a. from 02 weeks to 01 month -Rs. 25,000/=
- b. from 01 month to 02 months -Rs. 50,000/=
- c. More than 02 months -Rs.100,000/=

2.3 Life Insurance Benefits

Only the students of low-income families and of families belonging to 'Aswesuma Programme' are entitled for this benefit. Accordingly, the Grama Niladhari Certificate countersigned by the Divisional Secretary should be submitted certifying that the students belong to families of which the annual income is below Rs.180,000/= or to families under the 'Aswesuma Programme'. (Annex 02)

2.3.1 For one student in case of a death of parents/legal guardian– Rs.75,000/=

In case of a death of parents/legal guardian of students in families of which the annual income is below Rs.180,000/= or in families under the 'Aswesuma Programme', an amount of Rs.75,000/= is payable to one student. The maximum amount allocated for one death is Rs.225, 000/= and the said amount is equally shared among all the school children in the same family. In case of the death of both parents, the said amount is granted in full for both occasions separately.

At a death of a parent/guardian, the payments are made only to the student. Guardians are considered as individuals to whom the legal guardianship of the child is granted by a court.

No payment is made in case of a demise of a student.

CHAPTER 03 - CLAIMING BENEFITS

Inability to claim benefits, the expenses not covered, documents to be submitted to receive the insurance benefits, instances where benefits would not be granted, method to reimburse bills are described in this chapter.

3.1 Inability to claim benefits

The students having indoor treatments at a private hospital or a medical centre not registered under the Ministry of Health in line with the government rules and regulations are not entitled for this benefit.

3.2 The expenses not covered

Please take special note that the following expenses are not covered.

- a. Expenses incurred in addition to the treatments for the disease. E.g.: telephone bills, food, service charges, etc.
- b. Expenses of plastic surgeries/ beauty therapy treatments/surgery for correcting obesity, used to improve appearance or body image other than due to accidents.
- c. Accidents/disabilities committed due to voluntary actions. E.g.: attempt to commit suicide
- d. In case of having liquor or treatments taken without a prescription given by a doctor or the treatments taken without a consultation.
- e. Expenses for circumcision in case of non-accidental occasions
- f. Hospitalization done without a doctor's approval and the expenses for diseases not relevant to hospitalization
- g. Accidents occurred due to violent conduct or protesting campaigns

3.3 Documents that should be submitted to receive the insurance benefits

Description on the documents that must be submitted to obtain benefits is mentioned in the following table. Those documents should be uploaded to the website <http://www.srilankainsurance.lk/suraksha/> of the Sri Lanka Insurance Corporation within 90 days (from the date of hospitalization/from the date of demise) after being certified by the principal or an officer authorized by the principal on the Suraksha Insurance Coverage scheme with his/her signature, date and official seal. The method of uploading the claim form to the website is mentioned in the instructional guidelines given in Annex 03 presented by the Sri Lanka Insurance Corporation.

Instance	Documents to be produced
In house treatment coverage (hospitalization in a government hospital)	<ol style="list-style-type: none">1. Claim form2. Certified copy of the Diagnosis Card including the seal of the doctor3. Certified copy of the first page of the clinic card of the student including the name, age and doctor's seal (if available)4. Originals of the approved prescription by the doctor (including the seal) and bills of the related payments made for medicine purchased from outside and tests conducted outside

	<ol style="list-style-type: none"> 5. Bank account details of mother/father/guardian of the student 6. A certified copy of the student's birth certificate
In house treatment coverage (hospitalization in a private hospital- bill reimbursement only)	<ol style="list-style-type: none"> 1. Claim form 2. A certified copy of the diagnosis card including the seal of the doctor 3. Originals of detailed bills 4. Originals of the bills relevant to advance payments 5. Originals of the receipts of payments 6. Medical recommendation relevant to the treatments to be done abroad 7. Bank account details of mother/father/guardian of the student 8. A certified copy of the student's birth certificate
OPD Treatment Coverage	<ol style="list-style-type: none"> 1. Claim form 2. Certified copy of the recommendation of the doctor in relation to tests (with doctor's seal) 3. Originals of receipts of payments issued by medical centers and pharmacies 4. Bank account details of mother/father/guardian of the student 5. A certified copy of the student's birth certificate
OPD Treatments (spectacles/audio equipment/dental treatments)	<ol style="list-style-type: none"> 1. Claim form 2. Original copy of the medical recommendation prescribed by the Specialist Eye Surgeon relevant to purchase of spectacles 3. Original copy of the medical recommendation prescribed by the Specialist ENT Surgeon relevant to purchase of audio devices 4. Original copy of the medical recommendation prescribed by the Specialist Dental Surgeon relevant to purchase spectacles and receipts of payments 5. Originals of the receipts of payments relevant to the purchasing of spectacles and audio equipment 6. A certified copy of clinic report of the eye clinic and ENT clinic, (if available) 7. Bank account details of mother/father/guardian of the student 8. A certified copy of the student's birth certificate

<p>Benefits for critical illnesses</p> <ul style="list-style-type: none"> - Direct payment - Reimbursement 	<ol style="list-style-type: none"> 1. Claim form 2. Original copies of the bills relevant to the payment made as advance 3. An estimate issued by the hospital on the estimated amount for the surgery or critical illness 4. A certified copy of the diagnosis card with the seal of the doctor 5. Other medical reports relevant to the treatments already obtained 6. Bank account details of mother/father/guardian of the student 7. A certified copy of the student's birth certificate <ol style="list-style-type: none"> 1. Claim form 2. Original copies of detailed bills 3. Originals of the bills relevant to the advance payments 4. Originals of the receipts by which payment are made 5. A certified copy of the diagnosis card with the seal of the doctor 6. Medical Recommendation relevant to the treatments done in abroad 7. Medical recommendation for the medical treatments obtained 8. Other medical reports relevant to the treatments obtained 9. Bank account details of mother/father/guardian of the student 10. A certified copy of the student's birth certificate
<p>Accident Coverage In case of a permanent total/semi disability</p> <p>Temporary disability</p>	<ol style="list-style-type: none"> 1. Claim form 2. A certified copy of diagnosis card including the seal of the doctor 3. Medical reports issued certifying the disability and percentage of the disability by a specialist doctor 4. Bank account details of mother/father/guardian of the student 5. A certified copy of the student's birth certificate <ol style="list-style-type: none"> 1. Claim form 2. A certified copy of diagnosis card including the seal of the doctor 3. Medical reports issued by the hospital 4. Letter issued by the principal confirming the absent period. 5. Bank account details of mother/father/guardian of the student 6. A certified copy of the student's birth certificate

<p>Life Insurance Coverage In case of a death of a parent/s</p>	<ol style="list-style-type: none"> 1. Claim form 2. A certified copy of the death certificate 3. Certified copy of the temporary death certificate/ coroner's report/ police report in case of not issuing the death certificate upon a legal condition 4. A certified copy of the National Identity Card of the demised person 5. Grama Niladhari Certificate with the countersign of the Divisional Secretary confirming that the claimant belongs to the category of low-income families or to families that belong to 'Aswesuma' Programme (for confirmation of details to obtain death claims - Annex 02) 6. A certified copy of the Marriage Certificate 7. A certified copy of the first page of the passbook of the student (name of the child/bank account number) 8. A certified copy of the student's birth certificate
<p>In case of a demise of the legal guardian</p>	<ol style="list-style-type: none"> 1. Claim form 2. A certified copy of the death certificate 3. Certified copy of the temporary death certificate/ coroner's report/ police report in case of not issuing the death certificate upon a legal condition 4. A certified copy of the National Identity Card of the demised person 5. Grama Niladhari Certificate with the countersign of the Divisional Secretary confirming that the claimant belongs to the category of low-income families or to families that belong to 'Aswesuma' Programme (for confirmation of details to obtain death claims - Annex 02) 6. Documents proving the legal guardianship 7. A certified copy of the first page of the passbook of the student (name of the child/bank account number) 8. A certified copy of the student's birth certificate

3.4 Settlement of Bills

3.4.1 Direct Payment Facilities (only applied for critical diseases)

Direct payment facilities for critical diseases – only for approved local hospitals (Annex 09)

Prior approval of the special claim board must be obtained in order to pay the benefits under direct payment facility. For this, after obtaining the approval on the relevant medical reports and confirmation letters of payments by being declared the consent to

make the payment under the direct payment facility, shall be issued from 8.30 am to 4.00 pm on official days.

3.4.2 Reimbursement of Bills

It is possible to observe and track the current progress of the application submitted for claims by logging in to the website of Sri Lanka Insurance Corporation <https://www.srilankainsurance.lk/suraksha/>

Accordingly, for the applications submitted together with the accurate documents without any faults, a short message (SMS) shall be received to the mobile number given by the beneficiary

- confirming the receipt of the documents,
- confirming the deposit of benefits after crediting to the relevant bank,

by the Sri Lanka Insurance Corporation. Therefore, the beneficiary should always take precautions to include an accurate mobile phone number at each and every occasion.

3.5 Submission of Documents

All the relevant documents must be given to the principal of the school in order to certify all the documents to obtain the benefits. An official seal must be stamped by the principal in those documents in a manner as not to make the content in the applications unclear.

Those documents of the beneficiary should be uploaded to the website <http://www.srilankainsurance.lk/suraksha/> of the Sri Lanka Insurance Corporation by the principal after being certified by the principal or by an officer authorized by the principal on the Suraksha Insurance Coverage Scheme. Thereafter, the certified copies of all those documents must be maintained under the custody of the principal and must be handed over to the Zonal Director of Education by Annex 06. The certified copies must not be returned to the parents.

CHAPTER 04 - EXPECTED ROLE OF DIFFERENT EDUCATIONAL INSTITUTIONS

4.1 Ministry of Education

- a. The coordination by the School Health & Nutrition Branch of the Ministry of Education with the Sri Lanka Insurance Corporation and other relevant institutions.
- b. To establish an emergency hotline for this matter. (011 278 7979 is utilized as the hotline and in respect of any problem or to obtain details, provide information by calling between 8.30 a.m. to 4.15 p.m.

- c. To inform the officers in charge of the program in the Provincial Ministries of Education, Provincial Departments of Education, Zonal Education Offices and Divisional Educational Offices.
- d. To act as a mediator in case of complications arising in relation to obtaining benefits of the insurance cover.
- e. Calling an appeal board consisting of the officials in the Ministry of Education and Sri Lanka Insurance Corporation once in 03 months for re-examination of the claim applications rejected by Sri Lanka Insurance Corporation.

4.2 Provincial Ministry of Education and Provincial Department of Education

- a. To appoint an officer in charge of the program from the Provincial Department of Education.
- b. Execute the task of making aware the school community and the general public.
- c. Acting as a mediator to resolve the matters arisen related to claiming benefits by contacting an agent of a branch of the insurance company located in the province
- d. Maintaining an information file by obtaining the information on applying claims by the students and obtaining claims from the zonal director of education. Providing this information to the Ministry of Education as a six-month report twice a year as a soft copy after getting certified that the above details are true and accurate by the Provincial Director of Education. (Annex 04)
 - Information during 01.07.2024 -31.12.2024 before 15.03.2025
 - Information during 01.01.2025 -30.06.2025 before 15.09.2025
(Information related to years 2025/2026, 2026/2027 should also be provided as above.)

4.3 Zonal Education Office

- a. Appointment of an officer in charge of the Suraksha Student Insurance Scheme at each and every education zone and doing the coordination activities together with the Information Technology Unit by that officer.
- b. Execute the task of making aware the school community and the general public in the education zone.
- c. Acting as a mediator to resolve the matters arisen related to claiming benefits by contacting an agent of a branch of the insurance company located in the zone

- d. Only at the event of no devices or internet facilities are available to submit the claim forms and to upload the relevant documents in the school, upload the relevant details and upload the certified copies submitted by the principals of those schools to the website <http://www.srilankainsurance.lk/suraksha/> of Sri Lanka Insurance Corporation
- e. Maintaining an information file by obtaining the information on applying claims by the students and obtaining claims from the schools. Providing this information to the Provincial Director of Education as a six-month report twice a year as a soft copy after getting certified that the above details are true and accurate by the zonal director of education. (Annex 05)
 - Information during 01.07.2024 -31.12.2024 before 01.03.2025
 - Information during 01.01.2025 -30.06.2025 before 01.09.2025
(Information related to years 2025/2026, 2026/2027 should also be provided as above.)

4.4 School/Pirivena

- a. The sole responsibility on the Suraksha Insurance Coverage programme must be borne by the Principal/Parivenadhipathi. Assigning the responsibility of this programme to a deputy principal or an assistant principal in accordance with the number of students in the school. If there are no such posts, assigning it to a teacher.
- b. Making aware the students, parents, academic & non-academic staff and school community on obtaining of the insurance benefits.
- c. Acting as a mediator to resolve matters arising in relation to obtaining the insurance benefits.
- d. Necessary action must be taken by the Principal/Parivenadhipathi to upload the correct documents without faults within a period of 90 days to the website <http://www.srilankainsurance.lk/suraksha/> of the Sri Lanka Insurance Corporation. to provide the benefits to the students without a delay.
- e. It is mandatory to take action to inform the parents at parents' meetings on the benefits of the insurance program and the method of submitting claim forms by contacting a regional representative of Sri Lanka Insurance Corporation by the Principal/Parivenadhipathi. A log note must be entered and informing the Zonal Director of Education thereof.
- f. Only at the event of no devices or internet facilities are available to submit the claim forms and to upload the relevant documents in the school, provide the relevant certified details regarding the claim forms and other documents to the Zonal Director of Education to upload to the website <http://www.srilankainsurance.lk/suraksha/> of Sri Lanka Insurance Corporation

- g. A card containing the information on Suraksha Student Insurance Coverage is given by the Ministry of Education to all the students and taking necessary actions to distribute them among the students. (A single card is given for 3 years and actions must be taken to issue this card after indicating the full name of the student. In the event of a misplacement of a card, no card is issued again.) (Annex 07)
- h. To maintain an information file about the insurance benefits obtained by the school. Providing this information to the Zonal Director of Education as a six-month report twice a year as a soft copy after getting certified that the above details are true and accurate by the principal / Parivenadhipathi. (Annex 06)
- Information during 01.07.2024 -31.12.2024 before 01.02.2025
 - Information during 01.01.2025 -30.06.2025 before 01.08.2025
(Information related to years 2025/2026, 2026/2027 should also be provided as above.)

CHAPTER 05 - MONITORING, SUPERVISION AND REPORTING

This chapter includes expected role in monitoring, functions of different institutions in relation to monitoring, supervision and reporting, facts that need special concern, and obtaining information.

5.1 Expected role in monitoring

- a. Maintain records of insurance benefits obtained
- b. Assist and direct students to obtain the insurance covers

5.2 The expected functions of institutions

5.2.1 National Level

The monitoring and supervision of the programme is done by the Health and Nutrition Branch of the Ministry of Education and the Sri Lanka Insurance Corporation. In case of any irregularity or a fraud, these two institutions hold the authority to take actions against such acts.

5.2.2 Provincial Level

The monitoring at provincial level is ensured by the Secretary to the Provincial Ministry of Education, Provincial Director of Education, and officers authorized by them.

5.2.3 Zonal Level

The monitoring at zonal level is done by the Zonal Director of Education and by officers authorized by him/her, Deputy/Assistant Divisional Directors of Education.

5.2.4 School / Pirivena Level

The monitoring at school level is done by the principal/Parivenadhipathi or by the teachers/officers authorized by the principal/ Parivenadhipathi.

5.3 Facts that need special attention

- a. The documents that should be submitted to obtain the benefits should be uploaded to the website <http://www.srilankainsurance.lk/suraksha/> of the Sri Lanka Insurance Corporation within 90 days (from the date of hospitalization/from the date of demise) by the principal or by the officer authorized by the principal to handle the subject of Suraksha Insurance Scheme after signing and placing the seal.
- b. Sri Lanka Insurance Corporation is vested with the right to execute the investigations required to confirm the accuracy of the particulars presented or the relevant claim or to request additional particulars prior to granting a benefit.
- c. The claimants shall only be entitled to obtain the benefits upon the uploading of the claim form and the originals of those particulars as requested only.
- d. Requesting of false claims is penalized and is considered a cause for cancellation of the Suraksha Student Coverage of the relevant student or to be subjected to another suitable penalty. (blacklisted hospital register- Annex 10)
- e. Drugs/testing should be obtained within 07 days from the prescription date, except for long term treatments.
- f. All treatments should be obtained from MBBS/ DAMS qualified doctors or equivalents or above.

In case of disputes of interpretation of the terms in the circulars issued in different languages the meanings / interpretations of the circular issued in Sinhala language should be considered valid.

5.4 Obtaining Information

Further information can be obtained from the below-mentioned websites.

- www.srilankainsurance.lk/suraksha/
- www.moe.gov.lk

Contact Numbers

- The Sri Lanka Insurance Corporation - 0112 357 357 (24 Hour Hotline)
- The Sri Lanka Insurance Corporation - 011 231 9015 (During working days of the week from 8.30a.m – 4.45p.m)
- Ministry of Education hotline - 011 278 7979 (During working days of the week from 8.30a.m – 4.15p.m)

Please submit following documents for medical, hospitalization and accidental disability claims:

- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Please submit following documents for medical, hospitalization and accidental disability claims:
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Copy of Diagnosis Card with Doctor's seal certified by the principal
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Original detail bills
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Original Payment receipts for all payments
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Copy of prescription with Doctor's seal certified by the principal
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Please submit following document for death claims:
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Copy of the death certificate certified by the Principal (certified copy)
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Copy of the birth certificate of the child certified by the principal
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Coroner's Certificate (with schedule) attested by the Principal
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
Form of income confirmation certificate of Grama Niladhara (Attached)
- වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**
In the event of a guardian death claim, legal document(s) to prove the guardianship is required.

* **මෙහිදී සෑම පිරිසක්ම ප්‍රධාන පවුලේ සාමාජිකයෙකු ලෙසට සලකා බලා ඇති බවට තීරණය කළ බවට සහතික කළ යුතුය.**
In the event of a death claim, payment will be made only for the student.
සහතික කළ යුතුය. ප්‍රධාන පවුලේ සාමාජිකයෙකු ලෙසට සලකා බලා ඇති බවට තීරණය කළ බවට සහතික කළ යුතුය.
Details of the payee (To be filled in respect of one person only)
In the event of a death claim, payment will be made only for the student.
සහතික කළ යුතුය. ප්‍රධාන පවුලේ සාමාජිකයෙකු ලෙසට සලකා බලා ඇති බවට තීරණය කළ බවට සහතික කළ යුතුය.

වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.
Details of Mother/Father/Guardian/Student

මව/පියා/ආරක්ෂක/විදුහල්පතිගේ නම:
Name of Father/Mother/Guardian/Student:

* **ආරක්ෂක පිරිසට අයුරු සිටින බවට තීරණය කළ බවට සහතික කළ යුතුය.**
Documents to prove the guardianship.

ජාතික හැඳුනුම්පත් අංකය National Identity Card Number	පියා / පුත්‍රයා / පියා: <input type="text"/>	වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය. Original detail bills	
	මව / පුත්‍රයා / මව: <input type="text"/>		
	ආරක්ෂක / ආරක්ෂකයා: <input type="text"/>		

ජාතික හැඳුනුම්පත් අංකය **වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**

විදුහල් පවුලේ දුරකථන අංකය: **වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**

විදුහල් පවුලේ දුරකථන අංකය: **වෛද්‍ය පරීක්ෂණ වාර්තාවක් සහ වෛද්‍ය උපදෙස් ලබාදීමට මුද්‍රණය කළ කොටසක් සහ සාධක ලබාදීමේ දිනයට අවසරය ලබාදීමට සලකුණු කළ බලපත්‍රපතක් සහතික කළ යුතුය.**

* **විදුහල් පවුලේ දුරකථන අංකය සහ නම සඳහා විදුහල්/විදුහල් පවුලේ ප්‍රධානියා විසින් සහතික කළ යුතුය.**
Attach a copy of Bank Account Passbook/Bank statement with name and account number

විදුහල් පවුලේ දුරකථන අංකය සහ නම සඳහා විදුහල්/විදුහල් පවුලේ ප්‍රධානියා විසින් සහතික කළ යුතුය.
Attach a copy of Bank Account Passbook/Bank statement with name and account number

We hereby declare that all above statements and facts are true and that We/I have not withheld from the Sri Lanka Insurance Corporation General Ltd on any material information connected with this claim. We agree that if any of the information provided by me/us is false and/or misleading, Sri Lanka Insurance Corporation General Ltd on reserves the right to repudiate my/ our claim.

(1) <input type="text"/>	(2) <input type="text"/>	<input type="text"/>
මව/පියා/ආරක්ෂක නම Signature of the Parent/Guardian	විදුහල්පතිගේ සහතිකය (මුද්‍රණය සහ අත්සන) Certificate by the Principal (With official seal & Signature)	දිනය සහ දිනය Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



පියා/පියාපියාගේ මරණ ප්‍රකාශන සහතික (පියා/පියාපියාගේ මරණ ප්‍රකාශන සහතික)
Confirmation of Information for Suraksha Claims (for parent death claims)

ලාභී පාලන කොටස
School Census No

බලා/බලාපිටත් පැතුලත්වීමේ අංකය:
Student Admission No

බලා/බලාපිටත් නම
Student Name

පහත සඳහන් තොරතුරු ලාභී බලාපිටත්/ලාභී පියා/පියාපියාගේ මරණ ප්‍රකාශන සහතිකයේ සඳහන් කර ඇත.
The following details should be filled by the Gramasewa Niladhari

1. ග්‍රාම බලකොටු කොටසේ නම
Name of the Grama Niladhari Division

2. මිය ගිය පුද්ගලයාගේ නම
Name of the deceased person

3. මිය ගිය පුද්ගලයාගේ NIC අංකය
NIC No of the deceased person

4. ලිපිනය
Address

5. මිය ගිය පුද්ගලයාගේ වෘත්තීය
Occupation of the deceased person

6. මිය ගිය පුද්ගලයාගේ සේවාදායකයාගේ ලිපිනය සහ දුරකථන අංකය
Address and telephone number of the employer of the deceased person

7. පාලන කොටසේ 5 හිට 21 අතර පවතින ශාලාවකට පැමිණෙන ශාලාවේ ශිෂ්‍යයාගේ සංඛ්‍යාව
Number of school attending children (between age 5 to 21)

8. සැමවකුගේ නම
Name of the spouse

9. සැමවකුගේ NIC අංකය
NIC No of the spouse

10. காலமான தம்பியின் தொழிலை

தொழிலாளர் தொழில்:
Occupation of the spouse:

11. காலமான தம்பியின் பிள்ளைகளின் தொழிலாளர் தொழிலாளர் முகவரி

தொழிலாளர் முகவரி:
Address of the employer of the spouse:

12. காலமான தம்பியின் (அல்லது தம்பியின்) வேலை செய்த நாள் (அல்லது வேலை செய்த நாள்) வெளியே சென்ற தேதி

மரணமடைந்தவர் (அல்லது தம்பியின்) வேலை செய்த நாள் (அல்லது வேலை செய்த நாள்) வெளியே சென்ற தேதி:
If the deceased person (or spouse) employed (employing) overseas, date of departure for time:

13. காலமான தம்பியின் குடும்பத்தின் மாத வருமானம் ** (Ru)

மரணமடைந்தவரின் குடும்பத்தின் மாத வருமானம் ** (Ru)
Gross monthly income of the deceased person family ** (Ru)

14. காலமான தம்பியின் குடும்பத்தின் ஆண்டு வருமானம் (மாத வருமானம் * 12)

மரணமடைந்தவரின் குடும்பத்தின் ஆண்டு வருமானம் (மாத வருமானம் * 12)
Gross annual income of the deceased person family (Rs): (monthly income * 12)

15. காலமான தம்பியின் குடும்பத்தின் குறைந்த வருமான குடும்பம் ஆகும் / இல்லை

மரணமடைந்தவரின் குடும்பத்தின் குறைந்த வருமான குடும்பம் ஆகும் / இல்லை:
Is the family of the deceased person a low income family: Yes / No

16. பிற தகவல்கள் உறுதி செய்து காலமான தம்பியின் குறைந்த வருமான குடும்பம் / இல்லை

மரணமடைந்தவரின் குடும்பத்தின் குறைந்த வருமான குடும்பம் உறுதி செய்து காலமான தம்பியின் குறைந்த வருமான குடும்பம் / இல்லை:
Other data / information to confirm the low income status

17. Is the family of the deceased person "Aswasuma" beneficiary? Yes/No

காலமான தம்பியின் குடும்பத்தின் "அஸ்வசுமா" பிள்ளைகளின் குறைந்த வருமான குடும்பம் / இல்லை
மரணமடைந்தவரின் குடும்பத்தின் "அஸ்வசுமா" பிள்ளைகளின் குறைந்த வருமான குடும்பம் / இல்லை

18. Other data / information to confirm the "Aswasuma" membership:

"அஸ்வசுமா" பிள்ளைகளின் குறைந்த வருமான குடும்பம் உறுதி செய்து காலமான தம்பியின் குறைந்த வருமான குடும்பம் / இல்லை:
"அஸ்வசுமா" பிள்ளைகளின் குறைந்த வருமான குடும்பம் உறுதி செய்து காலமான தம்பியின் குறைந்த வருமான குடும்பம் / இல்லை

மேலே உள்ள விவரங்கள் உண்மையானவை மற்றும் சரியானவை என்று உறுதிப்படுத்தப்படுகிறது.

It is confirmed that the above details and information are true and correct.

குறைந்த வருமான குடும்பம்
(56 ஊராட்சி)
கிராம நிர்வாகி
(உத்தியோக முத்திரையும் கையொப்பமும்)
Grana Niladhari

குறைந்த வருமான குடும்பம்
(56 ஊராட்சி)
பிரதான செயலாளர்
(உத்தியோக முத்திரையும் கையொப்பமும்)
Divisional Secretary

தொலைபேசி எண்:
Telephone No

** காலமான தம்பியின் குடும்பத்தின் வருமானம் காலமான தம்பியின் குடும்பத்தின் வருமானம் மற்றும் காலமான தம்பியின் குடும்பத்தின் வருமானம் காலமான தம்பியின் குடும்பத்தின் வருமானம் காலமான தம்பியின் குடும்பத்தின் வருமானம்
When providing information for 13 above, income should be taken by considering income of the spouse and also the deceased person's Phase attached copies of the salary slips of each.

Suraksha Insurance Scheme - Claim Procedure

How to Submit a Claim?

STEP 01 - Completion of a claim form

Suraksha Claim form should be filled with relevant claim information to submit the claim.

Claim Form is available at:

- SLIC General - Suraksha web portal (<https://www.srilankainsurance.lk/suraksha/>)
- Ministry of Education Web Site (www.moe.gov.lk)
- Schools
- SLIC General Branches & Head Office

STEP 02 - Claim Submission

All claim documents including claim form need to be submitted through the web portal and if any further clarification, original physical document will be called.

Once the claim documents are successfully submitted to Web Portal, SMS notification with the reference number will be sent to the given mobile number.

On the top of all claim documents (ensure not to obscure any details), principal's certification is required with the following information,

- Signature
- Date
- Official seal (Principal's Seal)

Claim submission period

All Claim Documents should be submitted through web portal to SLIC General Suraksha Unit within **90 Days** from the date of occurrence.

At the end of the policy period, all outstanding claims of each year including re-submissions should be submitted **within 90 days** to SLIC General - Suraksha Unit.

STEP 03 - Settlement of Claims

Settlement of Claims is done in 02 ways as per the nature of Claim.

1. Direct Payments under CIC Claims – Approved Local Hospitals subject to prior approval from SLICGL Issuance of payment confirmation to hospital during working hours only.(8.30am to 4.00pm)
2. Reimbursement Payment –
 - Claims submitted through the web portal with completed claim documents will be scrutinized upon receipt, and the claim will be settled.
 - Upon establishment of liability, payable claim amount will be remitted to the bank account of student/parent/ legal guardian according to available information in the claim form. The cheque will be drawn in favour of the student/parent/ legal guardian name in the event of details of the student bank account not being provided and the cheque will be posted to the nearest SLIC branch will inform to the insured.
 - If E- banking payments are made the transfer will be notified via SMS.

What are the documents required for each claim type?

1) Medical Indoor (Private Hospitalization)

- A. Original Claim Form.
- B. Original Final Detailed Bill.
- C. Original Advance / deposit Payment Receipts.
- D. Original Final Payment Receipts.
- E. Other & additional benefits paid within the indoor limit, Original bills, payment receipts and prescriptions.
- F. Certified copy of Diagnosis Card with Doctor Seal.
- G. Doctor's recommendation letter for the overseas treatment.
- H. Certified copy of Bank Pass Book of Father/ Mother or Guardian.
- I. Certified copy of the Birth Certificate of the Student.
- J. In addition, SLICGL has right to the called any other information required document when necessary.

1.1 If Member Claimed any Other Insured or Company (Private Hospital)

- A. Balance Letter issued by Other insurance or Company
- B. Certified Bills & Payment Receipts from Other Insurance or Company
- C. In addition, SLICGL has right to the called any other information required document when necessary

2) Medical – Indoor (Government Hospital)

- A. Original Claim Form
- B. Certified copy of Diagnosis Card with Doctor Seal
- C. Certified copy of Clinic Book 1st page with Doctor seal, Student name & Age
- D. Original Bills, payment receipts and prescription prescribed drugs & test undergone from outside for while being and inpatient in a government Hospital
- E. Certified copy of Bank Pass Book of Father/ Mother or Guardian.
- F. Certified copy of the Birth Certificate of the Student
- G. In addition, SLICGL has right to the called any other information required document when necessary.

3) Outdoor Claims

- A. Original Claim Form
- B. Certified copy of Prescription with Doctor seal
- C. Original Bills with Paid seal issued by hospital/medical center and/or pharmacy
- D. Certified copy of Bank Pass Book of Father/ Mother or Guardian.
- E. Certified copy of the Birth Certificate of the Student
- F. In addition, SLICGL has right to the called any other information required document when necessary

3.1 Outdoor - Medical- Spectacles/ Hearing Aids / Dental Treatment

- A. Original claim form
- B. Original prescription with doctor seal issued by an eye surgeon
- C. Original prescription with doctor seal issued by an ENT surgeon

- D. Original bills & prescription issued by dental surgeon with doctor seal.
- E. Original bills with paid seal for spectacle/ hearing aids
- F. Certified copy of EYE clinic book or ENT clinic
- G. Certified copy of bank pass book of father/ mother or guardian.
- H. In addition, SLICGL has right to the called any other information required document when necessary

4) CIC Claims

4.1 Reimbursement Basis (Local & Overseas Hospital)

- A. Original Claim Form
- B. Original Final Detailed Bill
- C. Original Advance / deposit Payment Receipts
- D. Original Final Payment Receipts
- E. Certified copy of Diagnosis Card with Doctor Seal
- F. Doctor's recommendation letter for the overseas treatment
- G. Doctor's recommendation letter for treatment
- H. Certified copy of Bank Pass Book of Father/ Mother or Guardian.
- I. Other treatment records related with the illness
- J. Certified copy of the Birth Certificate of the Student
- K. In addition, SLICGL has right to the called any other information required document when necessary.

4.2 Direct Basis (Approved Local Hospitals Only)

- A. Original Claim Form.
- B. Original Advance / deposit Payment Receipts if available.
- C. Certified copy of Diagnosis Card with Doctor Seal.
- D. Documents regarding estimated cost for the surgery or illness issued by Hospital.
- E. Doctor's recommendation letter for the treatment.

- F. Certified copy of Bank Pass Book of Father/ Mother or Guardian.
- G. Other treatment records related with the illness.
- H. Certified copy of the Birth Certificate of the Student.
- I. In addition, SLICGL has right to the called any other information required document when necessary.

5) Death Claim

- A. Original Claim Form
- B. Copy of Bank Account Passbook with name and account number of Student
- C. Certified copy of the Death Certificate
- D. Certified copy of the Inquirer's certificate of death with schedule
- E. Certified copy of the Birth Certificate of the Student
- F. Certified copy of the NIC of deceased Person
- G. Conformation of Information Form filled by Gramaniladhari
- H. Certified copy of the Marriage Certificate
- I. In addition, SLICGL has right to the called any other information required document when necessary

6) Personal Accident Cover for the student

6.1 Permanent & Partial disability

- A. Original Claim Form.
- B. Certified copy of Diagnosis Card with Doctor Seal.
- C. Medical examination report for local consultant doctor with declaration of disability as a percentage.
- D. Medical treatment records.
- E. Certified copy of the Birth Certificate of the Student.
- F. Certified copy of Bank Pass Book of Father/ Mother or Guardian.
- G. In addition, SLICGL has right to the called any other information required document when necessary.

6.2 Temporary Disability

- A. Original Claim Form.
- B. Certified copy of Diagnosis Card with Doctor Seal.
- C. Medical certificate issued by hospital.
- D. Confirmation letter issued by the principle with the confirmation for the absent period for the school.
- E. Certified copy of the Birth Certificate of the Student.
- F. Certified copy of Bank Pass Book of Father/ Mother or Guardian.
- G. In addition, SLICGL has right to the called any other information required document when necessary.

Maintains of 24 hours hotline

- a. A dedicated 24 hours' hotline (in all three language) will be provided for Suraksha Inquires

Hotline: 011-2357357 , 011-7357357, 0771357357

- b. A special mini call centre will be operated on working hours (8.30 am to 4.30 pm) for convenience of Suraksha customers. The following numbers are allocated.

011-2319015, 011-2319016, 011-2319017 , 011-2319018

Complaints Handling

To express the customers view about the service of the company and complain management the following systems are setup through SLICGI

- a. Web site (www.srilankainsurance.com)
- b. Hot Line (011-2357357 , 011-7357357, 0771357357)
- c. Suraksha Complain Unit (011-2319015, 011-2319016, 011-2319017 , 011-2319018)
- d. In writing to

**Manager - Suraksha Claims
13th Floor,
SHE Claims Department,
Sri Lanka Insurance Corporation General Ltd,
No : 21, Vauxhall Street,
Colombo 02.**

e. A grievance of rejection of claims will be handled by a special committee appointed by SLICGL and MOE.

Special Notes

- Principal certification on the top of all documents (ensure not to obscure any details) are required to submit a claim through a web portal.
- If Any photocopy document (Eg. Birth certificate etc.) is required to submit for a claim, need to be certified by the principal on providing the original for verification.
- Kindly refer the attached annexures, which we do not entertain hospital, optical centers, Medical Centers under the policy.

SURAKSHA STUDENT INSURANCE COVER REGISTER OF UNDERTAKING CLAIMS

YEAR.....

PROVINCE

Sequential Number	Zone	Division	School Census Number	School Name & Address	Email Address	Number of Claim Forms						Death Entitlements	Whether benefits have been received or not		
						Medical Treatments and Hospitalization							Critical Diseases	received	Not Received
						Indoor treatments		Outside Treatments		Private	Critical Diseases				
						Government									

Issuance of these information as to be certified by the Provincial Director of Education in two occasions to the Ministry of Education as soft copies. (From 01.07.2024 to 31.12.2024 before 15.03.2025 and from 01.01.2025 to 30.06.2025 before 15.09.2025)

SURAKSHA STUDENT INSURANCE COVER REGISTER OF UNDERTAKING CLAIMS

Annexure 05

YEAR-

ZONE

Seque ntial Numb er	Division	School Censu s Numb er	School Name &Address	Email Address	Number of Claim Forms					Inacti ons	Death Entitle ments	Whether benefits have been received or not	
					Medical Treatments and Hospitalization							Critical Diseases	Not Received
					Indoor treatments		Outside Treatments		Government				
					Private	Government	Private	Government					

Issuance of these information as to be certified by the Zonal Director of Education in two occasions to the Provincial Director of Education as soft copies.
(From 01.07.2024 to 31.12.2024 before 01.03.2025 and from 01.01.2025 to 30.06.2025 before 01.09.2025)

Annexure 06

SURAKSHA STUDENT INSURANCE COVER-CLAIM UNDERTAKING REGISTER

year

Province Zone

School
Census Number
Contract Number

Serial Number	Name	Gender	Enrolment Number of the Student	Date of Birth	Under which category benefits have been applied							Parents/ Guardian's Contact Number	Certification	claim forms uploaded date to the Insurance Company	Signature of the Student and guardian as to confirm the receipt of benefits	Amount Received	Date of Receipt		
					Medical Treatments and			Death entitlements		Date/duration relevant to requesting benefits (For the the disease/death)	Amounts of Benefits requested							Low income /non low income family	
Indoor treatments		Outside Treatments		Inactions	Mother/father/Guardian of Death Cause of Death Rs.							Teacher's Name	Teacher's Signature	Signature & Date by Principal					

Issuance of these information as to be certified by the Principal in two occasions to the Zonal Director of Education as soft copies. (From 01.07.2024 to 31.12.2024 before 15.03.2025 and from 01.01.2025 to 30.06.2025 before 15.09.2025)



General Insurance and Guaranty Corporation
Certificate of Insurance

සිසු/සිසුවියේ නම
Name of the Student



අප සඳහා 24 ආයුර් කාලය තුළ සෑම විටම සහන
දීමේ කාර්යයක් ඉටුකර, අප සඳහා 24 ආයුර් කාලය
තුළුකාරීව සේවය කිරීමට සූදානම්ව සිටිමුණි.
Call our 24-hour HOTLINE in the event of an accident

පොලිසි අංකය
Policy No:
අනුමැතියක් ලෙස
} 47010999200724



General Insurance Corporation Limited
15, Victoria Road, Colombo 03, Sri Lanka
Tel: 011 2357357, 011 2357358, 011 2357359

රක්ෂණ විස්තර
Insurance Cover Details

1. සෞඛ්‍ය රක්ෂණවලට
සෞඛ්‍ය සහතික/Health Insurance Cover

- සාමාන්‍ය ප්‍රධාන ප්‍රතිකර්ම (හෝස්පිටල්) රු. } 300,000/-
- රජයේ සේවකයන් සඳහා (හෝස්පිටල්) රු.
- Hospital Benefits (Government/Private) Rs.
- විශේෂ ප්‍රතිකර්ම ප්‍රතිලාභ රු. } 20,000/-
- විශේෂ වෛද්‍ය සේවාවන් සඳහා වැයවනු ලබන මුදල රු.
- Special Outpatient Benefits Rs.
- අනතුරු සමය ප්‍රතිලාභ රු. } 1,500,000/-
- අධික වැය වෛද්‍ය සේවාවන් සඳහා රු.
- Critical Illness Cover/Rs.

2. පුද්ගල රක්ෂණවලට
විද්‍යමාන සහතික/Personal Accidental Cover

- පූර්ණ සමහරුම් සහතිකයක් සඳහා රු. } 200,000/-
- මූලික සහතිකයක් සඳහා රු.
- Total Permanent Disability Rs.
- අර්ධමාත්‍රයේ සහතිකයක් සඳහා රු. } 150,000/-
- මූලික සහතිකයක් සඳහා රු.
- Partial Permanent Disability Rs.
- සමහරුම් සහතිකයක් සඳහා රු. } 25,000/- + 100,000/-
- අර්ධමාත්‍රයේ සහතිකයක් සඳහා රු.
- Temporary Disability Rs.

3. ජීවන රක්ෂණවලට
ජීවන සහතික/Life Insurance Cover

- සමහරුම් සහතිකයක් සඳහා රු. } 75,000/-
- මූලික සහතිකයක් සඳහා රු.
- Parental Death Benefits (for persons below poverty line) Rs.

ඉහත විස්තර සඳහා පමණක් අපගේ සේවය සීමා කිරීමට අපට හැකි විය හැකිය. ඉහත විස්තර සඳහා පමණක් අපගේ සේවය සීමා කිරීමට අපට හැකි විය හැකිය.
Above details will be paid as per the terms & conditions of the policy.



ප්‍රතිලාභ වර්ගීකරණය 5.3 සඳහා ආයුර්වේද ලියාපදිංචි රෝහල් නාම ලේඛනය

අංකය	රෝහල	ආයතනයේ නම	ආයතනයේ ලිපිනය	දිස්ත්‍රික්කය	ලියාපදිංචි වලංගු කාලය
1	6-3/3/2	ඔසෝමා ආයුර්වේද රෝහල	470/1, පිළියන්දල පාර, මහරගම	කොළඹ	2020.01.01 2020.12.31
2	6-3/3/3	සිසුනි ආයුර්වේද රෝහල	බුක්කුම්බ පාර, කොළඹ 5	කොළඹ	2020.03.21 2020.03.20
3	6-3/3/4	පිද්ධාලේප ආයුර්වේද රෝහල	අංක 106 ඒ, වෙමලේ පාර, මල්කිස්ස	කොළඹ	2020.01.01 2020.12.31
4	6-3/3/5	පිලිපීය ආයුර්වේද රෝහල	නො. 127, කැස්බෑව, පිළියන්දල	කොළඹ	2020.01.25 2021.01.24
5	6-3/3/12	මහන ආයුර්වේද රෝහල	නීලමහර පන්සල පාර, කටුපාටල, බොරැස්මුදුම්	කොළඹ	2019.03.22 2020.03.21
6	6-3/3/16	ආයුර්වේද පැරණි රෝහල	තැපෙ 01, 80615, තල්මේ	භාලල	2020.01.01 2020.12.31
7	6-3/3/45	ආයුර්වේද ලංකා හොස්පිටල්	162/19, වතුරේමම, අඟුන්ගල්ල	භාලල	2019.01.01 2019.12.31
8	6-3/3/54	රාජසේකර ආයුර්වේද පොද්ගික රෝහල	107/1, ගොරකදෙණිය, උඩකුත්තියිපිටිය	මම්පහ	2019.01.01 2019.12.31
9	6-3/3/56	හොපිටල් පාරම්පරික කැපුම් බිදුම් හෙළ වෙද මෙදර	හොර්විල, පලුගස්වැව	අනුරාධපුරය	2018.08.28 2019.08.27
10	6-3/3/65	මහවෙදගේ ආයුර්වේද පුද්ගලික රෝහල	කොළඹ පාර, පුටුකපිටිය, අච්ඡානවෙල්ල	කොළඹ	2019.01.01 2019.12.31
11	6-3/3/68	සාවණ අසුම් ලේනිය වෛද්‍ය මධ්‍යස්ථානය හා වෛද්‍යලික රෝහල	අංක 82/2, දුම්පලපොළ පාර, කදාන	කොළඹ	2020.01.01 2020.12.31
12	6-3/3/69	පවිත්‍රි ජයවික්‍රම ආයුර්වේද රෝහල	1/17, යම්මල්ලුව, පොල්ගහවෙල	කුරුඹුගල	2020.01.01 2020.12.31
13	6-3/3/73	ආයුර්වේද පුද්ගලික සමාගම	18/3, ලේබොක්ක, කොස්ගොඩ	භාලල	2019.01.01 2019.12.31

Annexure II

**SRI LANKA INSURANCE CORPORATION GENERAL LIMITED
 APPROVED HOSPITALS FOR CRITICAL ILLNESS DIRECT PAYMENTS OF
 SURAKSHA INSURANCE POLICY**

As at: 22/07/2024

Ref	Hospital Name	Contact No
Badulla District		
1	Central Hospital Badulla	055-4928 575
Colombo District		
2	Lanka Hospitals (Pvt)Ltd Co.5	011-4530 000
3	The Central Hospital Col.10 (Asha)	011-4660 000
4	Asiri Hospitals - Colombo 05	011-4523 300
5	Asiri Surgical - Colombo 05	011-4524 400
6	Durdans Hospital Colombo 03 (Card is not entertained for Heart Centre)	011-2140 000
7	Jeewaka Hospital Padukka	011-2859 157
8	Medical Center Ltd Dehiwela	011-2717 979
9	Winsetha Hospital (Former Medicare Hospital) - Colombo 10	011-2667 297
10	Nawaloka Hospital Colombo 02	011-5577 111
11	New Delmon Hospital-Colombo 06	011-2558 800
12	Kings Hospital Colombo	0117 743 743
13	Pannipitiya Nursing Home	011-2840 384
14	Melsta Hospital - Col 7	011-2556 338
15	Panadura Nursing Home	038-2236 300
16	Sri Jayewardenapura Gen. Hos	011-2778 610-12
17	Ninewells Care Hospital (Pvt) Ltd.	011-4520 999
18	Golden Key EENT Hospital	011-2880 288
19	Hemas Capital Hospitals (Pvt) Ltd., Thalawathugoda	011-7-888 888
20	Venus Hospital Avissawella	362222096
21	Dr. Neville Fernando Teaching Hospital -Malabe	
22	Vasan Healthcare Lanka (Private) Limited Colombo 3	
Galle District		
23	Co-oprative Hospital Galle	091-2224424
24	Ruhunu Hospital-Karapitiya - (Galle)	091-2234 059
25	Asiri Hospital-Galle	091-4640640
26	Queensbury Hospital (Pvt) Ltd Galle	
Gampaha District		
26	Leesons Hospital - Ragama	011-2961 300
27	Ave Maria Hospital-Negombo	031-2232 670/031-2222974
28	Hemas Hospital Ltd.Wattala	011-7-888 888
29	Arogya Hospital Ltd -Gampaha	033-2224 592
30	Gampaha Co-operative Hospital - Gampaha	033-2227 574
31	Sethma Hospital-Gampaha	0335- 626 628
32	Nawaloka Hospital Negambo	315-577 111
33	Melsta Hospital -Ragama	011 5100 000
Kalutara District		
34	New Philip Hospitals Kalutara	034-2222 886/ 034-2222 888
35	MDK Healthcare Centre & Hospital (Pvt) Ltd	034 7 88 88 88
36	Medihelp Hospital (Pvt) Ltd	034 2261999 / 034 2261115
Kandy District		
36	Kandy Nursing Homes Ltd Kandy	081-2222 041
37	Lake Side Hospitals Kandy	081-2223 466
38	Suwa Sewana Hospital Kandy	081-2236 404
39	Kandy Private Hospital	081-2234 338
40	Asiri Hospital Kandy	0814 528 800
Kegalle District		
41	Osro Hospital Kegalle	035-2222 304
42	Osro Hospital Mawanella	035-2246 125

42	Cooprative Hospital- Kurunegala	037-2222 464
43	Seth Sewana Hospital -Kurunegala	037-2232 365
44	Nawinne Hospital -Kurunegala	037-2223 111
45	Miracle Hospital -Kurunegala	037-7390 350
46	Siyasi Hospitals (Pvt) Ltd-Kuliyapitiya.	372283812
47	Asiri Hospital Matara (Pvt) Ltd -Matara- Uyanwatta	041-4390 900/041-2223180
48	Asiri Hospital Matara (Pvt) Ltd -Matara-Galle Road	
49	Singhe Hospital Limited - Ratnapura	045-2232232
Unapproved Hospitals, Clinics, Outlets and Pharmacies		
1	Borella Pvt Hospital	
2	Kolonnawa Nursing Home	
3	Nugegoda Nursing Home	
4	Horana Pvt Hospital	
5	Navodya Hospital - Embilipitiya	
6	Wish Fertility & IVF Clinic Udahamulla , Nugegoda	
7	Osteo Clinic ,No. 531/1, Athurugiriya Road Malabe	
8	Medi Master (PVT) LTD, No. 531/1A, Athurugiriya Road Malabe	
9	Sirinimaa Private Nursing Home(Pvt)Ltd,No. 52/1,Main st,Ruwanwella	
10	Thirasara Medical Center,Makandura, Gonawila	
Unapproved Pharmacy		
1	NEW LANKA MEDICARE (PVT) LTD, NO:679,Arpico Super Center,Peradeniya Road,Kandy	

UNAPPROVED OPTICIANS/EYE CLINICS

Name of Opticians/Eye Clinics	Address & Telephone No.	Optician / Doctor
Neth Roo Opticians	535, Lake Road, Boralessgamuwa	P A Eddie Perera (Reg No. W J 8742)
Vision Power Opticians	199, Kesbewa Road, Boralessgamuwa	P A Eddie Perera (Reg No. W J 6366)
The Kandy Eye Clinic & Opiometric Clinic (Pvt) Ltd.	26, Kumara Veediya, Kandy	Dr.A.B. Abeysinghe
Super Vision Optical Suwa Sevana Medical Center	9th, Mile Post Junction, Wauda, Kurunagala	
S A Vision Opticals	27/132, Nahena Hunupitiya, Wattala	
Sunil Athukorala Opticals	Borella United Plaza Baseline Road Borella	
Uda Lahiru Optians	361/!, New Kandy Road Delgoda	
Nuwan Opticals	No. 662/6 V, Himubutuwegoda, Kelaniya & 54/25A, 1st Lane, Mathi Nivasa, Himubutuwegoda, Kelaniya	Mr Jayalath Sududewa (Optician)
Cabraal Opticians	No. 05, Sri Wickrama Mawatha, Wattala.	
EYE CLINIC	No. 76A, Dehiwala Road, Maharagama	
Techno vision	No.15. Rajapaksha building, court road, mawanella	
Vision Master	183/B, minuwangoda road, Ekala , ja ela	
L.N.A. Opticals	Opp. Commercial Bank, Minuwangoda	
Carvalho Opticals	67, 1st Floor, Bus Stand Complex, Vauniya	
Carvallo Opticals	Kotahena.	
Dr.Hudson De Silva Eye Hospital Sri Lanka Eye Donation Society	Vidya Mawatha, Colombo 07.	
Crystal Vision Optical Services	No 378/8, Umagaliya Place, Kelaniya	
Lens Care Optical	No 41, Kadawatha Road, Ragama.	
Eye Vision Optical,	No 90/1, Prince Street, Colombo 11 (Near old Museum)	
Eye Style Optometrists,	Hiribumbura Cross Road, Karapitiya	
Liyanage Optical	No 80A, Malwattha Road, Asgiriya, Gampaha.	
Nethsara Optical Center	No 30/06 , National Savings Bank, Ragama	