BFSI
BFSI Sector Skill Council of India
"An Initiative of NSDC"

Facilitator Guide

Sector	
BFSI	**Insurance Agent**

Sub-Sector
Fund Investment & Services

Occupation
Independent Financial Advisory and Agency

Reference ID: BSC/Q3801, Version 5.0
NSQF level: 3.5

> **"** Skill development of the new generation is a national need and is the foundation of Aatmnirbhar Bharat **"**

Shri Narendra Modi
Prime Minister of India

Acknowledgements

About this Guide

The Facilitator Guide for Insurance Agent has been developed to guide the trainers on how to impart training on banking related skills. The goal is to prepare industry-ready Insurance Agent by making them undergo Practical/Lab activity sessions. The Facilitator Guide is aligned to the Qualification Pack (QP) and the National Occupational Standards (NOS) drafted by the 'The Banking, Financial Services & Insurance (BFSI) Sector Skill Council of India' and ratified by National Skill Development Corporation.

It includes the following National Occupational Standards (NOS):

1. BSC/N3812: Identify and Approach Potential Clients for Insurance Sales
2. BSC/N3813: Recommend and Process Insurance Policies
3. BSC/N3814: Manage premium collection and policy servicing
4. BSC/N3815: Assist Clients with Insurance Claims and Documentation
5. DGT/VSQ/N0102: Employability Skills (60 Hours)
6. BSC/N3826: Process Life Insurance
7. BSC/N3827: Process General Insurance
8. BSC/N3828: Process Home, Travel, Accident, and Property Insurance
9. BSC/N3829: Manage Health Insurance Policies

Post this training, the participant will be able to perform tasks as an Insurance Agent. We hope that this Facilitator guide provides sound learning support to the aspiring trainers and the trainees.

Symbols Used

Ask	Explain	Elaborate	Notes	Objectives	Do
Demonstrate	Activity	Team Activity	Facilitation Notes	Practical	Say
Resources	Example	Summary	Role Play	Learning Outcomes	

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Employability Skills is available at the following location :

https://www.skillindiadigital.gov.in/content/list

Scan the QR code below to access the ebook

1. Introduction to the Banking Sector and the Job Role of Insurance Agent

Unit 1.1 - Overview of Skill India Mission and the Banking Industry

Unit 1.2 - Role of an Insurance Agent and Career Opportunities in BFSI

Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Discuss the objectives and benefits of the Skill India Mission
2. Describe the scope of Banking Industry and its sub-sectors
3. Discuss job role and opportunities for an Insurance Agent
4. List the basic terminologies used in the banking services
5. Discuss the career progression of a Microfinance Executive in the BFSI Industry.

Unit 1.1: Overview of Skill India Mission and the Banking Industry

Unit Objectives

By the end of this unit, the participants will be able to:

1. Explain the objectives and benefits of the Skill India Mission.
2. Describe the structure and scope of the Banking Industry.
3. Identify the major sub-sectors within the BFSI ecosystem.
4. Classify different financial services relevant to insurance and banking.
5. Interpret basic banking and financial terminologies.
6. Summarise the importance of skill development for entry-level BFSI roles.

Resources to be Used

Participant handbook, notepad and pen, whiteboard and markers, presentation slides, an overhead projector or large screen, a computer or laptop with internet connection, and optionally, short videos or infographics explaining the Skill India Mission, charts showing the structure of the BFSI sector, and sample bank documents like passbooks, cheques, and account forms.

Do

- Greet participants warmly and introduce yourself by mentioning your experience in the skill development and BFSI sector.
- Clearly state the unit objectives and explain what participants will learn in this session.
- Ensure all participants have their participant handbook, notepad, and pen ready.
- Test the projector and slides before beginning the session.
- Arrange seating for group interaction and clear visibility of visuals.
- Invite participants to share their understanding of the Skill India Mission or any banking experience.
- Inform participants that the session will include discussions, group work, and roleplay activities.
- Encourage participants to connect concepts with real-life examples from rural areas or community experiences.
- Use visuals and examples of banks and financial institutions they might know (e.g., SBI, Post Office, cooperative banks).
- Conclude the session by summarising the importance of skills for BFSI jobs and motivating them to explore related career paths.

Say

- Welcome to today's session on Overview of Skill India Mission and the Banking Industry.
- By the end of this session, you will understand how the Skill India Mission supports employment opportunities and skill development in India.
- You will also learn about the structure of the banking industry, its main sub-sectors, and different financial services.
- We will discuss key banking and financial terms that are commonly used in the BFSI sector.
- This session will help you understand how skill development opens pathways for jobs in banking, finance, and insurance.

Ask

- Have you ever heard about the Skill India Mission? What do you think it aims to do?
- What comes to your mind when you hear the word "bank"?
- How do banks help people in villages or small towns?
- What are some financial services that people commonly use?
- Why do you think learning new skills is important for working in banks or financial institutions?

Activity

1. **Name of the Activity:** Skills and Savings
2. **Objective:** To help participants relate skill development and financial awareness with their daily life experiences.
3. **Type of activity:** Group activity
4. **Resources:** Participant handbook, notepad, pen, whiteboard, markers, and sample pictures of banks or training centres.
5. **Duration of the activity:** 15 minutes
6. **Instructions:**
   - Ask participants to introduce themselves by sharing their name and one skill they have learned recently (e.g., tailoring, using a smartphone, or managing savings).
   - Invite them to share if they or their family members have ever used banking services such as savings accounts, UPI, or loans.
   - Divide participants into small groups and ask each group to discuss how skill training and banking support each other in improving livelihoods.
   - Write their key points on the whiteboard — for example, "skills help in earning" and "banks help in saving and growing money."
   - Conclude by explaining that Skill India Mission and the BFSI sector work together to improve employment and financial empowerment.
7. **Outcome:** Participants feel comfortable, relate skill development to real-life financial experiences, and understand the link between skills, jobs, and the banking system.

Elaborate

- The Skill India Mission, launched by the Government of India, aims to train youth in various skills to make them employable and self-reliant.
- It includes programmes like PMKVY (Pradhan Mantri Kaushal Vikas Yojana) and focuses on both rural and urban youth.
- The Banking Industry forms a major part of the BFSI (Banking, Financial Services, and Insurance) ecosystem.
- It includes commercial banks, cooperative banks, regional rural banks, and payment banks that serve different sections of society.
- Financial services include banking, insurance, microfinance, investment, and digital payment systems.
- The BFSI sector offers a wide range of entry-level roles such as customer service representative, insurance advisor, or microfinance assistant.
- Skill development ensures that individuals have the knowledge and confidence to perform such jobs effectively.
- The combination of skill training and financial awareness promotes inclusive growth and reduces unemployment.
- Skill India's focus on BFSI training helps create professionals who can work in both organised and rural financial setups.
- This unit lays the foundation for understanding the opportunities available in the BFSI sector.

Explain

- The Skill India Mission aims to train over 40 crore people in India to improve employability and self-employment.
- Its key benefit is that it bridges the gap between education and job requirements through practical training.
- The Banking Industry is the backbone of the Indian economy — it provides credit, savings, and other financial services.
- The BFSI sector includes three major sub-sectors: Banking, Financial Services, and Insurance.
- Financial services cover credit cards, investments, pension funds, mutual funds, and digital finance.
- Common banking terms include account holder, savings, deposit, interest, loan, and collateral.
- The sector creates lakhs of jobs for youth trained in communication, customer handling, and digital skills.
- The Skill India Mission plays a vital role in preparing job-ready youth for BFSI roles through structured training.
- Skill-based roles reduce dependency on formal degrees and focus on hands-on learning.
- Together, these initiatives contribute to economic empowerment and financial inclusion.

Demonstrate

Participants will be shown short videos or slides explaining how the Skill India Mission operates — including success stories of trained youth working in banks or financial institutions. The facilitator can display simple diagrams of the BFSI ecosystem showing banks, insurance companies, and financial service providers. Participants will identify basic banking documents (passbooks, cheques, forms) and learn about their purposes.

Activity

1. **Name of the Roleplay:** Connecting Skills to Banking Careers
2. **Objective of the Roleplay:** To help participants understand how skill training prepares individuals for roles in the BFSI sector.
3. **Resources:** Participant handbook, pen, sample bank forms, printed Skill India Mission poster, or training certificate examples.
4. **Time Duration:** 20 minutes
5. **Instructions:**
   - Divide participants into groups of three — assign roles such as trainer, student, and bank recruiter.
   - The "trainer" explains the Skill India Mission and its benefits to the "student."
   - The "student" then meets the "bank recruiter" to discuss job opportunities in the BFSI sector.
   - Encourage natural conversations focusing on skills, training, and employability.
   - Conclude with a discussion on how skill development increases confidence and job readiness.
6. **Outcome:** Participants understand the connection between skill development and employment in the banking and financial services sector.

Notes for Facilitation

- Keep the session interactive using visuals and examples from the Indian banking system.
- Relate every concept to local examples — like Jan Dhan Yojana or digital payments in rural areas.
- Encourage participants to share community experiences about training or banking.
- Maintain a simple pace and check understanding frequently.
- Summarise after each section, especially after the Ice Breaker and Roleplay, to reinforce learning outcomes.
- End the session by linking Skill India's objectives to real job opportunities in the BFSI sector.

Unit 1.2: Role of an Insurance Agent and Career Opportunities in BFSI

Unit Objectives

By the end of this unit, the participants will be able to:

1. Describe the job role, duties and responsibilities of an Insurance Agent.
2. Explain the opportunities available for Insurance Agents in the BFSI sector.
3. Discuss the essential skills and competencies required for an Insurance Agent.
4. Outline common terminologies used in insurance and related financial services.
5. Analyse the career progression pathways for an Insurance Agent in the BFSI industry.
6. Compare entry-level and advanced opportunities in the Fund Investment and Services sub-sector.

Resources to be Used

Participant handbook, notepad and pen, whiteboard and markers, presentation slides, an overhead projector or large screen, a computer or laptop with an internet connection, and optionally, sample insurance forms (proposal form, claim form, policy document), brochures of insurance products, calculators, and short videos showing an Insurance Agent's daily work or client interaction.

Do

- Greet participants warmly and introduce yourself by sharing your background or experience in the BFSI or insurance industry.
- Clearly state the unit objectives and explain what participants will learn in this session.
- Ensure everyone has their participant handbook, notepad, and pen ready.
- Check that the whiteboard, laptop, and projector are working properly.
- Arrange seating to allow visibility of slides and easy interaction during discussions.
- Invite participants to share if they or their family members have ever bought an insurance policy or interacted with an Insurance Agent.
- Inform participants that the session will include discussions, role-plays, demonstrations, and group activities.
- Maintain an engaging and interactive pace by linking examples with real-life insurance experiences.
- Encourage participants to share examples from local areas where insurance services are offered.
- Conclude the session by summarising the importance of the Insurance Agent's role and motivating participants to consider career opportunities in the BFSI sector.

Say

- Welcome to today's session on Role of an Insurance Agent and Career Opportunities in BFSI.
- By the end of this session, you will understand who an Insurance Agent is, what they do, and how their work contributes to the growth of the BFSI (Banking, Financial Services, and Insurance) sector.
- We will learn about the duties, responsibilities, and required skills for this job role.
- You will also explore different opportunities available in the insurance and fund investment sectors.
- This session will help you see how becoming an Insurance Agent can be a stepping stone to a rewarding and respected career in financial services.

Ask

- What comes to your mind when you hear the word "insurance"?
- Have you or your family ever purchased an insurance policy? What kind?
- What do you think an Insurance Agent does every day?
- Why is trust important in the relationship between an agent and a client?
- What career growth opportunities do you think exist for someone starting as an Insurance Agent?

Elaborate

- An Insurance Agent is a professional who sells and services insurance policies to protect people from financial risks.
- The main duties include identifying potential clients, understanding their needs, recommending suitable insurance products, and assisting with policy purchase and claims.
- Insurance Agents act as a bridge between the insurance company and the client, ensuring smooth service and communication.
- They must understand different insurance types such as life, health, motor, and general insurance.
- The BFSI sector offers many opportunities for Insurance Agents in private, public, and rural areas.
- Essential skills include communication, trust-building, negotiation, and product knowledge.
- Career progression can lead from Insurance Agent → Team Leader → Branch Manager → Regional Manager → Training/Advisory Roles.
- Common insurance terms include premium, policyholder, sum assured, claim, maturity, and nominee.
- In the Fund Investment and Services sub-sector, agents can grow into roles like Investment Advisor or Mutual Fund Distributor.
- This job offers flexible working hours, high earning potential through commissions, and long-term career stability.

Explain

- Insurance is a financial tool that helps individuals and families manage risks like illness, accidents, or loss.
- The Insurance Agent's role is to educate clients, provide financial security, and guide them in choosing the right policy.
- Responsibilities include prospecting clients, conducting need analysis, explaining policy features, and ensuring timely premium payments.
- Trust, communication, and ethical conduct are key to success in this role.
- Basic insurance terminologies such as policy term, coverage, premium, claim settlement, and underwriting should be clearly understood.
- Agents work closely with banks, insurance companies, and other financial institutions in the BFSI ecosystem.
- Entry-level agents can start as individual advisors or company representatives.
- With experience and training, they can advance into managerial or investment roles.
- The Fund Investment sub-sector provides opportunities in mutual funds, pension schemes, and wealth management.
- Skill-based learning under initiatives like Skill India helps new entrants gain practical knowledge and career mobility in BFSI.

Demonstrate

Participants will observe short videos or slides showing an Insurance Agent meeting clients, explaining products, and handling claims. They will review sample policy documents to identify key sections like policy number, coverage, and premium details. The facilitator may use examples of life and health insurance plans to demonstrate how agents match products to client needs and explain benefits clearly.

Activity

1. **Name of the Roleplay:** Advising a Client on Health Insurance
2. **Objective of the Roleplay:** To help participants practice client communication and understand the consultative role of an Insurance Agent.
3. **Resources:** Participant handbook, pen, sample policy brochures, and printed forms.
4. **Time Duration:** 20 minutes
5. **Instructions:**
   - Create a simple scenario where one participant acts as an Insurance Agent and another as a client looking for health insurance.
   - The agent will ask questions about the client's family, health needs, and budget.
   - Based on responses, the agent will suggest a suitable plan and explain its benefits in simple terms.
   - After the roleplay, discuss what went well and how the communication could be improved.
   - Summarise by linking the activity to real-world selling skills and ethical practices.
6. **Outcome:** Participants will understand how to build client relationships, assess needs, and recommend appropriate insurance products effectively.

Notes for Facilitation

- Use real-life examples of local or well-known insurance schemes like PMJJBY (Pradhan Mantri Jeevan Jyoti Bima Yojana) and PMFBY (Pradhan Mantri Fasal Bima Yojana).
- Keep the session practical with visuals, forms, and videos.
- Relate each topic to everyday financial needs like health, education, or agriculture insurance.
- Encourage participants to share their community experiences with insurance or financial agents.
- Maintain a friendly and motivating tone to build confidence among learners.
- Summarise after each section, especially after the roleplay, to reinforce the unit objectives.
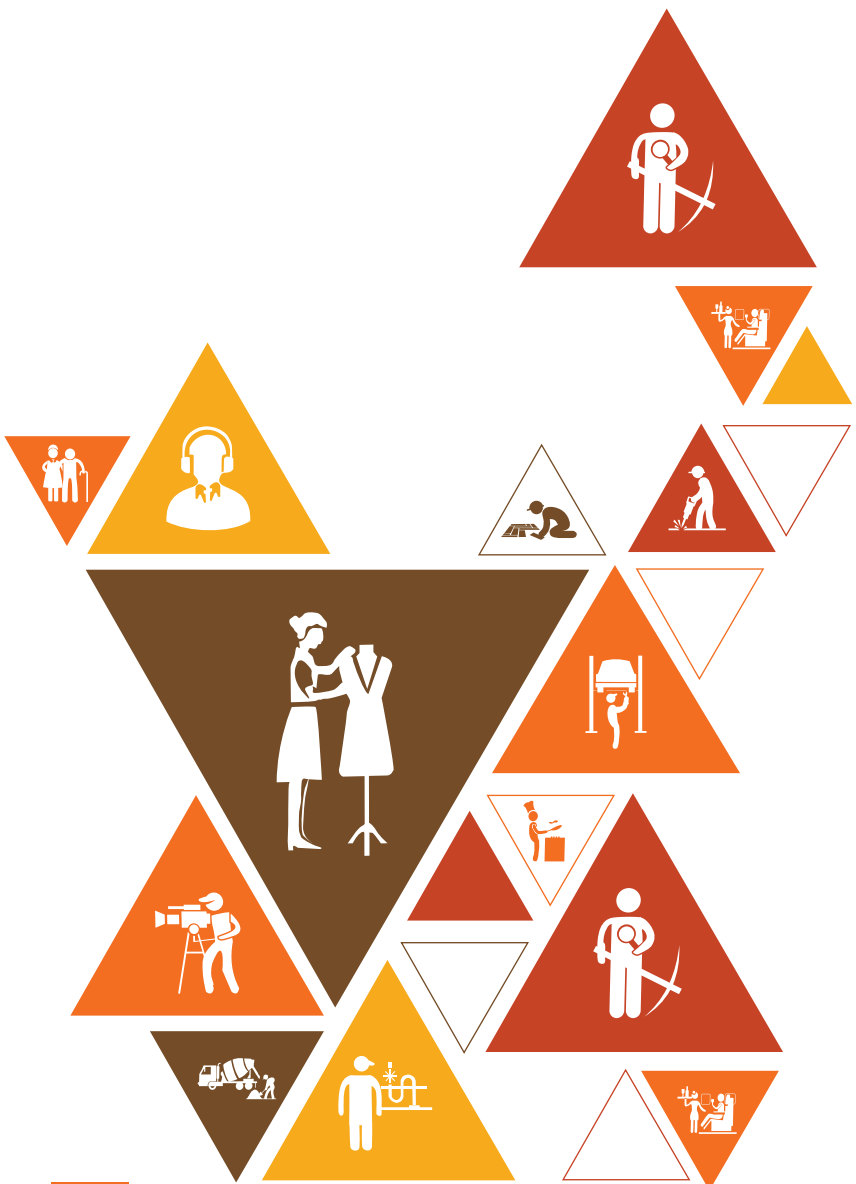
Answers to Exercises for PHB

Multiple Choice Questions:

1. b. Enhance employability and develop skilled professionals
2. b. Personal savings account
3. b. Manager – Financial Advisory
4. b. To receive policy benefits in case of the policyholder's death
5. b. Non-Banking Financial Services (NBFCs)

Descriptive Questions:

1. Refer to Unit 1.2: Role of an Insurance Agent and Career Opportunities in BFSI
    Topic 1.2.1 Introduction to the Insurance Agent Role
2. Refer to Unit 1.2: Role of an Insurance Agent and Career Opportunities in BFSI
    Topic 1.2.2 Essential Skills and Competencies
3. Refer to Unit 1.2: Role of an Insurance Agent and Career Opportunities in BFSI
    Topic 1.2.3 Common Insurance and Financial Terminologies
4. Refer to Unit 1.2: Role of an Insurance Agent and Career Opportunities in BFSI
    Topic 1.2.5 Career Progression Pathways in Insurance
5. Refer to Unit 1.2: Role of an Insurance Agent and Career Opportunities in BFSI
    Topic 1.2.6 Growth Opportunities in Fund Investment and Services Sub-sector

2. Identify and Approach Potential Clients for Insurance Sales

Unit 2.1 - Identifying Potential Clients and Generating Leads

Unit 2.2 - Client Needs Analysis and Insurance Consultation

Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Explain the role of market research in identifying potential insurance clients using demographics and financial needs.

2. Describe various channels for generating insurance leads, including referrals, online platforms, and social networking.

3. Illustrate the value of networking events, business meets, and social gatherings for client acquisition.

4. Outline strategies to obtain referrals from existing clients and communicate associated incentives.

5. Classify elements of a structured prospect database, including contact details, financial status, and client interests.

6. Analyse market trends, competitor offerings, and underserved customer segments to identify opportunities.

7. Conduct a client needs analysis considering personal, financial, and risk factors.

8. Compare different types of insurance policies and interpret technical aspects such as premiums, exclusions, and claims.

9. Assess coverage gaps and recommend suitable insurance products to address client needs.

10. Summarise consultation records, handle client objections, and maintain documentation for relationship management.

Unit 2.1: Identifying Potential Clients and Generating Leads

Unit Objectives

By the end of this unit, the participants will be able to:

1. Explain the importance of market research in identifying target insurance clients.
2. Describe various lead generation channels, including referrals, online platforms, and social media.
3. Illustrate the role of networking events, business meets, and social gatherings in client acquisition.
4. Outline strategies for obtaining referrals from existing clients and offering incentives.
5. Classify elements of a structured prospect database, including contact information, financial status, and client interests.
6. Analyse market trends, competitor offerings, and underserved segments to identify opportunities.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample client data sheets, referral templates, lead tracking forms, examples of online lead generation tools (social media screenshots, CRM dashboards), and short videos showing real-life insurance marketing or client interaction scenarios.

Do

- Greet participants and introduce the unit by linking client identification and lead generation to real-life sales and marketing in the insurance industry.
- Clearly state the unit objectives so participants understand the importance of finding and engaging the right clients.
- Ensure all participants have their handbook, notepad, and pen ready for note-taking and exercises.
- Check the projector, laptop, and whiteboard setup before starting.
- Arrange seating to ensure everyone can see the screen and participate in discussions comfortably.
- Explain that the session will include examples, demonstrations, and small group activities on identifying leads and networking.
- Relate lead generation concepts to familiar experiences such as recommending services, word-of-mouth marketing, or local business promotions.
- Encourage participants to share how they or their family members have been approached by insurance agents or sales representatives.
- Keep participants engaged by asking reflective questions after each topic, such as "How would you find potential clients in your area?"
- End the session with a summary of lead generation strategies and how they help agents build a strong client base.

Say 💬

- Welcome to this session on Identifying Potential Clients and Generating Leads.
- In this unit, we will learn how insurance agents find, approach, and build relationships with potential clients.
- We will explore how to use different channels like referrals, online platforms, and networking events for generating leads.
- You will also understand how to maintain a structured prospect database for tracking client information and interests.
- By the end of this session, you will be able to plan your own client acquisition strategy using both traditional and digital methods.

Ask 💬

- What does the term "lead generation" mean to you?
- How do you think insurance agents find new clients?
- Have you ever been contacted by an agent through a phone call, message, or social media?
- What are some places or situations where agents can meet potential clients?
- Why do you think referrals are a powerful way to generate new leads?
- How can an agent keep track of different prospects and their interests?
- What role do you think social media plays in finding and connecting with customers today?
- Why is market research important before approaching new clients?

Elaborate ⚙️

- Market research helps agents understand who their target clients are, what they need, and where to find them.
- It involves analysing factors such as age, occupation, income, and lifestyle to match clients with suitable insurance products.
- Lead generation channels include referrals, local business tie-ups, community events, online ads, and social media platforms.
- Building strong networks through social gatherings, business meets, and local functions helps create trust and new opportunities.
- Referral strategies motivate existing clients to recommend new customers by offering incentives or appreciation rewards.
- Maintaining a prospect database helps agents record key client details such as name, contact, financial background, and product interest.
- Tracking and updating client data regularly helps personalise future interactions and improve conversion rates.
- Analysing market trends and competitor offerings helps identify gaps and underserved areas, opening up new market opportunities.
- Agents can use online tools, CRM systems, and Excel sheets to manage leads and follow-ups effectively.
- A structured approach to client identification and lead generation ensures consistent sales growth and long-term success in the BFSI sector.

Explain

- Lead generation is the first and most crucial step in the sales process — it begins with identifying people who might need insurance.
- Market research provides valuable insights into customer preferences, financial habits, and regional trends.
- Referrals from existing clients build credibility and trust, as people are more likely to buy from recommended agents.
- Networking at business events, fairs, or local associations helps agents connect with potential clients in person.
- Online channels like Facebook, LinkedIn, and WhatsApp are cost-effective platforms for reaching larger audiences.
- Maintaining a prospect database allows agents to prioritise leads based on potential and readiness to buy.
- Elements of a database include contact details, age group, family background, financial status, and policy interests.
- Market trend analysis involves studying competitor products, pricing, and customer feedback to identify unique selling opportunities.
- Successful agents combine personal networking with digital marketing to expand their client base.
- Lead generation not only boosts business but also strengthens customer relationships and long-term career growth.

Demonstrate

The facilitator will demonstrate how to build a simple prospect database using a spreadsheet or CRM tool. Participants will observe how to enter client details, categorise leads (hot, warm, cold), and update contact information. A short video or slide deck will show examples of real-life agents using referrals, social media, and events for lead generation. Participants will also see how to analyse market data and competitor offerings to identify untapped customer segments.

Activity

1. **Name of the Activity:** Finding the Right Clients
2. **Objective of the activity:** To help participants identify potential clients and practice creating a simple lead list.
3. **Resources:** Participant handbook, sample lead sheet, pen, whiteboard, and sample data sets (client profiles).
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into small groups of 4–5 members.
   - Give each group sample client profiles with details like age, income, occupation, and interests.
   - Ask them to identify which clients are most likely to purchase insurance products and why.

- Groups will then create a mini lead list with 5–7 potential clients and classify them as hot, warm, or cold leads.
- Each group will present their findings and explain their selection strategy.

6. **Outcome:** Participants will learn how to identify target clients, classify leads, and develop a basic plan for lead generation using simple data analysis.

Notes for Facilitation

- Use local and relatable examples, such as identifying potential clients from village cooperatives, SHGs, or small business communities.
- Show visuals of sample lead forms, referral cards, and CRM screenshots.
- Encourage participants to share how they currently find clients or promote products.
- Maintain a practical and participatory pace — discuss first, then demonstrate.
- Reinforce each topic by summarising and connecting it to real BFSI job roles.
- End with a recap linking lead generation skills to career success as an insurance or financial advisor.

Unit 2.2: Client Needs Analysis and Insurance Consultation

Unit Objectives

By the end of this unit, the participants will be able to:

1. Conduct a client's insurance needs analysis based on personal, financial, and risk factors.
2. Compare different types of insurance policies and interpret their technical aspects such as exclusions, premiums, and claims.
3. Assess coverage gaps and recommend suitable insurance products to address client needs.
4. Summarise consultation records, handle client objections, and maintain accurate documentation for follow-up and relationship management.
5. Demonstrate effective communication of policy features, limitations, and claim procedures to clients.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample insurance policy documents, client information sheets, needs analysis forms, calculators, sample claim forms, and short videos demonstrating insurance consultations or customer interactions.

Do

- Greet participants and introduce the unit by linking client analysis and consultation to the everyday work of an insurance agent.
- Clearly state the unit objectives so participants understand how client analysis helps in providing suitable insurance solutions.
- Ensure all participants have their handbook, notepad, and pen ready for note-taking and practice exercises.
- Check the projector, laptop, and whiteboard setup before starting.
- Arrange seating to allow for group discussions and simulated consultations.
- Explain that the session will include demonstrations, examples, and role-play activities on analysing client needs and offering advice.
- Relate the topic to familiar examples such as assessing household needs, budgeting, or planning for emergencies.
- Encourage participants to share their understanding of how people choose insurance plans in their communities.
- Maintain an interactive pace by asking short reflective questions like "What do you think clients expect from an insurance agent?"
- End the session with a recap highlighting the importance of client understanding, communication, and accurate documentation.

Say

- Welcome to this session on Client Needs Analysis and Insurance Consultation.
- In this unit, we will learn how insurance agents understand clients' financial and personal situations before recommending products.
- You will understand how to analyse client needs, compare policy types, and identify the right coverage for different situations.
- We will also learn how to explain insurance features clearly, handle client objections, and maintain proper records.
- By the end of this session, you will be confident in conducting effective consultations and recommending the most suitable insurance products.

Ask

- Why do you think it's important to understand a client's needs before suggesting an insurance policy?
- What kind of information should an agent collect during the first meeting with a client?
- How do you think a person's age, income, and family situation affect their insurance needs?
- Can you share examples of different types of insurance policies and their purposes?
- What challenges do agents face when explaining policy features or handling objections?
- How can maintaining proper records help in future client servicing or renewals?
- What steps would you take to build trust during a consultation?

Elaborate

- A client needs analysis helps identify what kind of insurance a person requires based on their income, family size, age, health, and financial goals.
- The agent collects information about the client's current coverage, expenses, dependents, and future plans.
- This analysis ensures that clients neither under-insure nor over-insure themselves.
- Insurance agents must compare different policy types such as life, health, motor, and general insurance to find the most suitable options.
- Key technical aspects like exclusions, premium rates, claim procedures, and coverage limits must be explained in simple terms.
- Coverage gap assessment involves identifying areas where the client has no or insufficient protection (e.g., no health insurance or inadequate sum assured).
- Recommendations should be based on factual information, affordability, and risk level.
- After consultation, agents must summarise client records and maintain files for follow-up and renewal.
- Handling objections with patience and clarity builds trust and long-term relationships.
- Effective communication and transparent advice create credibility and customer satisfaction in the BFSI sector.

Explain

- The process of client analysis starts with gathering personal data — such as age, income, occupation, health, and family background.
- Financial and risk analysis helps determine what kind of protection the client needs (e.g., life cover, health insurance, or asset protection).
- Different policies serve different purposes — life insurance provides financial security to dependents, while health insurance covers medical costs.
- Agents must carefully explain policy features, including premiums, sum assured, benefits, and claim conditions.
- Technical terms like exclusions, waiting period, grace period, and bonus should be simplified for the client's understanding.
- Documenting consultation details ensures legal compliance and supports smooth claim handling.
- Maintaining accurate client files helps track renewals, updates, and cross-selling opportunities.
- Handling objections — like concerns about cost or trust — requires empathy, product knowledge, and examples.
- Communication should be respectful, honest, and focused on solving the client's problem rather than pushing sales.
- A structured consultation process builds a strong reputation and increases client loyalty.

Demonstrate

The facilitator will demonstrate a sample client consultation using a needs analysis form. Participants will observe how to gather client data, calculate coverage needs, and compare policy options. A short video or slide will show examples of effective communication during client meetings. Participants will also review sample policy documents to understand how to interpret terms such as exclusions, premium schedules, and claim procedures

Activity

1. **Name of the Activity:** Understanding Client Needs
2. **Objective of the activity:** To help participants practice analysing client information and recommending suitable insurance products.
3. **Resources:** Participant handbook, sample client profiles, needs analysis worksheet, and insurance product brochures.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into groups of 3–4.
   - Provide each group with a sample client profile including details like age, income, dependents, and existing coverage.
   - Ask groups to identify the client's key needs (e.g., family protection, health coverage, savings plan).

- Based on the analysis, groups will select and recommend one suitable insurance product.
- Each group will present their recommendations and explain their reasoning.

6. **Outcome:** Participants will gain hands-on experience in assessing client information, identifying insurance gaps, and communicating suitable recommendations.

Notes for Facilitation

- Use realistic case studies that reflect rural, semi-urban, and urban client scenarios.
- Show real policy documents and highlight key sections such as exclusions, benefits, and claims.
- Encourage participants to simplify policy terms when explaining them in group discussions.
- Maintain a practical pace — discuss, demonstrate, and then practice.
- Reinforce learning by summarising after each section and linking client analysis skills to the insurance sales process.
- End the session by reminding participants that understanding client needs is the foundation of ethical and effective insurance selling.

Answers to Exercises for PHB

Multiple Choice Questions:

1. b. Client demographics and financial needs
2. b. Referrals from existing clients
3. b. Tracking client information and interests systematically
4. c. Health insurance
5. c. Recommend need-based insurance solutions

Descriptive Questions:

1. Refer to Unit 2.1: Identifying Potential Clients and Generating Leads
   Topic 2.1.1 Market Research for Target Clients
2. Refer to Unit 2.1: Identifying Potential Clients and Generating Leads
   Topic 2.1.2 Lead Generation Channels
3. Refer to Unit 2.2: Client Needs Analysis and Insurance Consultation
   Topic 2.2.1 Client Insurance Needs Assessment
4. Refer to Unit 2.2: Client Needs Analysis and Insurance Consultation
   Topic 2.2.3 Identifying Coverage Gaps
5. Refer to Unit 2.2: Client Needs Analysis and Insurance Consultation
   Topic 2.2.4 Consultation Records and Documentation
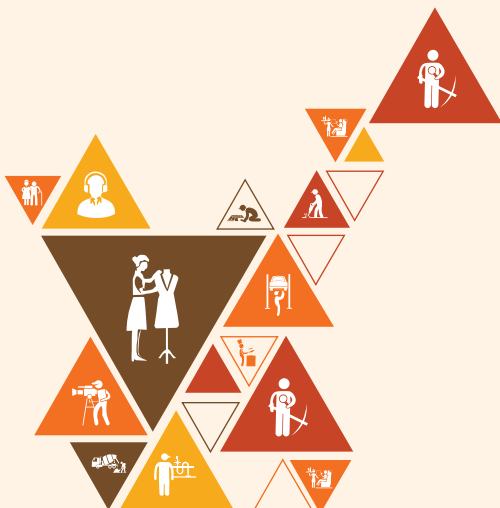
3. Recommend and Process Insurance Policies

Unit 3.1 - Insurance Products, Policy Features, and Client Suitability

Unit 3.2 - Underwriting, Documentation, and Policy Issuance

Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Explain the relevance of client financial background, lifestyle, and risk exposure in selecting suitable insurance products.
2. Describe key features, benefits, and coverage of life, health, motor, property, and business insurance policies.
3. Summarise premium payment options, policy terms, and conditions in client-friendly language.
4. Differentiate between basic coverage, add-ons, and riders to recommend enhanced protection solutions.
5. Define common insurance terminologies including sum insured, exclusions, maturity benefits, and claim procedures.
6. Discuss common insurance misconceptions, the importance of timely premium payment, and continuity of coverage.
7. Identify tax benefits and financial planning advantages associated with insurance products.
8. Evaluate insurance product suitability using case-specific client data and financial profiles.
9. Illustrate the underwriting and policy issuance process, including documentation, verification, and medical requirements.
10. Demonstrate accurate application, documentation, policy generation, and policy delivery using sample insurance cases.

Unit 3.1: Insurance Products, Policy Features, and Client Suitability

Unit Objectives

By the end of this unit, the participants will be able to:

1. Explain the importance of analysing a client's financial background, lifestyle, and risk exposure for insurance selection.
2. Describe the features, benefits, and coverage of life, health, motor, property, and business insurance policies.
3. Summarise premium payment options, policy terms, and conditions in simple and client-friendly language.
4. Differentiate between policy coverage, add-ons, and riders to recommend enhanced protection plans.
5. Define common insurance terminologies such as sum insured, exclusions, maturity benefits, and claim procedures.
6. Discuss common misconceptions about insurance and the importance of timely premium payments.
7. Identify tax benefits and financial planning advantages linked to insurance products.
8. Evaluate the suitability of insurance products based on client-specific financial and risk data.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample insurance policy documents (life, health, motor, property, business), premium calculators, brochures or comparison charts, sample claim forms, tax benefit charts, and short videos demonstrating policy features or client consultations.

Do

- Greet participants and introduce the unit by linking insurance product knowledge to real-life client needs and financial decision-making.
- Clearly state the unit objectives so participants understand the importance of matching the right policy to each client's financial situation.
- Ensure all participants have their handbook, notepad, and pen ready for note-taking and reference exercises.
- Check that the projector, laptop, and whiteboard are functioning properly.
- Arrange seating so participants can easily view visual aids and engage in group discussions.
- Explain that the session will include policy comparisons, group exercises, and demonstrations of insurance features.
- Relate the topic to everyday examples like vehicle insurance, family health plans, and small business protection.

- Encourage participants to share if they or their families have purchased any type of insurance and their experience with it.
- Keep participants engaged with questions after each section to ensure understanding.
- End the session with a recap of different insurance types, their features, and how to select suitable policies for various clients.

Say

- Welcome to this session on Insurance Products, Policy Features, and Client Suitability.
- In this unit, we will learn about different types of insurance policies and how to recommend them based on client needs.
- You will understand the features, benefits, and coverage options of life, health, motor, property, and business insurance.
- We will also learn about common insurance terms, premium options, and the importance of timely payments.
- By the end of this session, you will be able to analyse a client's financial background and suggest suitable insurance products with confidence.

Ask

- What types of insurance policies do you know about or have heard of?
- Why do you think different people need different types of insurance?
- What happens if a client does not pay their insurance premium on time?
- Have you ever heard of "add-ons" or "riders" in insurance policies? What do you think they mean?
- How can insurance help in financial planning or saving taxes?
- What are some common misconceptions people have about insurance?
- How can we make it easier for clients to understand complex insurance terms and conditions?

Elaborate

- Analysing a client's financial background, lifestyle, and risk exposure helps identify the right insurance products for them.
- Life insurance provides financial protection for a client's family in case of death, and some plans offer savings or investment benefits.
- Health insurance covers medical expenses such as hospitalisation, surgeries, and treatments, ensuring financial stability during illness.
- Motor insurance covers vehicle damage, theft, or third-party liability, and is mandatory by law in India.
- Property and business insurance protect against losses due to fire, theft, or natural disasters, especially important for entrepreneurs and shop owners.
- Policy features include premium payment frequency (monthly, quarterly, annual), policy term, sum insured, and claim conditions.

- Add-ons and riders provide extra protection, such as critical illness cover, accidental death benefit, or personal belongings cover.
- Common insurance terms include sum insured, exclusions, maturity benefits, claim procedure, grace period, and nominee.
- Insurance offers tax benefits under sections like 80C and 80D, helping clients save while ensuring security.
- Selecting the most suitable product involves comparing coverage, cost, and benefits as per the client's financial capability and risk profile.

Explain

- Every insurance policy serves a specific purpose — for example, life insurance for dependents, health insurance for medical protection, and motor insurance for vehicle safety.
- Agents must study policy brochures carefully to explain features like coverage limits, exclusions, and premium payment options clearly to clients.
- Premiums can be paid in different modes — monthly, quarterly, half-yearly, or annually — based on client convenience.
- Policy terms and conditions define what is covered, what is excluded, and how claims are processed.
- Understanding riders and add-ons helps agents recommend extra coverage that suits a client's needs, such as hospital cash or critical illness benefits.
- Common misconceptions include believing insurance is only for emergencies or that claims are always difficult to get.
- Timely premium payment ensures uninterrupted coverage and eligibility for benefits.
- Tax benefits make insurance a useful part of financial planning, encouraging savings and long-term investment habits.
- Evaluating product suitability involves matching a policy's benefits with the client's risk level, life stage, and income.
- Clear communication and honest advice build client trust and help them make informed insurance decisions.

Demonstrate

The facilitator will present sample policy documents for different insurance types and explain their key sections — coverage, exclusions, benefits, and claim process. Participants will observe how to use premium calculators to compare policies and understand add-ons or riders. A short video or slide deck can be shown to demonstrate how agents communicate product details to clients and address misconceptions effectively.

Activity

1. **Name of the Activity:** Matching the Right Policy
2. **Objective of the Activity:** To help participants understand how to match client needs with suitable insurance products.
3. **Resources:** Participant handbook, sample client profiles, policy brochures, premium charts, and comparison worksheets.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into groups of 4–5 members.
   - Provide each group with 3–4 client profiles describing their financial situation, lifestyle, and risks (e.g., a farmer, shop owner, salaried employee, or self-employed driver).
   - Ask each group to select the most appropriate insurance policy type for each client and justify their choices.
   - Groups will identify relevant add-ons or riders to enhance coverage.
   - Each group will present their recommendations to the class.
6. **Outcome:** Participants will learn how to analyse client profiles, compare insurance features, and recommend suitable products confidently.

Notes for Facilitation

- Use real examples of popular Indian insurance products from LIC, SBI Life, or other major insurers.
- Highlight key differences between life, health, motor, property, and business insurance using visual charts.
- Encourage participants to simplify explanations so that even first-time clients can understand.
- Demonstrate premium calculations and show how add-ons affect total cost and benefits.
- Maintain a practical approach — discuss first, then demonstrate, then allow practice.
- Reinforce learning by summarising after each activity and linking it to real-world sales scenarios.
- End the session by reminding participants that understanding product features builds credibility and client satisfaction.

Unit 3.2: Underwriting, Documentation, and Policy Issuance

Unit Objectives 🎯

By the end of this unit, the participants will be able to:

1. Illustrate the insurance underwriting process including documentation, medical evaluation, and verification.
2. Describe the end-to-end insurance policy issuance process from application to final delivery.
3. Complete insurance policy application forms accurately using sample client information.
4. Verify identity, income, and supporting documents for completeness and accuracy.
5. Compare insurance policy brochures to explain differences in coverage, terms, and premiums.
6. Demonstrate preparation of document checklists required for underwriting and policy issuance.
7. Review underwriting communications to identify missing information or discrepancies.
8. Generate and deliver a sample insurance policy document while explaining key terms, coverage limits, and renewal procedures.

Resources to be Used ⚙️

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample policy application forms, client KYC documents (Aadhaar, PAN, income proof samples), policy brochures, underwriting checklists, sample underwriting reports, specimen policy documents, and short videos demonstrating the insurance underwriting and policy issuance process.

Do ✓

- Greet participants and introduce the unit by linking underwriting and documentation to the accuracy and trustworthiness of the insurance process.
- Clearly state the unit objectives so participants understand the end-to-end process from client application to final policy issuance.
- Ensure all participants have their handbook, notepad, and pen ready for practice exercises.
- Check the projector, laptop, and whiteboard setup before starting.
- Arrange seating so participants can comfortably view demonstrations and take part in group tasks.
- Explain that the session will include document verification exercises, form-filling practice, and process demonstrations.
- Relate the topic to familiar experiences like submitting documents for bank accounts, loans, or government schemes.
- Encourage participants to share what documents they've submitted in such cases and why accuracy was important.
- Maintain an interactive flow, summarising key points such as "Why underwriting ensures fair risk assessment."
- End the session by reinforcing the importance of accuracy, compliance, and professionalism in the insurance documentation process.

Say

- Welcome to this session on Underwriting, Documentation, and Policy Issuance.
- In this unit, we will learn about the complete insurance underwriting process — from client application to policy delivery.
- You will understand how to fill out application forms, verify documents, and prepare checklists for underwriting.
- We will also discuss how underwriting helps evaluate risk, ensure policy accuracy, and maintain compliance.
- By the end of this session, you will be confident in completing forms, verifying documents, and understanding how policies are issued.

Ask

- What do you think the term "underwriting" means in insurance?
- Why is it important to verify client documents before issuing a policy?
- What types of documents do clients usually submit for KYC and verification?
- How can errors in forms or documents affect policy approval?
- What happens after an insurance application is submitted to the company?
- How can an agent explain policy terms and conditions clearly to the client?
- What steps ensure transparency and trust in the policy issuance process?

Elaborate

- Underwriting is the process of evaluating the risk of insuring a person or asset to decide the terms, premium, and eligibility for a policy.
- It involves collecting client information, reviewing documents, and conducting medical or financial assessments.
- The underwriter analyses risk factors such as age, health, occupation, and income before approving coverage.
- Proper documentation ensures accuracy, legal compliance, and reduces chances of claim rejection later.
- The policy issuance process starts with application submission, followed by underwriting, approval, and delivery of the final policy document.
- Agents must ensure that client forms are completely and correctly filled out — including name, address, contact, income, and nominee details.
- Document verification includes checking identity proof, address proof, income certificates, and medical reports (if required).
- A document checklist helps track required papers such as KYC forms, photos, payment receipts, and signed declarations.
- Agents should review underwriting communications to identify missing or incorrect information quickly.
- After approval, the final policy document is issued and explained to the client, covering premium details, coverage limits, and renewal procedures.

Explain

- Underwriting determines whether a client qualifies for insurance and on what terms. It protects both the insurer and the policyholder.
- The process includes collecting personal and financial data, assessing health reports, and matching risk with appropriate coverage.
- Insurance application forms must be filled neatly and completely — incomplete details can delay or reject issuance.
- KYC and financial documents such as Aadhaar, PAN, bank statements, and income proofs are essential for client verification.
- Policy brochures and product guides help explain differences in coverage, benefits, and premium options to clients.
- Agents must create and use underwriting checklists to ensure no required document is missed during submission.
- Reviewing underwriting reports helps identify discrepancies or missing medical or financial information.
- Once the policy is approved, the policy issuance team generates a digital or physical copy of the policy with unique policy number and coverage details.
- The agent should deliver the policy to the client and explain its key sections such as coverage limits, claim process, and renewal timeline.
- Maintaining documentation and accuracy builds client trust and ensures smooth operations within the BFSI sector.agement.

Demonstrate

The facilitator will demonstrate the insurance underwriting workflow using slides or a flowchart — from receiving an application to final policy issuance. Participants will observe how to fill a sample insurance application form, prepare a document checklist, and verify supporting papers for authenticity. A short video or presentation may show how underwriting teams review and communicate with agents before issuing policies. Participants will also see how to explain a policy document to a client in clear, simple language.

Activity

1. **Name of the Activity:** From Application to Policy
2. **Objective of the Activity:** To help participants practice filling forms, verifying documents, and understanding the underwriting process.
3. **Resources:** Participant handbook, sample client profiles, blank insurance application forms, sample KYC documents, and underwriting checklists.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into groups of 4–5 members.
   - Provide each group with a sample client profile and an application form.
   - Ask participants to fill out the form accurately, attach the required KYC documents, and prepare a document checklist.

- Each group will then review another group's application for completeness and identify any missing details.
- Facilitator will discuss and correct errors, explaining how proper verification prevents future policy issues.

6. **Outcome:** Participants will gain practical experience in completing forms, verifying documents, and understanding each step of the underwriting and policy issuance process.

Notes for Facilitation

- Use sample documents with realistic data to simulate actual client cases.
- Emphasise the importance of accuracy, legibility, and compliance in form filling and verification.
- Encourage participants to double-check their work and cross-verify data for consistency.
- Show visual examples of application errors and explain how they can delay underwriting or claim settlement.
- Keep the session practical — demonstrate first, then allow participants to perform the same tasks.
- Summarise after each section, connecting documentation accuracy with successful policy issuance and client satisfaction.
- End the session by reinforcing that responsible documentation and underwriting form the backbone of trust in the insurance industry.
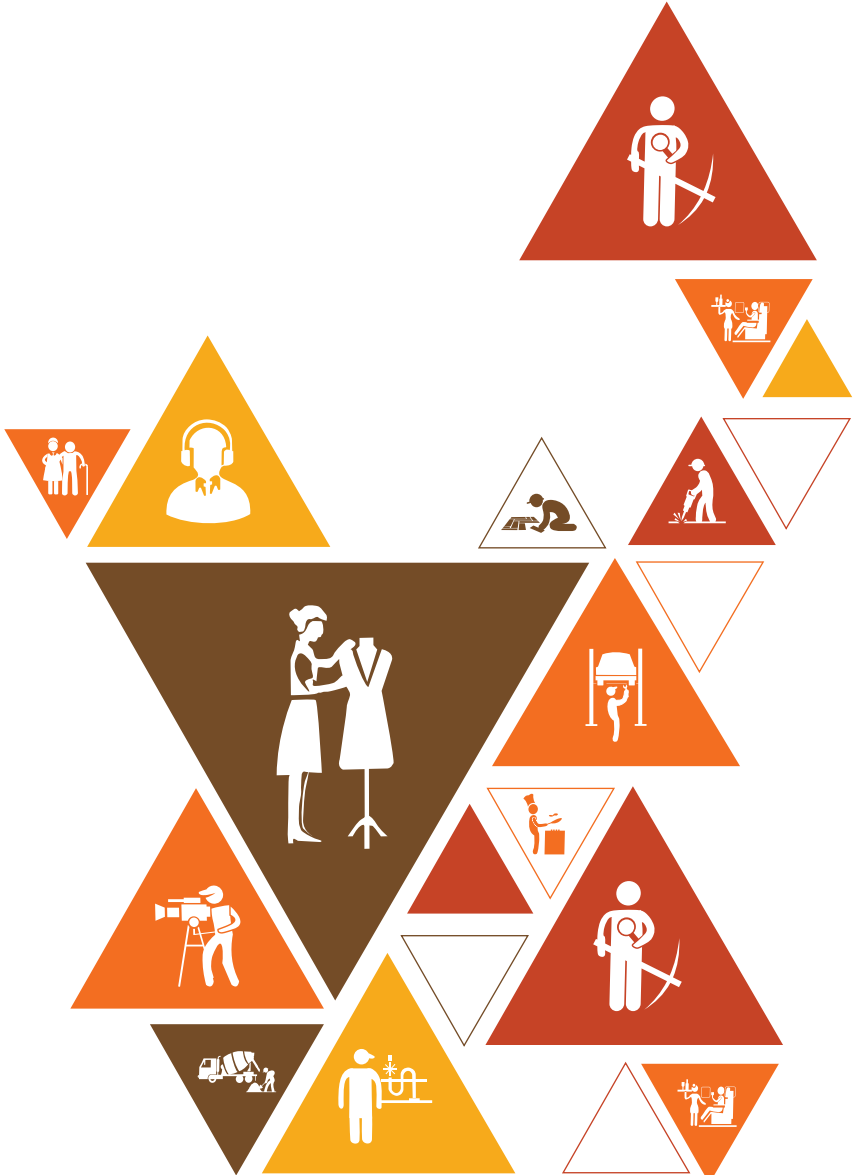
Answers to Exercises for PHB

Multiple Choice Questions:

1. b. Client's lifestyle and financial background
2. c. Term Life Insurance
3. c. To enhance coverage for specific risks
4. b. Medical examination report
5. c. Policy generation

Descriptive Questions:

1. Refer to Unit 3.1: Insurance Products, Policy Features, and Client Suitability
   Topic 3.1.1 Client Financial Profile, Lifestyle, and Risk Assessment
2. Refer to Unit 3.1: Insurance Products, Policy Features, and Client Suitability
   Topic 3.1.2 Overview of Life, Health, Motor, Property, and Business Insurance
3. Refer to Unit 3.1: Insurance Products, Policy Features, and Client Suitability
   Topic 3.1.3 Premium Payment Options, Policy Terms, and Conditions
4. Refer to Unit 3.2: Underwriting, Documentation, and Policy Issuance
   Topic 3.2.1 Insurance Underwriting Process and Risk Evaluation
5. Refer to Unit 3.2: Underwriting, Documentation, and Policy Issuance
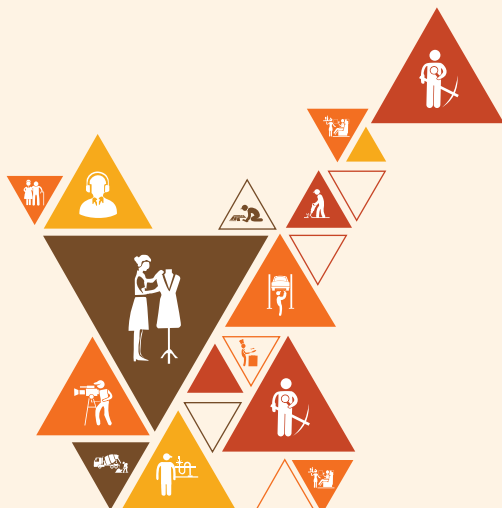   Topic 3.2.2 End-to-End Insurance Policy Issuance Process

4. Manage Premium Collection and Policy Servicing

Unit 4.1 - Premium Collection and Payment Management

Unit 4.2 - Policy Servicing, Claims Support, and Customer Communication

BSC/N8424

Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Explain premium payment modes, due dates, frequency, and the importance of timely payments in insurance policies.

2. Describe the procedure for setting up auto-debit or ECS mandates for premium collection.

3. Discuss the impact of missed premiums, including grace periods, late charges, lapse, and reinstatement options.

4. Identify common premium payment issues and appropriate resolution mechanisms.

5. Interpret policy servicing processes such as renewals, claims submission, and related documentation requirements.

6. Summarise procedures for updating policyholder information including address, nominee, and payment preferences.

7. Differentiate types of policy add-ons and riders and explain their benefits to customers.

8. Demonstrate effective communication of premium reminders, receipts, and payment status updates.

9. Apply customer service skills to handle payment failures, policy servicing queries, and claim follow-ups.

10. Present policy upgrades and new insurance offerings clearly to support customer engagement and retention.

Unit 4.1: Premium Collection and Payment Management

Unit Objectives

By the end of this unit, the participants will be able to:

1. Explain various premium payment modes, payment frequency, and due date significance.
2. Describe the process of setting up auto-debit and ECS mandates for premiums.
3. Discuss the consequences of missed premium payments, including grace periods and reinstatement.
4. Identify common premium payment issues and appropriate resolution methods.
5. Demonstrate communication of payment options, reminders, and receipt issuance.
6. Apply procedures to track and update premium payment status accurately.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample premium receipts, payment records, ECS/auto-debit mandate forms, payment tracking sheets, calculators, sample client communication templates (reminders and notices), and short videos showing real-life premium collection and tracking scenarios.

Do

- Greet participants and introduce the unit by linking premium management to client satisfaction and business continuity in the insurance industry.
- Clearly state the unit objectives so participants understand the importance of accurate and timely premium handling.
- Ensure all participants have their handbook, notepad, and pen ready for notes and exercises.
- Check that the projector, laptop, and whiteboard setup are working properly before starting.
- Arrange seating for clear visibility of visual materials and easy participation in group discussions.
- Explain that the session will include examples, demonstrations, and activities on payment collection and record management.
- Relate the topic to familiar examples such as electricity bill payments, EMIs, or mobile recharge cycles.
- Encourage participants to share experiences of paying insurance premiums or assisting someone in doing so.
- Maintain an interactive pace by summarising key ideas after each discussion, such as "Why is a grace period important for clients?"
- End the session with a recap of payment methods, common issues, and the importance of timely tracking and communication.

Say 💬

- Welcome to this session on Premium Collection and Payment Management.
- In this unit, we will understand different methods of premium payment and their importance in maintaining valid insurance policies.
- You will learn how to handle premium receipts, set up auto-debit systems, and track payments efficiently.
- We will also discuss what happens if a premium is missed, how reinstatement works, and how to communicate reminders to clients.
- By the end of this session, you will be able to manage payment processes accurately and support clients with proper premium handling.

Ask 🗨

- What comes to your mind when you hear the term "premium payment"?
- Why is it important for clients to pay their premiums on time?
- What are some common modes through which clients can pay insurance premiums?
- Have you ever helped someone set up an auto-debit or online payment? How was the experience?
- What happens when a client misses the premium payment deadline?
- How do agents usually remind clients about upcoming payments?
- What are the benefits of maintaining accurate premium records for both clients and agents?

Elaborate ⚙

- Premium collection is the process of receiving payment from clients to keep their insurance policies active.
- Clients can pay through various modes — cash, cheque, demand draft, online transfer, UPI, auto-debit, or ECS (Electronic Clearing Service).
- Payment frequency options include monthly, quarterly, half-yearly, or annual modes, depending on the client's convenience.
- The due date is the deadline for premium payment; paying after it may lead to penalties or policy lapse.
- The grace period is an extra time (usually 15 to 30 days) given to clients to make overdue payments without losing coverage.
- If a policy lapses, clients may apply for reinstatement by paying overdue premiums and fulfilling certain conditions like medical verification.
- Agents must handle and issue receipts properly to confirm payment and maintain transaction transparency.
- Common issues include failed online payments, delayed cheque clearances, or wrong account entries — all requiring timely resolution.
- Communication plays a vital role — reminders through SMS, email, or phone calls help clients pay on time.
- Maintaining a premium tracking sheet or logbook ensures that all payments are updated accurately and verified against company systems.

Explain

- Insurance premiums are the backbone of the insurance business — they fund claims and benefits for clients.
- Different clients prefer different payment modes, and agents must be familiar with all available options.
- Auto-debit and ECS mandates allow automatic premium deductions from a client's bank account, reducing the risk of missed payments.
- Agents must assist clients in filling ECS forms correctly and confirming registration with the bank or insurer.
- Missed payments can cause policy lapses; reinstatement restores coverage after completing due formalities and paying interest or late fees.
- A clear understanding of the grace period helps agents explain how clients can retain coverage even if slightly delayed.
- Common premium-related problems — like double payments or failed transactions — should be reported immediately for correction.
- Agents should maintain a payment register or use CRM tools to track upcoming premiums, payment status, and receipts.
- Communication templates (SMS, letters, or calls) help in reminding client's courteously about due or overdue payments.
- Effective payment management builds trust, reduces lapses, and strengthens long-term relationships with clients.

Demonstrate

The facilitator will demonstrate how to fill out a sample premium receipt and record it in a payment tracking sheet. Participants will observe the process of setting up an auto-debit/ECS mandate using a sample form. A short video or presentation may show how payment reminders and receipts are handled in an insurance branch office. The facilitator can also demonstrate using a spreadsheet or CRM tool to track premium due dates, payment status, and client follow-ups.

Activity

1. **Name of the Activity:** Managing Premium Payments
2. **Objective of the activity:** To help participants practice recording and tracking premium payments using sample data.
3. **Resources:** Participant handbook, sample client profiles, payment forms, receipt templates, and calculators.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into groups of 3–4 members.
   - Provide each group with sample client payment details — including premium amount, due date, and payment mode.
   - Ask them to record the payments in a tracking sheet and identify pending or missed payments.

- Groups will prepare a sample reminder message or letter for overdue clients.
- Each group will present their process and explain how they ensured accuracy.
6. **Outcome:** Participants will gain hands-on experience in recording payments, issuing receipts, setting reminders, and maintaining a premium tracking system.

Notes for Facilitation

- Use real or sample receipts and ECS mandate forms to create practical understanding.
- Highlight the importance of accuracy, timeliness, and clear communication during payment collection.
- Encourage participants to discuss real-life challenges faced in collecting or tracking premiums.
- Demonstrate how digital payment tools and CRM software simplify the process.
- Maintain a practical pace — show first, explain, then let participants try.
- Reinforce learning by summarising after each section and linking it to customer service and business continuity.
- End the session by reminding participants that proper payment management ensures policy validity, client trust, and steady income for agents.

Unit 4.2: Policy Servicing, Claims Support, and Customer Communication

Unit Objectives

By the end of this unit, the participants will be able to:

1. Interpret policy renewal processes, claim submission steps, and required documentation.
2. Summarise procedures for updating policyholder details such as address, nominee, and payment preferences.
3. Differentiate policy add-ons and riders and explain their customer benefits.
4. Apply customer service skills to handle complaints related to payments, renewals, and servicing.
5. Demonstrate guidance for policy reinstatement and claim filing through structured interactions.
6. Outline effective communication strategies for policy upgrades, new offerings, and follow-ups.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample insurance policy documents, client KYC and claim forms, policy renewal and update forms, sample add-on and rider brochures, complaint register templates, client communication scripts (emails, SMS, call templates), calculators, and short videos demonstrating claim submission and customer service interactions.

Do

- Greet participants and introduce the unit by linking policy servicing and claims support to client satisfaction and retention in the insurance industry.
- Clearly state the unit objectives so participants understand the importance of accurate servicing, claim guidance, and communication.
- Ensure all participants have their handbook, notepad, and pen ready for exercises and note-taking.
- Check that the projector, laptop, and whiteboard are set up and working properly.
- Arrange seating to allow all participants to clearly view slides, demonstrations, and group exercises.
- Explain that the session will include demonstrations, role-play, and exercises on handling policy updates, claims, and customer queries.
- Relate topics to real-life experiences such as renewing mobile plans, submitting medical claims, or updating personal details in service accounts.
- Encourage participants to share experiences with insurance servicing, claim submission, or customer service interactions.
- Maintain an interactive pace, summarising key ideas like "How prompt servicing builds client trust" after each discussion.
- Conclude the session by highlighting the role of clear communication, accuracy, and empathy in policy servicing and claim support.

Say

- Welcome to this session on Policy Servicing, Claims Support, and Customer Communication.
- In this unit, we will learn how to manage policy renewals, support claims, and assist clients with updates and service requests.
- You will understand the required forms, documentation, and procedures for smooth servicing and claims processing.
- We will also discuss how to communicate effectively with clients about policy add-ons, upgrades, and follow-ups.
- By the end of this session, you will be confident in guiding clients through renewals, updates, and claims while maintaining professionalism and clarity.

Ask

- What steps do you think are involved when a policy needs renewal?
- How can clients update their details like address, nominee, or payment method?
- What are policy add-ons and riders, and why might a client choose them?
- How would you handle a client complaint about delayed claim settlement or premium payment?
- Have you ever helped someone submit a claim or update details in any account or service?
- Why is clear communication important when explaining claim procedures to clients?
- How can agents encourage clients to consider policy upgrades or additional coverage?

Elaborate

- Policy servicing involves assisting clients with renewals, updates, claim submissions, and changes in coverage or personal details.
- Renewal processes typically include checking due dates, confirming premiums, and updating records before policy expiry.
- Client detail updates involve address changes, nominee updates, bank account modifications, and payment preferences.
- Claims support helps clients submit documents, medical reports, and claim forms for smooth and timely settlement.
- Policy add-ons and riders are additional coverage options that enhance protection beyond the base policy, offering clients flexibility and extra benefits.
- Handling customer complaints requires patience, listening, empathy, and problem-solving to resolve issues related to payments, renewals, or claims.
- Policy reinstatement allows clients to revive lapsed policies by completing overdue payments and submitting required documents.
- Agents guide clients in claim filing, explaining the required forms, evidence, and step-by-step procedures to avoid delays.
- Communication strategies include timely reminders, calls, SMS, emails, and follow-ups to inform clients about policy benefits, new offerings, and renewals.
- Effective servicing and communication strengthen client trust, improve retention, and ensure smooth operation of insurance services.

Explain

- Policy renewals ensure continuous coverage and prevent policy lapses; agents should remind clients ahead of due dates.
- Clients can update their details through forms, emails, or online portals; accurate records are essential for claims and communication.
- Add-ons and riders provide customised protection, e.g., critical illness cover with a health policy or zero-depreciation cover with motor insurance.
- Agents must handle complaints professionally — listening, understanding, and offering practical solutions promptly.
- Claim support includes explaining required documentation, guiding on submission, and monitoring approval timelines.
- Policy reinstatement requires the client to pay overdue premiums and, if needed, provide medical or financial proofs.
- Structured and polite communication fosters client confidence in the agent and the insurance company.
- Follow-ups, reminders, and updates about new products help clients make informed decisions and enhance their protection.
- Agents must maintain accurate servicing logs, complaint registers, and communication records for compliance and reference.
- Professional policy servicing and customer support are key factors in building long-term client relationships in the BFSI sector.

Demonstrate

The facilitator will guide participants through the core administrative and service functions of insurance management by demonstrating how to process policy renewals and update client information using CRM tools or sample forms. During the session, the facilitator will illustrate the most effective ways to explain add-ons and riders to clients by utilising brochures or slides to simplify complex terms. Participants will be shown a step-by-step demonstration of the claim submission process, emphasising the importance of meticulously checking and correctly submitting all required documentation. To build practical interpersonal skills, the facilitator will lead role-play exercises focused on handling client complaints regarding payments or policy servicing with empathy and efficiency. Finally, the facilitator will present various examples of professional client communication, including specific email, SMS, and call scripts, to ensure all interactions remain clear, consistent, and professional.

Activity

1. **Name of the Activity:** Simulating Policy Servicing and Claims Support
2. **Objective of the activity:** To help participants practice handling renewals, updates, claims, and client communication effectively.
3. **Resources:** Participant handbook, sample client profiles, policy documents, claim forms, renewal forms, add-on brochures, and complaint templates.
4. **Time Duration:** 30 minutes

5. Instructions:

- Divide participants into groups of 3–4 members.
- Provide each group with a sample client scenario: e.g., policy renewal due, claim request, or detail update.
- Ask participants to:
  - Fill renewal/update/claim forms accurately.
  - Identify applicable add-ons or riders for the client.
  - Draft a short communication message (call script or email) for the client.
  - Handle a simulated client complaint professionally.
- Each group presents their process and explains how they ensured accuracy and clarity.

6. Outcome: Participants will gain practical experience in policy servicing, claims support, handling complaints, and communicating clearly with clients.

Notes for Facilitation

- Use real or sample policy documents, claim forms, and update forms to make exercises realistic.
- Demonstrate common client mistakes in forms and how to correct them.
- Emphasise empathy, patience, and professionalism in client interactions.
- Encourage participants to role-play both agent and client to understand both perspectives.
- Maintain a practical pace — explain, demonstrate, then allow participants to practice.
- Summarise each section and link it to client trust, policy compliance, and retention.
- Reinforce that accurate servicing, claim support, and communication are essential for agent credibility and client satisfaction.

Answers to Exercises for PHB

Multiple Choice Questions:

1. c. Auto-debit / ECS
2. c. To provide extra time to pay the premium without policy lapse
3. b. Insufficient bank balance
4. c. Nominee change request form
5. b. To provide additional coverage or benefits

Descriptive Questions:

1. Refer to Unit 4.1: Premium Collection and Payment Management
   Topic 4.1.1 Premium Payment Modes and Due Dates

2. Refer to Unit 4.1: Premium Collection and Payment Management
   Topic 4.1.2 Auto-Debit and ECS Setup Process

3. Refer to Unit 4.1: Premium Collection and Payment Management
   Topic 4.1.3 Missed Premiums, Grace Periods, and Reinstatement

4. Refer to Unit 4.2: Policy Servicing, Claims Support, and Customer Communication
   Topic 4.2.1 Policy Renewals and Servicing Procedures

5. Refer to Unit 4.2: Policy Servicing, Claims Support, and Customer Communication
   Topic 4.2.4 Handling Customer Complaints and Queries

5. Assist Clients With Insurance Claims and Documentation

Unit 5.1 - Insurance Claims Process and Client Support

Unit 5.2 - Claims Documentation, Compliance, and Record Management
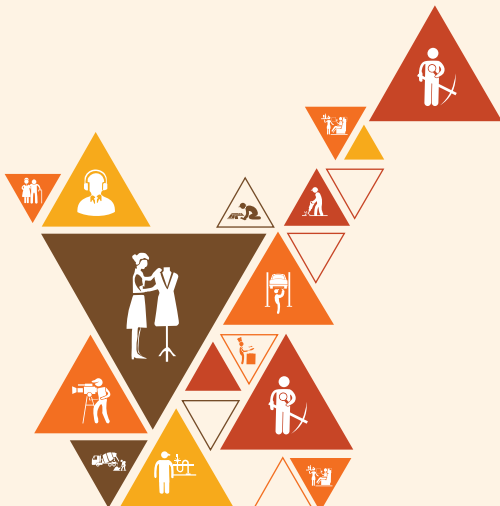
Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Explain the end-to-end insurance claim process, eligibility criteria, claim types, and document requirements across life, health, motor, property, and business insurance.

2. Identify mandatory claim-related documents, including medical reports, FIRs, death certificates, invoices, proof of loss, and supporting policy records.

3. Interpret claim settlement timelines, insurer evaluation methods, and applicable regulatory guidelines governing claims processing.

4. Analyse common reasons for claim rejections, discrepancies, and policy lapses, along with standard appeal and resolution procedures.

5. Demonstrate accurate completion of insurance claim forms and systematic verification of claim documents using checklists and case data.

6. Apply structured procedures for claim submission, tracking claim status, and providing timely updates to policyholders and insurers.

7. Demonstrate effective communication with clients and insurers during claim filing, discrepancy resolution, and settlement follow-up.

8. Document policyholder details, transaction history, claim assistance records, renewals, and follow-up communications in structured formats.

9. Organise claim and policy documents using secure physical or digital filing systems aligned with insurer and regulatory protocols.

10. Evaluate record accuracy, compliance with IRDAI guidelines, and completeness of documentation through mock audits and reporting exercises.

Unit 5.1: Insurance Claims Process and Client Support

Unit Objectives

By the end of this unit, the participants will be able to:

1. Explain the end-to-end insurance claim process, eligibility criteria, and claim types across life, health, motor, property, and business insurance.
2. Identify required documents for different claim types, including medical reports, FIRs, invoices, death certificates, and proof of loss.
3. Interpret claim settlement timelines, insurer evaluation procedures, and applicable regulatory guidelines.
4. Analyse common reasons for claim rejections, discrepancies, and policy lapses, along with appeal and resolution procedures.
5. Demonstrate accurate completion of insurance claim forms using case-based client information.
6. Apply structured procedures for claim submission, follow-up, and status tracking with insurers and policyholders.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample policy documents, claim forms, update forms, case study sheets with sample client data, and short videos showing examples of client interactions and common form errors.

Do

- Greet participants and introduce the unit by linking accurate form completion and client servicing to trust and client satisfaction.
- Clearly state the objectives so participants understand the importance of accuracy, empathy, and professionalism in client interactions.
- Ensure participants have their handbook, notepad, and pen ready for note-taking and practical exercises.
- Check that the projector, laptop, and whiteboard are ready before starting.
- Arrange seating for easy group discussion and clear visibility of slides.
- Explain that the session will include demonstrations, examples, and exercises on policy, claim, and update forms.
- Balance theoretical explanations with real-life examples of common mistakes and correct approaches in form filling.
- Encourage participants to share experiences or challenges they have faced while completing forms or interacting with clients.
- Summarise key points after each major section (policy documents, claim forms, update forms).
- Conclude by highlighting the importance of accurate servicing, claim support, and communication for agent credibility and client retention.

Say

- Welcome to this session on accurate client servicing using policy, claim, and update forms.
- In this unit, we will learn how to handle forms correctly, avoid common mistakes, and communicate effectively with clients.
- These practices help build client trust, ensure policy compliance, and improve retention.
- By the end of this session, you will be able to identify errors in forms, correct them, and handle client interactions with empathy and professionalism.

Ask

- Why is accuracy important when filling out client forms?
- Can anyone share examples of mistakes they have seen or made in insurance or banking forms?
- How does proper handling of forms affect client trust?
- Why should agents demonstrate patience and empathy during client interactions?
- What are the consequences of incorrect or incomplete claim forms for clients and agents?
- Have you ever experienced a delay in claim processing due to form errors? How was it resolved?
- How can role-playing both agent and client improve understanding and communication skills?
- Why is it important to summarise and review forms before submission?

Elaborate

- Policy documents, claim forms, and update forms are essential tools in client servicing.
- Accurate completion ensures compliance with insurance regulations and avoids delays in processing.
- Common client mistakes include missing fields, incorrect dates, mismatched personal details, and unclear signatures.
- Agents must identify and correct these errors while maintaining a professional and patient approach.
- Empathy in client interactions helps build trust and long-term relationships.
- Practicing form handling using real or sample documents prepares agents for real-life scenarios.
- Role-playing as both agent and client helps participants understand perspectives, anticipate questions, and improve communication.
- Linking correct form handling and communication to client trust reinforces the importance of agent credibility and client satisfaction.
- Regular practice ensures agents can handle forms quickly and accurately while maintaining professionalism.
- Accurate servicing, claim support, and clear communication are critical for client retention and agency reputation.

Explain

- Forms are the primary documentation that records client information and transactions.
- Policy documents confirm coverage, terms, and conditions for clients.
- Claim forms initiate the process for reimbursement or payout, requiring precise information.
- Update forms capture changes in client details, ensuring records remain accurate and compliant.
- Errors in forms can lead to claim rejections, delays, or disputes, affecting client satisfaction.
- Empathy and patience are crucial when guiding clients through the process of completing forms.
- Role-playing both perspectives helps agents anticipate challenges and provide better support.
- Summarising each section reinforces learning and highlights links to compliance, trust, and retention.
- Continuous practice with realistic exercises ensures agents remain competent and confident.
- Accurate documentation and professional interaction directly impact client trust and the credibility of the agent.

Demonstrate

The facilitator will demonstrate how to complete a sample policy form, claim form, and update form, highlighting common client errors and showing correct approaches. Participants will observe step-by-step how details should be entered, validated, and reviewed. A live or slide-based example will show how errors can delay claims and affect client trust. The facilitator will also role-play client interactions, emphasising empathy, patience, and professional communication.

Activity

1. **Name of the Activity:** Client Form Handling
2. **Objective of the activity:** To help participants identify errors, correct forms accurately, and practice professional client interactions.
3. **Resources:** Participant handbook, sample policy, claim, and update forms, case study sheets, pens, and notepads.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into small groups.
   - Provide each group with sample forms containing common mistakes.
   - Ask them to identify errors, correct the forms, and role-play the interaction with the client.
   - Groups present their corrected forms and demonstrate a short client-agent interaction.
   - Facilitator verifies corrections, provides feedback, and summarises key learning points.
6. **Outcome:** Participants will understand practical form handling, improve communication, and reinforce client trust, compliance, and retention.

Notes for Facilitation

- Use real or realistic sample forms to make exercises practical.
- Display common mistakes and correct versions on slides or the whiteboard for easy reference.
- Encourage participants to relate exercises to their own client interactions.
- Keep explanations simple, emphasising practical understanding and professionalism.
- End the session by revising all steps and reinforcing the importance of accurate form handling and empathetic client servicing.

Unit 5.2: Claims Documentation, Compliance, and Record Management

Unit Objectives ◎

By the end of this unit, the participants will be able to:

1. Verify claim-related documents using standardised checklists to ensure completeness and accuracy.
2. Demonstrate effective communication with clients and insurers during claim filing, discrepancy resolution, and settlement updates.
3. Document policyholder details, transaction history, claim assistance activities, and follow-up records in structured formats.
4. Organise policy and claim documents using secure physical or digital filing systems.
5. Apply IRDAI and insurer compliance requirements for ethical record-keeping and secure data handling.
6. Evaluate documentation accuracy and completeness through mock audits, reports, and review exercises.

Resources to be Used ⚙

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, overhead projector or large screen, computer or laptop with internet connection, sample claim forms, policy documents, structured record-keeping templates, compliance checklists, case study sheets with sample client data, and short videos showing examples of claim processing and document management.

Do ✓

- Greet participants and introduce the unit by linking accurate claims documentation and record management to client trust, regulatory compliance, and efficient settlement processes.
- Clearly state the objectives so participants understand the importance of verifying documents, following compliance standards, and maintaining structured records.
- Ensure participants have their handbook, notepad, and pen ready for note-taking and practical exercises.
- Check that the projector, laptop, and whiteboard are ready before starting.
- Arrange seating for easy group discussion and clear visibility of slides.
- Explain that the session will include demonstrations, examples, and exercises on claim verification, documentation, and record management.
- Balance theoretical explanations with real-life examples of discrepancies, compliance requirements, and structured filing practices.
- Encourage participants to share experiences or challenges they have faced while managing claims or maintaining records.
- Summarise key points after each major section (claim verification, communication, record management, compliance).
- Conclude by highlighting the importance of accuracy, compliance, and documentation in claim processing and client satisfaction.

Say

- Welcome to this session on Claims Documentation, Compliance, and Record Management.
- In this unit, we will learn how to verify claim-related documents, communicate effectively with clients and insurers, and maintain structured records.
- These practices help build client trust, ensure regulatory compliance, and enable efficient claim settlements.
- By the end of this session, you will be able to verify claims, maintain accurate records, and follow ethical documentation standards.

Ask

- Why is it important to verify all claim-related documents before submission?
- Can anyone share examples of discrepancies they have seen in claim forms?
- How does proper documentation affect client trust and insurer relationships?
- Why should agents maintain structured records of transactions and follow-ups?
- What are the key compliance requirements for handling client data under IRDAI regulations?
- Have you or someone you know ever faced delays in claims due to incomplete documentation?
- How can mock audits or review exercises improve accuracy and compliance?
- Why is it essential to organise documents securely in both physical and digital formats?

Elaborate

- Claims documentation involves verifying all required forms, receipts, and policy-related papers for accuracy and completeness.
- Using standardised checklists ensures no essential document is missed during claim verification.
- Effective communication with clients and insurers is crucial to clarify discrepancies, provide updates, and guide the claim process.
- Structured recording of client details, transaction history, and claim assistance activities enables efficient follow-up and reference.
- Secure organisation of documents, either physically or digitally, protects sensitive client data and ensures easy retrieval.
- Compliance with IRDAI and insurer requirements is mandatory for ethical record-keeping and safeguarding client information.
- Mock audits and review exercises help evaluate documentation accuracy, identify gaps, and improve overall processes.
- Accurate documentation, compliance, and communication together enhance client confidence and support timely claim settlement.
- Practicing these activities prepares agents for real-world challenges in claim processing and record management.
- Proper documentation and adherence to compliance standards directly impact agent credibility and client satisfaction.

Explain

- Claim verification involves checking that all submitted documents are complete, accurate, and consistent with policy terms.
- Structured record-keeping captures policyholder details, claim history, follow-up actions, and interactions for accountability.
- Communication with clients and insurers should be clear, timely, and empathetic to manage expectations and resolve discrepancies.
- Physical and digital filing systems must be secure, organised, and easily retrievable to support audits and claim processing.
- IRDAI and insurer compliance requirements govern ethical handling, retention, and protection of client data.
- Regular reviews and mock audits help detect errors, verify completeness, and ensure compliance adherence.
- Proper documentation prevents delays, claim rejections, and legal issues, ensuring smoother settlement processes.
- Agents must link accurate record-keeping and communication to client trust and retention.
- Continuous practice builds confidence in managing claims efficiently while following ethical standards.
- Correct claims documentation, compliance, and record management strengthen agency reputation and client satisfaction.

Demonstrate

The facilitator will demonstrate how to verify a sample claim form using a standardised checklist, highlighting common discrepancies and how to resolve them. Participants will observe step-by-step how to document policyholder details, record interactions, and maintain structured records. A live or slide-based example will show physical and digital filing practices, including compliance with IRDAI and insurer guidelines. The facilitator will also role-play client-agent interactions during claim filing and follow-ups, emphasising professionalism, empathy, and accuracy.

Activity

1. **Name of the Activity:** Claim Verification and Record Management
2. **Objective of the activity:** To help participants verify claims, document interactions accurately, and organise records in compliance with regulatory standards.
3. **Resources:** Participant handbook, sample claim forms, checklists, structured record templates, case study sheets, pens, and notepads.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into small groups.
   - Provide each group with sample claim forms containing deliberate errors and incomplete details.
   - Ask them to verify the forms, correct discrepancies, and document all actions in structured templates.

- Groups present their corrected forms and record entries, demonstrating a brief client-agent interaction.
- Facilitator verifies corrections, provides feedback, and summarises key learning points.

6. **Outcome:** Participants will understand practical claim verification, accurate record-keeping, and compliant documentation, improving client trust and facilitating timely claim settlements.

Notes for Facilitation

- Use realistic claim forms and record templates to make exercises practical.
- Display common discrepancies and correct practices on slides or the whiteboard for reference.
- Encourage participants to relate exercises to their real-world claim management experience.
- Keep explanations simple, focusing on practical understanding, compliance, and professionalism.
- End the session by revising all steps and reinforcing the importance of accurate documentation, secure record management, and regulatory compliance.

Answers to Exercises for PHB

Multiple Choice Questions:

1. b. FIR
2. b. IRDAI
3. c. Incorrect or missing information
4. b. Standardised checklists
5. b. To ensure secure and organised storage of documents

Descriptive Questions:

1. Refer to Unit 5.1: Insurance Claims Process and Client Support
   Topic 5.1.5 Accurate Claim Form Filling and Submission

2. Refer to Unit 5.2: Claims Documentation, Compliance, and Record Management
   Topic 5.2.1 Verification of Claim Documents Using Checklists

3. Refer to Unit 5.2: Claims Documentation, Compliance, and Record Management
   Topic 5.2.2 Client and Insurer Communication during Claims

4. Refer to Unit 5.2: Claims Documentation, Compliance, and Record Management
   Topic 5.2.5 IRDAI Compliance and Ethical Record-Keeping

5. Refer to Unit 5.2: Claims Documentation, Compliance, and Record Management
   Topic 5.2.4 Secure Filing and Record Management Systems

6. Employability Skills
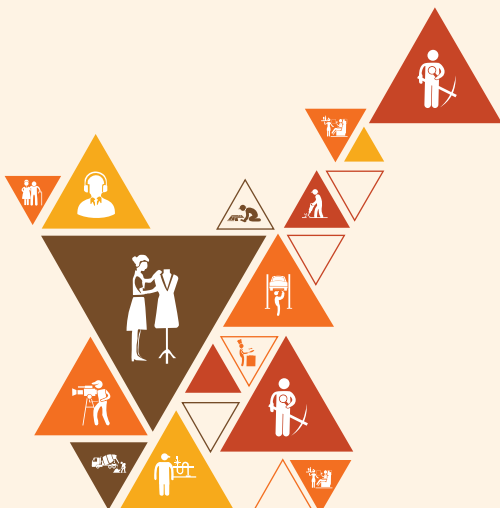
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Employability Skills

7. Process Life Insurance

Unit 7.1 - Income Tax Return Filing and Compliance Procedures

Unit 7.2 - Core Insurance Operations Management Framework

Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Elaborate on how to assess client financial situations, risk profiles, and long-term goals to suggest suitable life insurance plans.
2. Explain the principles of evaluating client income, liabilities, dependents, and risk appetite for policy recommendations.
3. Describe the features, benefits, premium structures, and tax-saving advantages of different types of life insurance products.
4. Discuss the underwriting process, including document verification, medical evaluation, and risk assessment for policy approval.
5. Highlight the importance of assisting clients in accurately completing insurance applications and submitting required documents.
6. Outline the coordination process with underwriting and medical teams to ensure quick policy approval and issuance.
7. Explain the procedures for policy servicing, including premium collection, communication, and policy renewal management.
8. Elucidate the process of handling servicing requests such as nominee changes, policy reinstatements, and endorsements.
9. Enlist the key compliance and regulatory requirements related to documentation, record keeping, and client communication.
10. Describe the methods to maintain client satisfaction through effective communication, organised records, and timely service delivery.

Unit 7.1: Income Tax Return Filing and Compliance Procedures

Unit Objectives ⊙

By the end of this unit, the participants will be able to:

1. Elaborate on assessing a client's financial position, risk tolerance, and future objectives to recommend the most suitable life insurance policy.
2. Explain the principles involved in analysing income, liabilities, dependents, and risk appetite while preparing client financial profiles.
3. Describe various life insurance products by outlining their features, benefits, premium options, and tax-saving provisions.
4. Discuss the key steps in the underwriting process, including document checks, medical assessments, and overall risk evaluation.
5. Highlight the significance of supporting clients in filling out application forms correctly and submitting all necessary documentation.

Resources to be Used ⚙

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, laptop/computer with internet connection, sample financial data sheets, sample PAN card, ITR form templates, screenshots or demo videos of the Income Tax e-filing portal, calculators, printed examples of life insurance policies, and short videos explaining tax-saving investments and compliance practices.

Do ✓

- Greet participants and introduce the topic by linking income tax filing with financial planning, transparency, and client trust.
- Clearly state the unit objectives so participants understand how financial assessment connects with insurance recommendations.
- Check the internet, projector, and presentation slides before starting.
- Distribute sample financial data sheets and ITR templates to participants for reference.
- Encourage participants to share their experiences with financial assessments or insurance purchases.
- Explain that the session will include theory, live examples, and practice activities on tax computation and documentation.
- Highlight the connection between income analysis, liabilities, and risk assessment while recommending life insurance products.
- Balance explanation with case-based discussions on how tax compliance benefits both clients and advisors.
- Summarise each concept—financial profiling, insurance types, underwriting, and tax provisions—before moving to the next.
- Conclude by reinforcing the importance of accuracy, compliance, and client support during documentation and filing.

Say 💬

- Welcome to this session on Income Tax Return Filing and Compliance Procedures.
- In this unit, we will learn how to assess a client's financial position and match it with suitable life insurance policies.
- We will discuss the process of analysing income, dependents, and risk tolerance before recommending plans.
- We will also explore various life insurance products and their tax-saving benefits under Indian law.
- Finally, we will understand how to guide clients in completing forms and ensuring compliance with filing procedures.

Ask 🗨

- Why is understanding a client's income and liabilities important before recommending insurance?
- How does life insurance help in saving tax for individuals?
- What key documents are needed when filing an income tax return?
- Have any of you or your clients faced challenges while filing ITR online?
- Why is accuracy in client documentation important during the underwriting process?
- What happens if an insurance advisor fails to ensure proper compliance?
- Can anyone name a few popular tax-saving sections under the Income Tax Act related to life insurance?
- How does helping clients with compliance improve your professional credibility as a financial advisor?

Elaborate ⚙

- Assessing a client's financial position helps in recommending suitable life insurance policies that match income and future goals.
- Risk tolerance and dependents play a major role in deciding policy type, coverage, and premium structure.
- Liabilities, assets, and ongoing expenses are analysed to ensure financial balance after purchasing insurance.
- Life insurance products—like term plans, endowment plans, and ULIPs—offer both protection and tax-saving benefits.
- Premiums paid under Section 80C and maturity benefits under Section 10(10D) are tax-exempt within specified limits.
- Underwriting involves document verification, financial review, and medical assessment to determine the client's risk level.
- Advisors must help clients fill forms accurately, attach all documents, and understand declaration terms before submission.
- Compliance in filing returns and insurance documentation ensures transparency and builds client trust.
- Regularly updating clients about deadlines and new tax provisions strengthens advisor-client relationships.
- Timely filing and compliance prevent penalties and ensure smooth claim or refund processing.

Explain

- A proper financial profile includes income, expenses, dependents, and liabilities—forming the base for insurance planning.
- The advisor must use this data to identify suitable life insurance options aligned with the client's goals.
- Each product, such as term, endowment, or ULIP, has different benefits, risk levels, and premium flexibility.
- Tax-saving benefits are governed by Sections 80C and 10(10D), making life insurance an effective financial planning tool.
- The underwriting process ensures all disclosures are true and the client's risk is assessed fairly.
- Misreporting or missing documents can delay policy issuance or result in rejection.
- Advisors should guide clients in completing income-related forms correctly and keeping copies for compliance.
- Regular tax filing builds the client's financial credibility and supports smoother claim settlements.
- Income tax compliance also helps detect errors early and maintain transparent financial records.
- Through responsible filing and documentation, advisors enhance both legal compliance and customer confidence.dibility.

Demonstrate

The facilitator will demonstrate how to create a sample client financial profile by analysing income, liabilities, and dependents. Participants will observe how to match the client's risk appetite with suitable life insurance plans. The facilitator will then display how insurance premiums appear in ITR under Section 80C and how to verify compliance online. Screenshots or videos of the e-filing portal will be shown to connect tax-saving with filing steps.

Activity

1. **Name of the Activity:** Assess and Recommend
2. **Objective of the Activity:** To help participants practise analysing a client's financial position and recommending a tax-saving life insurance plan.
3. **Resources:** Participant handbook, sample client income sheet, calculators, policy brochures, and tax deduction charts.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into pairs or small groups.
   - Provide each group with sample client data (income, dependents, expenses, and risk level).
   - Ask them to analyse the data and select a suitable life insurance policy with a matching premium.
   - Groups should also note which tax-saving provisions apply to the selected plan.
   - Facilitator reviews responses and discusses how compliance ensures trust and long-term customer relationships.
6. **Outcome:** Participants will understand how to prepare client profiles, recommend suitable insurance products, and ensure compliance with tax-saving laws.

Notes for Facilitation

- Encourage participants to share real-life examples of helping clients with insurance or tax-saving advice.
- Use visual slides showing sample client assessments and ITR filing sections related to insurance.
- Explain financial terms like risk appetite, liabilities, and underwriting in simple, practical language.
- Maintain an interactive pace through group discussions and Q&A sessions.
- Conclude by reviewing how accurate financial assessment, proper documentation, and timely compliance support both the client's and advisor's professional success.

Unit 7.2: Core Insurance Operations Management Framework

Unit Objectives 🎯

By the end of this unit, the participants will be able to:

1. Outline how to coordinate efficiently with underwriting and medical departments to ensure timely policy approval and issue.
2. Explain the main aspects of policy servicing, such as premium payment handling, client communication, and renewal management.
3. Elucidate the process for managing servicing requests, including nominee modifications, reinstatements, and policy endorsements.
4. Enlist the essential compliance norms and documentation practices required for effective record maintenance and client interaction.
5. Describe strategies to enhance client satisfaction through clear communication, proper record keeping, and prompt service responses.

Resources to be Used ⚙️

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, laptop/computer with internet connection, sample policy documents, premium receipts, policy servicing forms, claim and endorsement templates, client communication scripts, compliance checklists, short case studies on servicing requests, and videos showing backend insurance operations and policy management processes.

Do ✓

- Greet participants and introduce the topic by linking insurance operations to customer satisfaction and organisational efficiency.
- Clearly state the unit objectives so participants understand how operations connect to underwriting, servicing, and compliance.
- Ensure the projector, computer, and internet connection are working properly before starting the session.
- Distribute sample policy and servicing request forms to participants.
- Encourage participants to share examples of servicing experiences from either clients or colleagues.
- Explain that the session will combine operational theory with process-based demonstrations.
- Use simple real-life insurance cases to illustrate coordination between departments.
- Emphasise the importance of documentation and data accuracy in maintaining customer trust and compliance.
- Summarise each process—underwriting coordination, policy servicing, record keeping, and client satisfaction—before moving to the next.
- Conclude by reinforcing the importance of teamwork, clarity, and timely service delivery in insurance operations.

Say

- Welcome to this session on Core Insurance Operations Management Framework.
- In this unit, we will understand how insurance operations ensure smooth coordination among departments and timely policy issue.
- We will discuss how servicing activities like premium collection, renewals, and endorsements are managed efficiently.
- We will also explore compliance norms and the role of documentation in maintaining legal and professional standards.
- Finally, we will learn strategies to improve client satisfaction through effective communication, prompt responses, and accurate record keeping.

Ask

- Why is coordination between underwriting and medical departments important in insurance operations?
- What steps are involved in servicing a policy renewal request?
- Can anyone share an example of a servicing issue they've faced or observed?
- Why are nominee updates and endorsements important for policyholders?
- What compliance checks must be followed before processing a client request?
- How does proper documentation reduce operational errors?
- What strategies can improve communication between service teams and clients?
- How do quick response and transparency impact client satisfaction in insurance services?

Elaborate

- Insurance operations management involves coordinated activities across departments to ensure efficient policy issuance and servicing.
- Underwriting and medical coordination helps verify client details, assess risks, and issue policies without delays.
- Policy servicing includes managing premium payments, renewals, and client communication through structured processes.
- Servicing requests such as nominee updates, reinstatements, or endorsements require verification and approval to maintain accuracy.
- Proper compliance and documentation practices help in maintaining transparent and audit-ready records.
- Every interaction—payment, query, or complaint—must be logged systematically for reference and follow-up.
- Record maintenance includes storing digital and physical copies of forms, approvals, and correspondence.
- Client satisfaction depends on timely responses, polite communication, and problem-solving efficiency.
- Technology tools like CRM systems help track client interactions and streamline workflows.
- Effective insurance operations build trust, reduce errors, and ensure service excellence.

Explain

- Coordination with underwriting ensures all risk assessments, documents, and approvals are completed before policy issue.
- The operations team supports medical departments by tracking reports and ensuring timely upload of results.
- Policy servicing covers tasks like updating addresses, managing renewals, and issuing receipts for premium payments.
- Requests like nominee changes or reinstatements must be supported with valid documentation and approval from authorised staff.
- Compliance norms include record maintenance, adherence to IRDAI regulations, and timely communication with clients.
- Accurate records prevent disputes and help in easy claim settlement later.
- Client satisfaction can be improved by giving clear information, sending reminders, and responding quickly to queries.
- Consistent training and audits help staff maintain service quality.
- Modern tools such as CRM dashboards and policy-tracking systems enhance transparency.
- A well-managed operations framework ensures smooth workflow, compliance, and customer trust.

Demonstrate

The facilitator will demonstrate the insurance operations workflow, showing how a client's policy request moves from underwriting to approval. Screenshots or flow diagrams will show coordination between underwriting, medical, and operations teams. A sample case will be used to demonstrate premium payment entry, policy renewal, and nominee modification. Participants will observe how compliance documentation is filed digitally and how client updates are communicated through automated systems.

Activity

1. **Name of the Activity:** Service and Support Simulation
2. **Objective of the Activity:** To help participants practise handling real-life policy servicing requests and maintaining compliance documentation.
3. **Resources:** Participant handbook, sample policy forms, premium receipts, endorsement templates, CRM update sheets, and communication scripts.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into small groups.
   - Assign each group a servicing scenario (e.g., nominee update, premium renewal, or address change).
   - Ask them to complete the servicing form, verify compliance documents, and draft a short client communication message.
   - Facilitator reviews submissions, highlighting accuracy, tone, and completeness.
   - Discuss how timely response and proper record keeping impact client trust.
6. **Outcome:** Participants will understand how to manage servicing requests, maintain documentation, and enhance client satisfaction through efficient operational practices.

Notes for Facilitation

- Show visuals or flowcharts of insurance operations to help participants visualise interdepartmental coordination.
- Encourage sharing of experiences related to servicing or underwriting delays and discuss improvement measures.
- Explain technical terms like endorsement, reinstatement, and compliance audit in simple language.
- Link this unit with earlier discussions on policy servicing and client management.
- Conclude by revising the entire operations cycle—coordination, servicing, compliance, and client satisfaction—and emphasising its importance in building trust and efficiency.

Answers to Exercises for PHB

Multiple Choice Questions:

1. b. Client financial assessment
2. c. Endowment plan
3. b. Underwriter
4. b. To verify risk and eligibility before approval
5. b. IRDAI

Descriptive Questions:

1. Refer to Unit 7.1: Insurance Client Onboarding and Underwriting
   Topic 7.1.1 Client Financial Situations

2. Refer to Unit 7.1: Insurance Client Onboarding and Underwriting
   Topic 7.1.3 Life Insurance Products

3. Refer to Unit 7.1: Insurance Client Onboarding and Underwriting
   Topic 7.1.4 Underwriting Process Steps

4. Refer to Unit 7.2: Core Insurance Operations Management Framework
   Topic 7.2.2 Managing Policy Servicing Activities

5. Refer to Unit 7.2: Core Insurance Operations Management Framework
   Topic 7.2.4 Regulatory Compliance Practices

8. Process General Insurance

Unit 8.1 - General Insurance Sales and Servicing

Unit 8.2 - General Insurance Claims and Retention
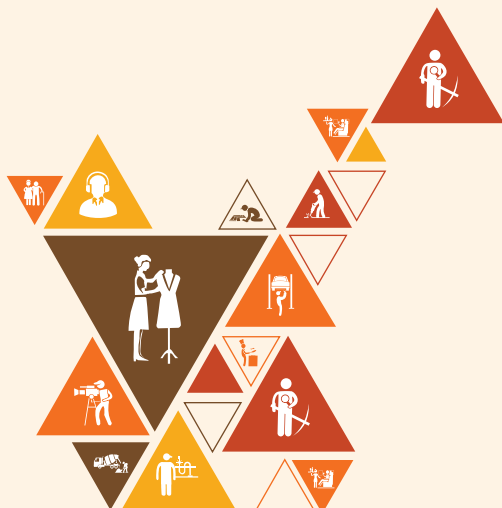
Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Elaborate on how to assess client financial situations, asset base, and risk exposure to recommend suitable general insurance products.
2. Explain the principles of evaluating client insurance needs for various products such as health, motor, property, and travel insurance.
3. Describe the features, benefits, coverage details, premium limits, and exclusions of different types of general insurance policies.
4. Discuss the step-by-step process of filing insurance claims, including documentation, stakeholder coordination, and regulatory compliance.
5. Highlight the importance of assisting clients in accurately completing policy applications, renewals, and endorsements.
6. Outline the procedures involved in managing policy servicing activities such as premium payments, reminders, and policy adjustments.
7. Explain the process of coordinating with surveyors, hospitals, garages, and other third parties during claim handling and settlement.
8. Elucidate the methods of following up with insurers to expedite claim settlements and update clients on progress.
9. Enlist the essential compliance and regulatory requirements related to documentation, record keeping, and claims management.
10. Describe ways to promote client trust and retention through clear communication and prompt service delivery.

Unit 8.1: General Insurance Sales and Servicing

Unit Objectives 🎯

By the end of this unit, the participants will be able to:

1. Elaborate on assessing client financial conditions, asset holdings, and risk exposure to recommend the most suitable general insurance policies.
2. Explain the principles for evaluating client insurance requirements across health, motor, property, and travel insurance products.
3. Describe various general insurance plans by detailing their features, benefits, coverage scope, premium structure, and exclusions.
4. Highlight the significance of guiding clients in accurately completing applications, renewals, and policy endorsements.
5. Outline the procedures for managing policy servicing functions such as premium payments, renewals, and necessary adjustments.

Resources to be Used ⚙️

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, computer or laptop with internet connection, projector or large screen, sample general insurance policy documents (health, motor, property, and travel), premium calculation templates, claim forms, endorsement and renewal samples, calculators, short videos showing insurance servicing processes, and case study sheets with client scenarios.

Do ✓

- Greet participants and introduce the unit by linking general insurance sales and servicing to financial protection and client satisfaction.
- Clearly state the unit objectives so participants understand how to assess client needs and recommend suitable policies.
- Check that all presentation materials, laptops, and internet connectivity are ready before beginning.
- Provide sample policy brochures or claim forms for practical reference during the session.
- Encourage participants to share their personal or family experiences with motor, health, or travel insurance.
- Explain that the session will cover both sales processes and servicing activities, supported by real-life case examples.
- Highlight the importance of matching insurance products to client risk profiles and asset types.
- Balance theoretical learning with practice-based activities such as policy recommendation or renewal simulations.
- Summarise each key topic—policy types, client needs, coverage, and servicing procedures—before moving to the next section.
- Conclude by emphasising professionalism, accuracy, and client communication as essential for success in general insurance services.

Say

- Welcome to this session on General Insurance Sales and Servicing.
- In this unit, we will learn how to assess clients' financial positions, asset holdings, and risk exposure to recommend suitable general insurance plans.
- We will discuss how to evaluate requirements across health, motor, property, and travel insurance categories.
- We will also explore different policy types, their coverage, benefits, and exclusions.
- By the end of this session, you will understand how to assist clients with application, renewal, and servicing procedures effectively.

Ask

- What types of general insurance policies do you or your family currently use?
- Why do you think clients need different policies for motor, property, and health insurance?
- What information is required to assess a client's insurance needs?
- Can anyone explain what "coverage" and "exclusion" mean in an insurance policy?
- How can good client communication improve policy sales and renewals?
- What challenges do agents face while assisting clients with claim or endorsement processes?
- Why is it important to review policy details before renewal?
- What could happen if a policyholder forgets to renew their general insurance policy on time?

Elaborate

- General insurance provides financial protection against specific risks such as accidents, illnesses, theft, and property damage.
- Before recommending a policy, advisors must assess the client's income, assets, liabilities, and risk exposure.
- Each policy category—motor, health, property, and travel—has unique features, benefits, and coverage limits.
- Health insurance covers hospitalisation and medical expenses; motor insurance provides protection against vehicle damage and third-party liability.
- Property insurance safeguards buildings and contents from fire, theft, or natural calamities, while travel insurance covers trip cancellations, lost baggage, or emergencies abroad.
- Policy servicing involves renewals, endorsements, and premium payment management to ensure continuous coverage.
- Endorsements are updates made to policies—like name changes, address modifications, or coverage alterations.
- Proper documentation, compliance with IRDAI norms, and timely servicing are key to maintaining client satisfaction.
- Effective communication helps clients understand policy benefits and prevents confusion during claims or renewals.
- Regular client follow-ups strengthen relationships, improve renewals, and enhance business growth.

Explain

- To assess client needs, gather details about assets (vehicles, property), financial stability, and potential risks.
- Use this information to recommend the most suitable policy with the right coverage and premium balance.
- Health, motor, property, and travel insurance each have standard inclusions and exclusions defined by the insurer.
- Explain coverage scope clearly to prevent misunderstandings during claim settlement.
- Premium structures depend on factors like asset value, location, age, and risk category.
- In servicing, clients may request renewals, nominee changes, or endorsements that must be handled promptly.
- Maintaining accuracy in documentation ensures compliance with IRDAI regulations.
- Policy renewals should be tracked systematically to prevent lapse and loss of protection.
- Clear communication at each servicing stage helps in retaining clients and building long-term trust.
- Advisors must follow ethical sales practices, ensuring products are suited to client needs and financial capacity.

Demonstrate

The facilitator will demonstrate how to assess a client's general insurance needs using sample data. Participants will observe how to match client profiles to suitable policy types—motor, health, property, or travel. The facilitator will then show how to complete a sample renewal or endorsement form and explain documentation required for policy servicing. A short video or visual demo will show the end-to-end process of premium payment, policy issue, and renewal confirmation.

Activity

1. **Name of the Activity:** Recommend and Renew
2. **Objective of the Activity:** To help participants practise assessing client needs, selecting suitable general insurance plans, and completing servicing steps.
3. **Resources:** Participant handbook, sample client case sheets, insurance brochures, premium calculators, renewal and endorsement forms.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into pairs or small groups.
   - Provide each group with a client scenario containing details of assets, risks, and financial condition.
   - Ask them to recommend the most suitable general insurance policy for the client.
   - Groups should then complete a renewal or endorsement form for the chosen policy.
   - The facilitator reviews each group's recommendation and discusses best practices for client communication and documentation.
6. **Outcome:** Participants will learn how to analyse client requirements, recommend suitable general insurance products, and complete servicing activities like renewals and endorsements accurately.

Notes for Facilitation

- Show real samples of general insurance policies and forms to familiarise participants with authentic formats.
- Encourage participants to connect lessons from previous units on financial profiling and compliance.
- Explain technical terms like endorsement, premium calculation, and coverage limit in simple, practical language.
- Use interactive examples and role-plays to make policy servicing more relatable.
- Conclude by revising the full general insurance process—from client assessment to servicing—and highlight how professionalism and timely assistance build client loyalty and trust.

Unit 8.2: General Insurance Claims and Retention

Unit Objectives

By the end of this unit, the participants will be able to:

1. Discuss the complete claims process, including document verification, coordination with stakeholders, and adherence to regulatory standards.

2. Explain how to coordinate with surveyors, hospitals, garages, and other service providers for smooth claim processing.

3. Elucidate the methods for tracking and following up with insurers to ensure faster claim settlements and client updates.

4. Enlist the key regulatory and compliance norms required for maintaining proper documentation and claims-related records.

5. Describe how to promote client trust and retention through transparent communication and timely service delivery.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, computer or laptop with internet connection, projector or large screen, sample claim forms (health, motor, property, travel), claim settlement letters, surveyor reports, client communication templates, IRDAI claim guidelines, checklists for document verification, case study sheets, and short videos demonstrating claim registration and settlement processes.

Do

- Greet participants and introduce the topic by linking general insurance claims and retention to customer trust and business continuity.

- Clearly state the unit objectives so participants understand the complete claim process and its role in client satisfaction.

- Ensure all sample claim documents, projector, and visual materials are ready before starting the session.

- Distribute sample claim forms and checklists to participants for reference.

- Encourage participants to share any personal or family experiences with claim filing or settlement delays.

- Explain that the session will cover both operational steps and client communication strategies for effective claims handling.

- Highlight the importance of accuracy, coordination, and transparency in the claims process.

- Balance theory with real-life examples showing claim registration, verification, and settlement.

- Summarise each key process—claim filing, verification, coordination, follow-up, and retention—before moving to the next.

- Conclude the session by stressing how proper claim management strengthens client loyalty and brand reputation.

Say

- Welcome to this session on General Insurance Claims and Retention.
- In this unit, we will understand the complete claims process from document verification to settlement.
- We will learn how to coordinate effectively with surveyors, hospitals, garages, and other service providers.
- We will also explore methods for tracking claims, maintaining communication, and ensuring compliance with regulatory norms.
- By the end of this session, you will understand how transparent communication and timely service lead to higher client trust and retention.

Ask

- What is the first step a client must take after an accident or loss?
- Why is documentation so important in insurance claims?
- What challenges do clients face during the claim settlement process?
- Who are the main stakeholders involved in a general insurance claim?
- How can effective coordination with service providers speed up claim settlement?
- What can happen if there are missing or inaccurate documents in a claim file?
- Why is it important to maintain proper communication with clients during the claim process?
- What strategies can help retain clients after a claim experience?

Elaborate

- The claims process is the most crucial stage in insurance servicing, as it directly impacts client satisfaction and trust.
- A claim begins when the policyholder reports a loss or incident to the insurer or agent.
- The next step involves collecting and verifying required documents such as claim forms, bills, police reports, or hospital discharge summaries.
- Coordination with external stakeholders—surveyors, garages, hospitals, or service providers—ensures the claim is assessed accurately.
- Surveyors verify the nature and extent of the loss, preparing reports that form the basis of claim approval.
- Proper communication and timely updates keep clients informed about claim status, reducing anxiety and confusion.
- Tracking systems help monitor claim progress, follow up on pending approvals, and identify delays.
- Compliance norms under IRDAI require insurers to maintain complete claim records and follow transparent processing timelines.
- Timely and fair settlements enhance client satisfaction and trust in the insurer's service quality.
- Client retention depends on empathy, accuracy, and speed throughout the claim and follow-up process.

Explain

- The claim process begins with notification, where the client reports a loss immediately to the insurer or agent.
- The document verification stage ensures that all mandatory papers are collected and validated before claim assessment.
- Coordination with surveyors, garages, or hospitals helps confirm authenticity and speed up settlement.
- The assessment report forms the basis for claim approval or adjustment.
- Insurers must comply with IRDAI guidelines on claim timelines and transparency.
- Tracking and follow-up systems ensure clients receive timely updates and payments without delay.
- Accurate record-keeping supports audits, compliance checks, and dispute resolution.
- Clear and empathetic communication during claims handling builds strong client relationships.
- Retention strategies include follow-up calls, renewal reminders, and sharing preventive tips post-claim.
- Professional, transparent claim management converts one-time clients into long-term loyal customers.

Demonstrate

The facilitator will demonstrate the end-to-end claim handling process using a sample case. Participants will observe how a claim is registered, documents verified, and surveyor coordination completed. The facilitator will show sample communication templates for claim intimation, follow-up, and settlement confirmation. A short video or portal screenshot will illustrate how claim tracking and client updates are managed digitally to ensure smooth processing.

Activity

1. **Name of the Activity:** Manage a Claim Case
2. **Objective of the Activity:** To help participants understand the complete claims process and practise communication and documentation steps.
3. **Resources:** Participant handbook, sample claim forms, surveyor reports, client communication templates, and case sheets (motor, health, or property).
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into small groups.
   - Provide each group with a sample client claim scenario (e.g., motor accident, hospitalisation, or property loss).
   - Ask them to list all documents required, draft a claim intimation message, and outline coordination steps with relevant service providers.
   - Groups should also prepare a brief follow-up note for the client regarding claim status.
   - The facilitator reviews the group outputs, highlighting best practices for claim accuracy and client communication.
6. **Outcome:** Participants will understand how to handle claims efficiently—from registration to follow-up—while ensuring compliance, transparency, and customer trust.

Notes for Facilitation

- Show real or sample claim forms and reports to help participants understand document formats.
- Encourage learners to share real-life experiences related to claim filing or delays for practical discussion.
- Explain terms like surveyor report, endorsement, intimation, and settlement ratio in simple language.
- Highlight IRDAI guidelines and ethical responsibilities during claims processing.
- Conclude by revising the complete claim workflow—registration, verification, coordination, follow-up, and retention—and emphasising how prompt, transparent service leads to lasting client relationships.

Answers to Exercises for PHB

Multiple Choice Questions:

1. b. Client financial assessment
2. c. Motor insurance
3. a. Surveyor
4. b. To ensure accurate claim verification and service
5. b. IRDAI

Descriptive Questions:

1. Refer to Unit 8.1: General Insurance Sales and Servicing
   Topic 8.1.1 Assessing Client Financial Conditions
2. Refer to Unit 8.1: General Insurance Sales and Servicing
   Topic 8.1.3 General Insurance Plans
3. Refer to Unit 8.2: General Insurance Claims and Retention
   Topic 8.2.1 Complete Claims Process
4. Refer to Unit 8.1: General Insurance Sales and Servicing
   Topic 8.1.5 Managing Policy Servicing Procedures
5. Refer to Unit 8.2: General Insurance Claims and Retention
   Topic 8.2.5 Promote Client Trust and Retention

9. Process Home, Travel, Accident, and Property Insurance

Unit 9.1 - Insurance Products and Client Assessment

Unit 9.2 - Policy Servicing and Claims Management
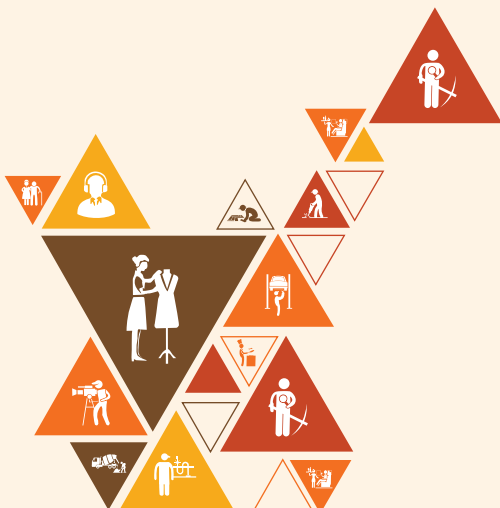
Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Elaborate on the key features of insurance policies, including benefits, coverage limits, exclusions, and claims procedures in simple language.

2. Explain the differences among commercial insurance types such as employer's liability, public liability, and professional indemnity insurance.

3. Describe the relevance of various insurance products like home, travel, accident, property, and commercial for different customer needs.

4. Describe multiple insurance policies based on cost, coverage, exclusions, and customer risk profiles to recommend suitable options.

5. Discuss insurance terms such as premium, renewal procedures, and claim eligibility in layman-friendly language.

6. Enlist the documents required for different insurance applications, including ID proofs, ownership documents, and medical history.

7. Explain the underwriting process and explain the roles of agents and insurers in policy approval.

8. Discuss industry regulations and data protection standards applicable to insurance processing.

9. Describe the process of claim submission and settlement, including required documentation and timelines.

10. Outline the renewal process and highlight the benefits of timely policy renewals.

11. Describe common customer concerns related to policies, claims, and renewals, and describe ways to address them.

12. Elucidate how to assess customer needs using sample profiles and categorise insurance options accordingly.

13. Explain how to guide a client or peer through a claims process, including form completion and document submission.

14. Describe methods to maintain structured policyholder records, including premiums, communication, and claim details.

Unit 9.1: Insurance Products and Client Assessment

Unit Objectives ☉

By the end of this unit, the participants will be able to:

1. Elaborate on the key features of insurance policies, including benefits, coverage limits, exclusions, and claims procedures in easy-to-understand language.
2. Explain the differences between commercial insurance types such as employer's liability, public liability, and professional indemnity policies.
3. Describe the importance of various insurance products like home, travel, accident, property, and commercial for different client needs.
4. Describe how to compare multiple insurance policies based on cost, coverage, exclusions, and client risk profiles to recommend suitable options.
5. Discuss insurance terms such as premium, renewal processes, and claim eligibility in simple, layman-friendly language.
6. Enlist the documents required for different insurance applications, including identity proofs, ownership papers, and medical records.
7. Explain the underwriting process and the roles of agents and insurers in policy approval and issuance.
8. Elucidate how to assess customer needs using sample profiles and categorise suitable insurance options accordingly.

Resources to be Used ⚙

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, computer or laptop with internet connection, projector or large screen, sample insurance policy brochures (home, travel, accident, property, commercial), premium calculation sheets, comparison charts of different policies, claim forms, underwriting flowcharts, sample client profiles, and short videos showing the insurance selection and assessment process.

Do ✓

- Greet participants and introduce the unit by linking insurance products to client protection, financial planning, and responsible advisory practices.
- Clearly state the unit objectives so participants understand the purpose of insurance product knowledge and client assessment.
- Check the readiness of all presentation tools, digital materials, and sample insurance documents before starting.
- Provide printed or digital copies of sample policies for participants to review key features and coverage.
- Encourage participants to share examples of insurance products they or their families currently hold.
- Explain that the session will include both conceptual learning and practical exercises on product comparison and client assessment.
- Highlight how matching policies with client risk profiles ensures better satisfaction and trust.

- Balance theory with demonstrations of comparing multiple products and identifying client-appropriate solutions.
- Summarise each topic—policy features, commercial insurance, underwriting, and client assessment—before moving to the next.
- Conclude the session by reinforcing that product clarity and correct assessment are key to ethical insurance selling.

Say

- Welcome to this session on Insurance Products and Client Assessment.
- In this unit, we will explore different types of insurance policies and their features, benefits, and coverage.
- We will understand how to compare products, explain terms in simple language, and guide clients in choosing the most suitable policy.
- We will also discuss the underwriting process and the documents required for various insurance applications.
- By the end of this session, you will be able to assess client needs and recommend insurance options that align with their risk profiles and budgets.

Ask

- What are some of the most common insurance products people in your community use?
- Why is it important to understand policy features and exclusions before selling or buying insurance?
- How can you identify which insurance product suits a client best?
- What is the difference between personal and commercial insurance?
- What factors do clients usually consider when comparing two insurance policies?
- Why do you think underwriting is necessary before a policy is issued?
- Which documents are usually required for an insurance application?
- How can agents explain complex insurance terms like premium or exclusions in simple language?

Elaborate

- General insurance provides financial protection against specific risks such as accidents, illnesses, theft, and property damage.
- Before recommending a policy, advisors must assess the client's income, assets, liabilities, and risk exposure.
- Each policy category—motor, health, property, and travel—has unique features, benefits, and coverage limits.
- Health insurance covers hospitalisation and medical expenses; motor insurance provides protection against vehicle damage and third-party liability.
- Property insurance safeguards buildings and contents from fire, theft, or natural calamities, while travel insurance covers trip cancellations, lost baggage, or emergencies abroad.

- Policy servicing involves renewals, endorsements, and premium payment management to ensure continuous coverage.
- Endorsements are updates made to policies—like name changes, address modifications, or coverage alterations.
- Proper documentation, compliance with IRDAI norms, and timely servicing are key to maintaining client satisfaction.
- Effective communication helps clients understand policy benefits and prevents confusion during claims or renewals.
- Regular client follow-ups strengthen relationships, improve renewals, and enhance business growth.

Explain

- Each insurance policy includes coverage (what is protected), exclusions (what is not covered), and benefits (financial compensation or support).
- Commercial insurance protects businesses from liability and operational risks such as employee injury or client claims.
- Home, travel, accident, and property insurance offer individuals security against common risks like theft, loss, or accidents.
- Policy comparison helps clients choose the best value based on their financial capacity and risk exposure.
- Premiums depend on factors such as asset value, risk type, and coverage amount.
- The underwriting team evaluates applications to determine risk level and finalise premium rates or policy terms.
- Agents must collect and verify required documents to ensure applications are processed without delays.
- Clear, simple communication helps clients understand complex policy conditions and exclusions.
- Assessing customer needs using sample profiles allows accurate product recommendations and stronger client relationships.
- Effective client assessment enhances transparency, ensures compliance, and supports long-term customer retention.

Demonstrate

The facilitator will demonstrate how to compare different insurance products using sample policy brochures. Participants will observe how to analyse policy benefits, exclusions, and premium structures to determine the best fit for a sample client profile. The facilitator will also show a sample underwriting flowchart, explaining each stage from risk assessment to policy issuance. Short videos or screenshots will illustrate online policy comparison tools and client assessment steps.

Activity

1. **Name of the Activity:** Assess and Recommend
2. **Objective of the Activity:** To help participants practise assessing client needs and recommending the most appropriate insurance products.
3. **Resources:** Participant handbook, sample client profiles, insurance brochures, comparison charts, and premium calculators.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   • Divide participants into small groups or pairs.
   • Provide each group with a sample client profile, including income, dependents, and risk exposure.
   • Ask them to select suitable insurance products for the client based on needs and affordability.
   • Participants should prepare a short explanation justifying their recommendations.
   • The facilitator reviews each group's assessment, discussing accuracy, clarity, and communication effectiveness.
6. **Outcome:** Participants will learn how to assess clients' financial and personal needs, compare products effectively, and recommend suitable insurance options.

Notes for Facilitation

• Show real policy brochures and comparison tools for hands-on understanding.
• Encourage participants to connect previous learning on insurance sales and servicing with client assessment.
• Explain technical terms like coverage, underwriting, premium, and exclusion using relatable examples.
• Use real-life scenarios to help participants link theory with everyday client interactions.
• Conclude by revising the complete process—from understanding insurance products to client assessment—and highlight how accurate guidance strengthens trust, credibility, and customer loyalty.

Unit 9.2: Policy Servicing and Claims Management

Unit Objectives

By the end of this unit, the participants will be able to:

1. Discuss relevant industry regulations and data protection standards applicable to insurance operations.
2. Describe the complete process of claim submission and settlement, including necessary documents and expected timelines.
3. Outline the renewal process and highlight the advantages of timely policy renewals.
4. Describe common customer concerns regarding policies, claims, and renewals, and explain ways to address them effectively.
5. Explain how to guide a client or peer through a claims process, including form completion and document submission.
6. Describe methods to maintain organised policyholder records, including premiums, communications, and claim information.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, computer or laptop with internet connection, projector or large screen, sample claim forms, policy renewal templates, customer query logs, IRDAI guidelines on policy servicing and data protection, document management checklists, sample client communication templates, and short videos demonstrating claim registration and settlement steps.

Do

- Greet participants and introduce the unit by linking policy servicing and claims management to customer satisfaction and compliance.
- Clearly state the unit objectives so participants understand how to manage policy renewals, claims, and client interactions effectively.
- Ensure that all sample claim forms, renewal documents, and visual materials are prepared before the session begins.
- Distribute policy servicing and claims-related forms to participants for hands-on familiarisation.
- Encourage participants to share experiences of policy renewals or claims processes they have observed.
- Explain that the session will include demonstrations, process discussions, and practical case studies.
- Highlight the importance of data protection and regulatory compliance in insurance operations.
- Balance theory with practical examples and customer communication simulations.
- Summarise each section—industry regulations, claim process, renewals, and customer handling—before moving to the next.
- Conclude the session by emphasising that efficient servicing builds long-term client trust and strengthens business credibility.

Say 💬

- Welcome to this session on Policy Servicing and Claims Management.
- In this unit, we will discuss the regulations, standards, and operational processes that govern insurance servicing and claims.
- We will understand how to handle claim submissions, renewals, and customer queries with accuracy and empathy.
- We will also explore how to maintain organised records and comply with data protection requirements.
- By the end of this session, you will be able to guide clients through claims and renewals confidently, ensuring timely and professional service delivery.

Ask 🔲

- What are the key regulations that guide insurance servicing and data protection?
- Can anyone describe the steps involved in a typical claim submission process?
- Why are timely renewals important for both the insurer and the policyholder?
- What are some common customer complaints related to claims or renewals?
- How can you help a client correctly fill out a claim form?
- What methods can be used to keep policyholder data secure and organised?
- Why is transparent communication important during the claim or renewal process?
- What are the advantages of maintaining digital records for servicing and claims?

Elaborate ⚙

- Policy servicing and claims management are essential for ensuring smooth customer experiences and maintaining regulatory compliance.
- Insurance operations are governed by IRDAI guidelines and data protection laws that safeguard client information.
- The claim process includes submission, document verification, coordination, and settlement within defined timelines.
- Common documents required include claim forms, identity proofs, invoices, discharge summaries, or damage reports.
- Timely policy renewals prevent coverage lapses and ensure uninterrupted protection for clients.
- Agents must track upcoming renewals and send reminders to maintain consistent client engagement.
- Common client concerns include delays in claim processing, misunderstanding of exclusions, and renewal confusion.
- Clear, empathetic communication and proper documentation help address client issues efficiently.
- Maintaining accurate policyholder records—premiums, communications, and claims—ensures smooth audits and renewals.
- Efficient servicing builds long-term trust and contributes to higher customer retention rates.

Explain

- Insurance servicing is guided by IRDAI regulations and data privacy laws that ensure transparency and security in all operations.
- The claim submission process begins with client intimation, followed by document verification and claim assessment.
- Service providers such as hospitals or garages often play a key role in quick claim resolution.
- The settlement process must adhere to standard timelines and communication updates as per IRDAI norms.
- The renewal process includes sending reminders, verifying payment details, and issuing updated policy documents.
- Timely renewals help avoid policy lapse, ensuring continuous coverage and client confidence.
- Customer complaints should be handled through active listening, clear explanations, and prompt resolution.
- Agents should guide clients step-by-step in claim filing, form completion, and submission of documents.
- Maintaining digital or physical records of all policy-related communications helps in compliance and audit readiness.
- Organised documentation and transparent follow-ups enhance credibility and client satisfaction in the long term.

Demonstrate

The facilitator will demonstrate the claim submission and settlement process using a sample case. Participants will observe the sequence from claim intimation to settlement communication. The facilitator will also show how to fill a claim form, attach required documents, and send reminders for policy renewals. Screenshots or short videos will illustrate how data protection and record management are maintained digitally in an insurance servicing system.

Activity

1. **Name of the Activity:** Service and Settle
2. **Objective of the Activity:** To help participants practise claim form completion, document verification, and renewal management processes.
3. **Resources:** Participant handbook, sample claim and renewal forms, client case sheets, communication templates, and checklist formats.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into small groups or pairs.
   - Provide each group with a sample client scenario involving either a claim or a renewal.
   - Ask them to list the documents required and complete a claim form or renewal request accordingly.

- Groups should also prepare a short message for the client regarding claim progress or renewal confirmation.
- The facilitator reviews responses and discusses effective servicing practices and documentation accuracy.

6. **Outcome:** Participants will understand how to manage policy renewals and claims, handle documentation properly, and maintain transparent client communication to ensure compliance and satisfaction.

Notes for Facilitation

- Show authentic claim and renewal forms to help participants understand real-world documentation formats.
- Encourage sharing of actual experiences related to client queries or delays in claim processing.
- Explain terms such as policy lapse, grace period, claim settlement ratio, and renewal bonus in simple language.
- Highlight the importance of data protection and confidentiality in all servicing activities.
- Conclude by revising the entire servicing cycle—from claim registration to policy renewal—and emphasise how consistent communication, accuracy, and compliance ensure long-term client loyalty and business growth.

Answers to Exercises for PHB

Multiple Choice Questions:

1. b. Assessing client needs and profiles
2. b. Public liability insurance
3. c. Underwriter
4. b. To ensure smooth claim processing and verification
5. a. Maintaining organised policyholder records

Descriptive Questions:

1. Refer to Unit 9.1: Insurance Products and Client Assessment
   Topic 9.1.8 Assessing Customer Needs Using Profiles

2. Refer to Unit 9.1: Insurance Products and Client Assessment
   Topic 9.1.3 Differences between Commercial Insurance Types

3. Refer to Unit 9.1: Insurance Products and Client Assessment
   Topic 9.1.4 Comparing Multiple Insurance Policy Options

4. Refer to Unit 9.2: Policy Servicing and Claims Management
   Topic 9.2.2 Claim Submission and Settlement Process

5. Refer to Unit 9.2: Policy Servicing and Claims Management
   Topic 9.2.5 Guiding Clients through Claims

10. Process Life Insurance

Unit 10.1 - Health Insurance Products Understanding

Unit 10.2 - Policy Servicing and Claims Management
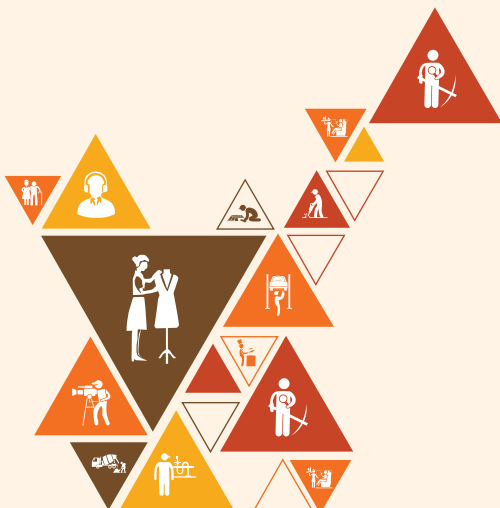
Key Learning Outcomes

By the end of this module, the participants will be able to:

1. Elaborate on identifying client requirements to recommend suitable health insurance plans based on profile and needs.
2. Explain policy features, including inclusions, exclusions, premiums, clauses, and tax benefits clearly to clients.
3. Explain clauses related to pre-existing conditions, co-payments, and cashless claim facilities.
4. Describe the steps involved in filing a health insurance claim and the role of TPAs.
5. Highlight tax benefits under Sections 80D and 10(10D) applicable to health insurance.
6. Describe the importance of policy renewals and the consequences of lapses.
7. Distinguish between IRDAI regulations and internal company guidelines for document handling and client servicing.
8. Discuss client confidentiality requirements and data protection protocols under applicable laws and policies.
9. Elucidate how to assess a client's health risk profile and suggest suitable plans based on age, dependents, and conditions.
10. Enlist documents required for health insurance applications, including identity, age, address, and medical proofs.
11. Explain how to complete and submit health insurance applications accurately through digital or physical channels.
12. Outline follow-up procedures with insurers for policy issuance, claim resolution, and underwriting queries.
13. Describe methods to maintain organised policy records, communication logs, and transaction receipts while ensuring regulatory compliance and data confidentiality.

Unit 10.1: Health Insurance Products Understanding

Unit Objectives

By the end of this unit, the participants will be able to:

1. Elaborate on assessing client needs to recommend appropriate health insurance plans based on their profile and requirements.
2. Explain key policy features, including inclusions, exclusions, premiums, clauses, and tax benefits clearly to clients.
3. Explain provisions related to pre-existing conditions, co-payments, and cashless claim facilities.
4. Highlight the tax benefits available under Sections 80D and 10(10D) for health insurance policyholders.
5. Elucidate how to evaluate a client's health risk profile and suggest suitable plans based on age, dependents, and health conditions.
6. Enlist all necessary documents for health insurance applications, including identity, age, address, and medical proofs.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, computer or laptop with internet connection, projector or large screen, real insurance policy brochures, comparison charts or digital tools, case study sheets, and sample client interaction scripts.

Do

- Show real policy brochures and comparison tools for hands-on understanding.
- Encourage participants to connect previous learning on insurance sales and servicing with client assessment.
- Ensure that participants have access to sample product documents and digital comparison tools for active engagement.
- Invite participants to share their experiences or challenges in explaining policies to clients.
- Explain technical terms such as coverage, underwriting, premium, and exclusion using relatable and simple examples.
- Use real-life scenarios to help participants link theory with everyday client interactions.
- Highlight how real examples build confidence in communicating with customers.
- Summarise the discussion after each scenario to reinforce key concepts.
- Encourage questions from participants to ensure clarity in understanding terms and processes.
- Conclude by revising the complete process—from understanding insurance products to client assessment—and highlight how accurate guidance strengthens trust, credibility, and customer loyalty.

Say

- Welcome to this practical session on Understanding Insurance Products and Client Interaction.
- In this session, we will focus on connecting our knowledge of insurance products with real-life client conversations.
- We will explore how to explain key terms like coverage, premium, underwriting, and exclusions in simple and relatable language.
- We will also discuss how to use policy brochures and comparison tools effectively while guiding clients.
- By the end of this session, you will understand how to communicate insurance concepts clearly and build lasting client trust.

Ask

- Have you ever used a policy brochure or comparison tool while explaining options to a client?
- What challenges do you face when clients don't understand technical insurance terms?
- How can real-life examples help simplify difficult insurance concepts?
- Why do you think it's important to connect product knowledge with client assessment?
- Which client interaction skills do you think are most important for building trust?

Elaborate

- Policy brochures provide essential information about insurance products, including features, coverage, and exclusions.
- Comparison tools help agents and clients identify suitable plans by evaluating cost, benefits, and service quality.
- Understanding terms like coverage, premium, underwriting, and exclusions helps advisors explain policies clearly.
- Using relatable examples—like vehicle repairs for motor insurance or hospitalisation for health plans—makes explanations easier.
- Connecting theory with client assessment ensures recommendations are personalised and accurate.
- Real-life scenarios improve practical understanding and build confidence in customer communication.
- Consistent clarity and honesty during client discussions enhance professionalism and trust.
- Accurate product guidance increases customer satisfaction and renewal rates.
- Practical experience with policy documents ensures compliance and precision.
- This approach supports ethical selling and long-term client relationships.

Explain

- Coverage refers to what risks and situations are included under an insurance policy.
- Premium is the amount a client pays regularly to keep their policy active.
- Underwriting is the process insurers use to assess risk and decide policy terms.
- Exclusions are specific conditions or incidents not covered by the policy.
- Agents must simplify these terms using real-life examples clients can relate to.
- Policy brochures and comparison charts act as visual tools to support explanations.
- Clients value advisors who communicate transparently and avoid jargon.
- By connecting sales, servicing, and client assessment, advisors provide complete guidance.
- Practical demonstrations strengthen client confidence in making purchase decisions.
- Effective product communication leads to long-term client satisfaction and loyalty.

Demonstrate

The facilitator will demonstrate how to use a policy brochure and digital comparison tool to explain insurance plans to clients. Participants will observe how to highlight coverage, exclusions, and benefits using simple language. The facilitator will also walk through a real-life example of a client conversation, showing how to answer common questions clearly and build trust.

Activity

1. **Name of the Activity:** Explain and Recommend
2. **Objective of the Activity:** To help participants practise explaining insurance terms and product comparisons effectively to clients.
3. **Resources:** Real policy brochures, comparison charts, participant handbook, and client scenario cards.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into pairs or small groups.
   - Provide each group with a client scenario and two sample insurance brochures.
   - Ask them to explain policy options to the "client" using simple language and examples.
   - Participants should also use a comparison tool to highlight key differences.
   - The facilitator reviews each presentation, giving feedback on clarity and engagement.
6. **Outcome:** Participants will learn how to communicate policy details effectively, compare insurance options, and guide clients with confidence and trust.

Notes for Facilitation

- Show real policy brochures and comparison tools for hands-on understanding.
- Encourage participants to connect previous learning on insurance sales and servicing with client assessment.
- Explain technical terms like coverage, underwriting, premium, and exclusion using relatable examples.
- Use real-life scenarios to help participants link theory with everyday client interactions.
- Conclude by revising the complete process—from understanding insurance products to client assessment—and highlight how accurate guidance strengthens trust, credibility, and customer loyalty.

Unit 10.2: Policy Servicing and Claims Management

Unit Objectives

By the end of this unit, the participants will be able to:

1. Describe the process of filing a health insurance claim and the role of TPAs in resolution.
2. Describe the significance of timely policy renewals and the impact of lapses on coverage.
3. Distinguish IRDAI regulations from internal company guidelines for document management and client servicing.
4. Discuss the importance of client confidentiality and data protection in compliance with applicable laws and policies.
5. Explain the steps to accurately complete and submit health insurance applications via digital or physical channels.
6. Outline procedures for following up with insurers regarding policy issuance, claim processing, and underwriting queries.
7. Describe ways to maintain organised policy records, communication logs, and transaction receipts while ensuring compliance and data confidentiality.

Resources to be Used

Participant handbook, notepad, pen, whiteboard, markers, presentation slides, computer or laptop with internet connection, projector or large screen, sample health insurance claim forms, TPA coordination flowcharts, IRDAI regulations handbook, policy renewal reminder templates, client communication samples, claim submission screenshots (digital and physical), short explainer videos on claim filing, and sample policy record templates.

Do

- Greet participants and introduce the unit by linking policy servicing and claims management to customer satisfaction and compliance.
- Clearly state the unit objectives so participants understand the importance of claim procedures, renewals, and data confidentiality.
- Ensure participants have their handbook, notepad, and pen ready for note-taking and practical demonstrations.
- Check the projector, laptop, and internet connection before starting the session.
- Arrange seating for clear visibility of slides and easy group interaction.
- Explain that the session will include demonstrations, case-based discussions, and hands-on exercises.
- Encourage participants to share experiences of helping customers with claims or policy renewals.
- Balance theory with practical walkthroughs of claim forms, renewal processes, and digital submissions.
- Summarise each section—claim filing, TPA role, IRDAI compliance, and data protection—before moving to the next.
- Conclude the session by highlighting how efficient policy servicing builds trust and ensures long-term customer retention.

Say

- Welcome to this session on Policy Servicing and Claims Management.
- In this unit, we will understand how to file a health insurance claim and the important role of Third Party Administrators (TPAs).
- We will also discuss why timely policy renewal is important and what happens when policies lapse.
- We will learn about IRDAI regulations and how they differ from internal company guidelines on client servicing and document management.
- Finally, we will explore data confidentiality, digital claim submission steps, and record maintenance procedures to ensure compliance.

Ask

- What do you understand by the term "policy servicing"?
- Have you ever helped or observed someone filing a health insurance claim?
- What do you think is the role of a TPA in the claim settlement process?
- Why is timely policy renewal important for both the customer and the insurer?
- Can you name some IRDAI regulations that ensure fair and transparent claim handling?
- What could happen if client data is mishandled or shared without consent?
- How do you think digital platforms have changed the process of filing and tracking claims?
- Why should all communications and transaction receipts be properly documented?

Elaborate

- Policy servicing includes activities like policy renewal, updating customer details, issuing endorsements, and providing assistance during claims.
- A health insurance claim is a formal request by the policyholder to the insurance company or TPA for medical expense reimbursement or cashless treatment.
- TPAs act as intermediaries between the insurer, hospital, and policyholder to process claims, verify documents, and ensure smooth resolution.
- Timely renewal prevents policy lapses, ensuring continuous health coverage and no loss of accumulated benefits like waiting period or No Claim Bonus (NCB).
- IRDAI regulations define standardised procedures for claim settlement, timelines, and data protection, while company guidelines cover internal workflows.
- Client confidentiality and data protection are legally required to prevent misuse of personal and medical information.
- Health insurance applications can be submitted digitally through insurer portals or physically using claim forms and supporting documents.
- Servicing executives should regularly follow up with insurers or TPAs regarding claim status, underwriting decisions, or missing documents.
- Maintaining organised records—such as claim files, communication logs, and receipts—ensures compliance and smooth audits.
- Good record management helps resolve disputes, track performance, and enhance client satisfaction.

Explain

- The health insurance claim process involves filling the claim form, attaching medical bills and hospital records, and submitting them to the insurer or TPA.
- In a cashless claim, the insured gets treatment at a network hospital where the TPA settles the bill directly with the hospital.
- In a reimbursement claim, the insured pays the hospital bill first and later submits documents for refund.
- TPAs verify details, ensure compliance with policy terms, and communicate approvals or queries to both hospital and insurer.
- Timely renewal of policies avoids policy lapse, waiting period reapplication, and loss of benefits.
- IRDAI mandates insurers to settle claims within defined timelines and maintain confidentiality of customer data.
- Company guidelines support these rules by defining internal steps for claim verification, documentation, and customer service.
- Digital platforms allow clients to submit claims, upload documents, and track progress online—reducing paperwork and delays.
- Data protection measures include secure logins, password-protected files, and restricted access to sensitive information.
- Maintaining records in both digital and physical formats ensures traceability, compliance, and effective service delivery.

Demonstrate

The facilitator will demonstrate the health insurance claim filing process using sample forms and digital submission screenshots. The steps shown will include form filling, document upload, and claim tracking through the TPA portal. A short video will illustrate the difference between cashless and reimbursement claims. The facilitator will also display a policy renewal reminder template and explain how lapses affect claim eligibility. Screenshots of IRDAI's data protection guidelines will be shown to highlight compliance measures.

Activity

1. **Name of the Activity:** File and Follow-Up
2. **Objective of the Activity:** To help participants understand claim filing, renewal, and record management procedures.
3. **Resources:** Participant handbook, sample claim forms, mock hospital bills, TPA contact chart, renewal templates, and sample client data.
4. **Time Duration:** 25 minutes
5. **Instructions:**
   - Divide participants into small groups or pairs.
   - Provide each group with a sample case of a hospitalised policyholder.
   - Ask them to identify the claim type (cashless or reimbursement) and list documents required.

- • Participants will fill a sample claim form and draft a follow-up message to the TPA or insurer.
- • Facilitator reviews forms, provides feedback, and discusses correct procedures for record keeping.

6. **Outcome:** Participants will understand how to correctly file claims, manage renewals, and maintain compliant records with confidentiality.

Notes for Facilitation

- • Show actual claim form samples and short digital walkthroughs for better clarity.
- • Relate examples to real-life policyholder situations to make the discussion more practical.
- • Highlight the difference between IRDAI rules and company-specific internal procedures.
- • Use visual aids and interactive questioning to ensure engagement and understanding.
- • Conclude by revising the full process—from claim filing and TPA coordination to data protection and record maintenance—and emphasise the importance of accuracy, compliance, and client trust.

Answers to Exercises for PHB

Multiple Choice Questions:

1. b. Identifying client needs
2. b. Cashless claim facility
3. b. Insurance agent
4. b. Section 80D and 10(10D)
5. b. To ensure compliance and documentation

Descriptive Questions:

1. Refer to Unit 10.1: Health Insurance Products Understanding
   Topic 10.1.5 Client Needs for Suitable Plans

2. Refer to Unit 10.1: Health Insurance Products Understanding
   Topic 10.1.1 Health Risk Profile and Plans

3. Refer to Unit 10.2: Policy Servicing and Claims Management
   Topic 10.2.1 Health Insurance Claim Process Steps

4. Refer to Unit 10.2: Policy Servicing and Claims Management
   Topic 10.2.2 Importance of Timely Policy Renewals

5. Refer to Unit 10.2: Policy Servicing and Claims Management
   Topic 10.2.7 Maintaining Organised Records and Compliance

11. Annexures

Annexure I: Training Delivery Plan

Annexure II: Assessment Criteria

Annexure III: List of QR Codes Used in PHB
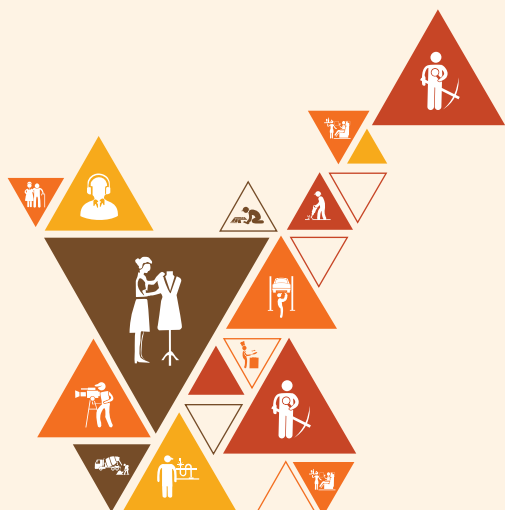
Annexure I

Training Delivery Plan

Training Delivery Plan			
Program Name:	Insurance Agent		
Qualification Pack Name & Ref. ID	Insurance Agent & BSC/Q3801		
Version No.	5.0	**Version Update Date**	07/10/2028
Pre-requisites to Training (if any)	Not Applicable		
Training Outcomes	**By the end of this program, the participants will be able to:** 1. Describe the process of conducting a mock market research activity to identify suitable insurance products for various demographic segments and customer needs. 2. Explain how to draft and present a customer referral strategy that emphasises the benefits of client-led lead generation and sustainable relationship building. 3. Discuss the method of analysing sample market datasets to identify insurance requirements and align them with appropriate product categories. 4. Elaborate on the procedure for simulating a complete client consultation session, from appointment scheduling to conducting a needs-based discussion. 5. Explain how to use a structured checklist to assess client risk profiles, health conditions, and insurance coverage gaps through a case-based activity. 6. Describe how to ask targeted questions during role-play sessions to identify a simulated client's insurance needs and financial goals. 7. Discuss the process of evaluating a mock financial profile and recommending suitable insurance policies based on income, assets, and liabilities. 8. Explain how to present insurance product features, exclusions, and claim processes through a classroom demonstration or role-play activity. 9. Describe how to handle common client objections or misconceptions effectively during a mock insurance sales interaction. 10. Explain the procedure for documenting the outcome of a simulated consultation in a structured client-interaction log format. 11. Elaborate on the process of accurately completing an insurance application form using provided customer case data.		

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
1.	Introduction to the Banking Sector and the Job Role of Insurance Agent	Customer Inquiry Management and Regulatory Compliance	• Elaborate on the professional acknowledgment of customer inquiries regarding accounts and investments while ensuring strict adherence to authentication procedures and banking systems. • Elucidate the process of clarifying transaction-related queries and assisting with loan eligibility, EMI calculations, and documentation requirements. • Describe the methods for escalating complex complaints to senior teams and verifying identities according to data protection regulations and RBI guidelines.	BSC/N8422 PC1, PC2, PC4, PC5, PC6, PC7, PC11, PC12, KU2, KU3, KU7, KU8	Classroom lecture/ PowerPoint Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/ Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	5 Theory (05:00) Practical (00:00)
		Product Advisory and Financial Policy Communication	• Outline the features and benefits of various financial products like savings accounts and credit cards using customer-friendly language to promote transparency. • Illustrate the comparison of different investment options and repayment schedules to help customers select products based on their financial goals and risk appetite. • Elucidate the use of online banking tools and digital services for account management while staying updated on changing financial regulations and institutional protocols.	BSC/N8422 PC3, PC8, PC9, PC10, PC13, PC14, PC15, PC16, PC17, PC18, PC19, KU1, KU4, KU5, KU6			5 Theory (05:00) Practical (00:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
2	Identify and approach potential clients for insurance sales	Customer Inquiry and Response Management	• Elaborate on the process of acknowledging customer inquiries promptly to provide professional and courteous responses regarding accounts, transactions, and various financial products. • Describe the methods for retrieving and verifying customer details through banking systems while ensuring strict adherence to authentication procedures. • Illustrate the techniques for responding to inquiries through multiple communication channels including phone, email, and online chat.	BSC/N8422 PC1, PC2, PC11, KU7	Classroom lecture/ Power-Point Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/ Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	8 Theory (05:00) Practical (03:00)
		Financial Product Clarification	• Elucidate the features, benefits, and terms of financial products such as savings accounts, credit cards, and investment options to ensure customer understanding. • Outline the details of transaction-related queries including fund transfers, deposits, withdrawals, and applicable service charges. • Describe the types of financial products and transaction-related processes like standing instructions and bill payments.	BSC/N8422 PC3, PC4, PC15, KU1, KU2			8 Theory (05:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Loan Advisory and Documentation	• Elucidate the eligibility criteria, interest rates, and required documentation for various loan products to assist customers effectively. • Outline the methods for EMI calculations and the explanation of repayment schedules and default policies to potential borrowers. • Describe the loan processing rules and interest rate structures established by the institution.	BSC/N8422 PC5, PC17, KU4			8 Theory (05:00) Practical (03:00)
		Compliance and Data Security	• Elaborate on the compliance guidelines required to maintain accuracy and security when sharing sensitive financial information with customers. • Describe the procedures for verifying customer identity and account details before disclosure to ensure data protection regulation compliance. • Illustrate the importance of following regulatory guidelines set by the Reserve Bank of India (RBI) and other authorities.	BSC/N8422 PC6, PC12, KU3			8 Theory (05:00) Practical (03:00)
		Information Accuracy and Policy Transparency	• Elucidate financial policies and procedures by referring to bank guidelines and institutional protocols to provide accurate information. • Describe the necessity of staying updated on changes in banking policies and new product offerings to remain compliant.	BSC/N8422 PC8, PC9, PC13, PC14			8 Theory (05:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
			• Outline the process of assisting customers in navigating financial documents and statements to promote transparency and informed decision-making.				
		Complex Inquiry and Error Reso-lution	• Describe the process of escalating complex inquiries or complaints to senior teams when additional expertise or approvals are necessary. • Elaborate on the techniques for troubleshooting transaction errors to guide customers through efficient issue resolution. • Illustrate the use of CRM systems to update records and track the status of resolved queries.	BSC/N8422 PC7, KU8, KU7			5 Theory (02:00) Practical (03:00)
		Customer Centric Advisory and Digital Tools	• Elucidate complex financial concepts using customer-friendly language to ensure full understanding of policies and their implications. • Illustrate how to guide customers through product comparisons and selection based on their specific financial goals and risk appetite. • Describe the use of online banking tools and mobile applications for managing transactions, investments, and e-KYC verification.	BSC/N8422 PC10, PC16, PC18, PC19, KU5, KU6			5 Theory (03:00) Practical (02:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
3	Recommend and process insurance policies	Complaint Documentation and Initial Investigation	• Outline the process of documenting customer complaints regarding billing errors, account discrepancies, and service concerns to initiate the resolution workflow. • Describe the methods for verifying customer details and transaction history by accessing banking systems to understand the nature of the dispute. • Elucidate the common banking issues and customer complaints while analysing transaction logs to identify the root cause of service failures.	BSC/N8423 PC1, PC2, PC3, KU1, KU2	Classroom lecture/ PowerPoint Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/ Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	8 Theory (05:00) Practical (03:00)
		Issue Resolution and Internal Liaison	• Illustrate the provision of step-by-step resolutions by explaining corrective actions such as reversing incorrect charges or processing refunds. • Elaborate on the procedures for liaising with internal departments like risk management, IT support, and compliance teams to resolve complex banking issues. • Describe the techniques for following regulatory guidelines while maintaining transparency and protecting sensitive customer data during dispute resolution.	BSC/N8423 PC4, PC5, PC6, KU6			8 Theory (05:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Escalation and Status Tracking	• Outline the escalation procedures for unresolved issues by forwarding them to higher authorities, specialised teams, or grievance redressal units. • Elucidate the methods for tracking and updating complaint status in banking software or CRM systems to ensure timely resolution. • Describe the functionality of complaint management systems used for logging and maintaining proper documentation of customer issues.	BSC/N8423 PC7, PC8, KU8			8 Theory (05:00) Practical (03:00)
		Preventive Customer Education	• Describe the process of educating customers on preventive measures to avoid future issues, such as setting transaction alerts and updating account information. • Elucidate the methods for teaching customers about secure digital banking practices and the importance of regular account monitoring. • Illustrate techniques for guiding customers toward self-service solutions to improve their overall banking experience.	BSC/N8423 PC9, KU7			8 Theory (05:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Digital Banking Trouble-shooting	• Elucidate the diagnosis of technical issues related to online banking, mobile apps, ATM transactions, and internet banking services. • Describe the process of guiding customers through troubleshooting steps for login failures, password resets, and account access restrictions. • Outline the specific procedures for resolving mobile banking issues, including app crashes, biometric authentication failures, and payment gateway errors.	BSC/N8423 PC10, PC11, PC12, KU3, KU4			8 Theory (05:00) Practical (03:00)
		Security Verification and Fraud Prevention	• Elaborate on the validation of customer credentials before assisting with account recovery or reset requests to ensure compliance with security protocols. • Describe the cybersecurity best practices including two-factor authentication (2FA), phishing awareness, and safe login methods. • Illustrate the process of educating customers on digital banking security to prevent fraud and unauthorised account access.	BSC/N8423 PC13, PC14, KU5			5 Theory (02:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Technical Documentation and IT Escalation	• Describe the process of escalating complex technical issues to IT support teams or system administrators when they are beyond standard troubleshooting procedures. • Outline the requirements for documenting all troubleshooting steps and resolutions in the banking system for future reference and quality assurance. • Elucidate the use of effective communication techniques to explain technical solutions clearly and guide customers through resolution steps.	BSC/N8423 PC15, PC16, KU6			5 Theory (03:00) Practical (02:00)
4	Manage premium collection and policy servicing	Financial Transaction Execution and Verification	• Elaborate on the verification of customer identity and authentication details to ensure compliance with KYC and security protocols before processing any transaction. • Describe the process of assisting customers with cash deposits, withdrawals, and fund transfers to ensure high levels of accuracy. • Elucidate the procedures for processing check deposits and digital payments such as NEFT, RTGS, IMPS, and UPI while verifying transaction limits and charges.	BSC/N8424 PC1, PC2, PC3, KU1	Classroom lecture/ Power-Point Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/ Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	8 Theory (05:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Specialised Remittance and Automated Services	• Outline the handling of foreign currency exchanges and remittances in accordance with banking and regulatory guidelines. • Describe the methods for assisting customers in setting up automatic payments, standing instructions, and scheduled fund transfers. • Illustrate the foreign currency exchange and remittance procedures including regulatory compliance and transaction limits.	BSC/N8424 PC4, PC5, KU2			8 Theory (05:00) Practical (03:00)
		Loan and Credit Card Application Management	• Describe the collection and verification of loan and credit card applications to ensure all required fields and documents are submitted. • Elucidate the process of checking applicant eligibility by reviewing income proofs, employment details, and repayment capacity. • Illustrate how to guide customers on loan and credit card terms including interest rates, repayment schedules, and EMI options.	BSC/N8424 PC8, PC9, PC12, PC21			8 Theory (05:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Credit Assess-ment and Regulatory Compliance	• Elaborate on the validation of KYC documents like Aadhaar and PAN to ensure compliance with regulatory guidelines. • Describe the assessment of creditworthiness by retrieving and analysing credit bureau reports from CIBIL, Experian, or Equifax. • Elucidate the Reserve Bank of India (RBI) guidelines and internal banking policies related to credit risk assessment and fair lending practices.	BSC/N8424 PC10, PC11, PC15, KU3, KU7			8 Theory (05:00) Practical (03:00)
		Workflow Coordina-tion and Application Tracking	• Outline the coordination with underwriting, risk assessment, and credit approval teams for the submission of applications. • Describe the process of tracking application status in the Loan Management System (LMS) or CRM to provide updates to customers. • Illustrate the use of banking software and transaction management systems to process payments and credit approvals efficiently.	BSC/N8424 PC13, PC14, PC22			8 Theory (05:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Transaction Integrity and Record Mainte-nance	• Describe the accurate recording of transaction details such as deposits and bill payments in the banking system to maintain data integrity. • Elucidate the process of cross-checking transaction amounts against customer instructions to prevent discrepancies. • Outline the protocols for updating customer transaction records in LMS/CRM systems to ensure audit readiness.	BSC/N8424 PC7, PC16, PC17, KU4			5 Theory (02:00) Practical (03:00)
		Fraud De-tection and Operational Security	• Elaborate on the monitoring of suspicious transaction patterns and the reporting of potential fraudulent activities to the compliance team. • Describe the secure cash handling procedures including the verification and reconciliation of cash deposits in branch operations. • Illustrate cybersecurity protocols and the confidential handling of sensitive financial data in accordance with data protection laws.	BSC/N8424 PC6, PC18, PC19, PC20, PC23, KU5, KU6			5 Theory (03:00) Practical (02:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
5	Assist clients with insurance claims and documentation	CRM Documentation and Transaction Logging	• Elaborate on the process of recording customer interactions, including inquiries and complaints, within banking CRM systems for future reference and audit readiness. • Describe the methods for logging detailed transaction data such as deposits, fund transfers, and credit approvals while ensuring complete data accuracy. • Elucidate the use of digital banking platforms and Loan Management Systems (LMS) to store and retrieve transaction records efficiently in alignment with institutional policies.	BSC/N8425 PC1, PC2, PC8, KU1	Classroom lecture/ PowerPoint Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	6 Theory (02:00) Practical (04:00)
		Data Protection and Privacy Compliance	• Outline the adherence to financial data protection regulations like RBI guidelines and GDPR to ensure the secure handling of sensitive customer information. • Illustrate the process of obtaining customer consent before accessing financial records and restricting data access through role-based security protocols. • Elucidate the use of encrypted banking platforms and secure transmission protocols, including multi-factor authentication, to protect customer data from unauthorised access.	BSC/N8425 PC4, PC9, PC10, PC11, PC12, KU3, KU4			6 Theory (02:00) Practical (04:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Account Modifica-tion and Information Manage-ment	• Describe the procedures for updating customer account details, such as address modifications, nominee changes, and contact information, in the banking CRM. • Elucidate the techniques for guiding customers through account preference adjustments while ensuring compliance with institutional guidelines and regulatory standards. • Illustrate the importance of maintaining both digital and physical records of account modifications for future reference and internal audits.	BSC/N8425 PC3, PC6, PC18, KU5, KU7			6 Theory (02:00) Practical (04:00)
		Information Verification and Quality Control	• Describe the data verification techniques used to cross-check customer records to ensure all updates are correct, consistent, and compliant with banking laws. • Elaborate on the methods for monitoring record-keeping accuracy to avoid data duplication, incomplete entries, or inconsistencies that may impact customer service. • Illustrate the process of verifying recorded data against institutional standards to prevent discrepancies and ensure the integrity of the banking system.	BSC/N8425 PC5, PC16, PC20, KU2, KU6			6 Theory (02:00) Practical (04:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Incident Reporting and Service Tracking	• Elucidate the process of recording and tracking service requests, such as loan processing updates and transaction disputes, to ensure timely resolution for the customer. • Describe the protocols for monitoring and reporting data breaches or unauthorised access by promptly escalating incidents to cybersecurity and compliance teams. • Outline the steps for escalating discrepancies or suspicious modifications in customer records to supervisors for immediate verification and correction.	BSC/N8425 PC7, PC14, PC15, PC17, PC19, PC21			6 Theory (02:00) Practical (04:00)
8	**Process life insurance**	**Loan Application and Regulatory Documentation**	• Elaborate on the process of guiding customers through loan application fields and collecting mandatory details like identity, address, and income proofs. • Elucidate the validation of KYC and AML documents, including Aadhaar, PAN, and voter ID, to ensure strict regulatory compliance. • Describe the methods for reviewing income stability through salary slips and ITR while ensuring all records are entered accurately into the Loan Management System (LMS).	BSC/N8426 PC1, PC2, PC3, PC4, PC5, PC6, KU1, KU2, KU4	Classroom lecture/ PowerPoint Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	5 Theory (02:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Internal Liaison and Risk Coordination	• Illustrate the process of liaising with credit underwriting and risk assessment teams to provide eligibility reports and identify potential financial inconsistencies. • Elaborate on the techniques for following up with operations teams to track processing stages and clarifying application discrepancies with customers. • Describe the coordination with legal and documentation teams to validate property papers, loan agreements, and mortgage-related documents for secured loans.	BSC/N8426 PC7, PC8, PC9, PC10, PC11, KU5			5 Theory (02:00) Practical (03:00)
		Loan Disbursement and Formalities	• Elucidate the verification of loan approval status and the completion of agreement formalities, including borrower signatures and compliance checks. • Describe the process of providing step-by-step support for digital loan disbursement, including e-signing and fund transfer verification. • Outline the loan agreement formalities and borrower consent requirements necessary for successful credit disbursement.	BSC/N8426 PC12, PC13, PC15, KU6, KU7			5 Theory (03:00) Practical (02:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Customer Advisory and Eligibility Assessment	• Describe the specific documentation requirements and eligibility criteria for different loan types such as personal, home, and vehicle loans. • Illustrate how to guide customers on complex loan terms, including interest rates, EMI schedules, repayment tenures, and foreclosure options. • Elucidate the assessment of income stability and employment verification to determine applicant creditworthiness as per lender policies.	BSC/N8426 PC14, KU1, KU3			5 Theory (03:00) Practical (02:00)
9	**Process general insurance**	**Loan Application Intake and Document Verification**	• Elaborate on the process of guiding customers through mandatory application fields while ensuring the collection and verification of identity, address, and income proofs. • Describe the methods for validating Aadhaar, PAN, and other relevant documents to ensure strict compliance with KYC and AML regulations. • Elucidate the review of employment stability using salary slips and ITR while ensuring all details are entered into the Loan Management System for secure data storage.	BSC/N8426 PC1, PC2, PC3, PC4, PC5, PC6, KU2, KU4	Classroom lecture/ PowerPoint Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/ Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	5 Theory (02:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Inter-departmental Coordination and Risk Mitigation	• Illustrate the coordination with credit underwriting and risk assessment teams to provide eligibility reports and identify potential fraud or financial inconsistencies. • Elaborate on the follow-up procedures with operations teams to track processing stages and the retrieval of additional documents from applicants to resolve discrepancies. • Describe the communication protocols with legal teams to validate property papers, loan agreements, and mortgage-related documentation for secured loans.	BSC/N8426 PC7, PC8, PC9, PC10, PC11, KU5			5 Theory (02:00) Practical (03:00)
		Loan Disbursement and Digital Authentication	• Elucidate the verification of loan approval status by coordinating with credit and risk teams before proceeding with the final disbursement process. • Describe the steps to ensure all loan agreement formalities are met, including the verification of borrower signatures and compliance check confirmations. • Outline the process of providing step-by-step support for digital loan disbursements, including e-signature authentication and fund transfer verification.	BSC/N8426 PC12, PC13, PC15, KU6, KU7			5 Theory (03:00) Practical (02:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Customer Advisory and Eligibility Analysis	• Describe the specific documentation requirements and features of various loan types, including personal, home, vehicle, and business loans. • Elaborate on the criteria for assessing loan eligibility based on income stability, employment verification, and general applicant creditworthiness. • Illustrate how to guide customers on complex loan terms such as interest rates, EMI schedules, repayment tenure, and foreclosure options.	BSC/N8426 PC14, KU1, KU3			5 Theory (03:00) Practical (02:00)
10	**Process home, travel, accident, and property insurance**	**Investment Product Advisory and Goal Alignment**	• Elucidate the features, benefits, and risks of various investment products such as mutual funds, fixed deposits, bonds, and stocks to provide comprehensive customer guidance. Describe the process of assessing customer investment needs and financial goals to recommend suitable options based on risk appetite and duration. Outline the specific characteristics of tax-saving instruments including ELSS, PPF, and NPS while explaining expected returns and potential market risks.	BSC/N8427 PC1, PC2, PC3, KU1	Classroom lecture/ PowerPoint Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/ Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	5 Theory (02:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Account Facilitation and Portfolio Monitoring	• Illustrate the procedure for assisting customers in opening investment accounts and uploading necessary documentation like PAN and Aadhaar for regulatory compliance. • Elaborate on the methods for monitoring investment portfolios and providing updates on market trends, fund performance, and financial growth insights. • Describe the approach for addressing customer queries regarding liquidity, exit options, and tax implications to facilitate informed financial decision-making.	BSC/N8427 PC4, PC5, PC6, KU3			5 Theory (02:00) Practical (03:00)
		Transaction Processing and Digital Management	• Elucidate the execution of investment transactions including mutual fund purchases, SIP registrations, redemptions, and fixed deposit renewals. • Describe how to guide customers in using online and mobile banking platforms to track, manage, and troubleshoot their digital investment portfolios. • Illustrate the setup of standing instructions for recurring investments to ensure smooth, automated transactions through authorised banking channels.	BSC/N8427 PC8, PC9, PC10, KU4, KU5			5 Theory (03:00) Practical (02:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Regulatory Compliance and Escalation Protocols	• Outline the adherence to SEBI and RBI guidelines related to investment transactions, financial advisory services, and customer protection. • Elaborate on the secure handling of financial data and the application of Anti-Money Laundering (AML) policies to protect customer confidentiality. • Describe the protocols for identifying and escalating unresolved transaction discrepancies to investment specialists or senior financial advisors for further review.	BSC/N8427 PC7, PC11, PC12, KU2			5 Theory (03:00) Practical (02:00)
11	**Manage health insurance policies**	**Investment Product Advisory and Needs Analysis**	• Elucidate the various features, benefits, and risks associated with investment products like mutual funds, fixed deposits, bonds, and stocks to provide comprehensive customer education. • Describe the methodology for assessing customer investment needs and financial goals to recommend products aligned with their risk appetite and investment duration. • Outline the specific tax-saving benefits of investments such as ELSS, PPF, and NPS while explaining their implications on long-term financial planning.	BSC/N8427 PC1, PC2, PC3, KU1	Classroom lecture/ PowerPoint Presentation/Question & Answer and Group Discussion	Whiteboard and markers, Chart paper and sketch pens, an LCD Projector and Laptop for presentations, PCs/ Laptops, and Internet with Wi-Fi (at Least 2 Mbps Dedicated).	5 Theory (02:00) Practical (03:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Account Lifecycle and Portfolio Management	• Illustrate the procedure for assisting customers in opening investment accounts by ensuring the accurate completion of application forms and documentation. • Elaborate on the techniques for monitoring investment portfolios and providing regular updates on market trends, fund performance, and potential financial risks. • Describe the process of addressing customer queries regarding returns, liquidity, and exit options to ensure they make informed investment decisions.	BSC/N8427 PC4, PC5, PC6, KU3			5 Theory (02:00) Practical (03:00)
		Investment Transaction Operations	• Elucidate the execution of investment transactions including mutual fund purchases, SIP registrations, redemptions, and fixed deposit renewals within regulatory limits. • Describe the process of guiding customers through online and mobile banking platforms to efficiently track and manage their digital investment portfolios. • Illustrate the setup of standing instructions for recurring investments to facilitate automated and smooth financial transactions for the customer.	BSC/N8427 PC8, PC9, PC10, KU4, KU5			5 Theory (03:00) Practical (02:00)

SL	Module Name	Session name	Session Objectives	NOS	Methodology	Training Tools/Aids	Duration (hours)
		Regulatory Compliance and Professional Standards	• Outline the adherence to SEBI and RBI guidelines regarding investment transactions, financial advisory services, and customer protection protocols. • Describe the secure handling of sensitive financial data and the application of Anti-Money Laundering (AML) policies to maintain customer confidentiality. • Elucidate the protocol for identifying and escalating unresolved transaction discrepancies to senior investment specialists or financial advisors for further review.	BSC/N8427 PC7, PC11, PC12, KU2			5 Theory (03:00) Practical (02:00)
Total Durationc							Theory: 120:00 Practical: 90:00
Employability Skills (DGT/VSQ/N0102) **(https://www.skillindiadigital.gov.in/content/list)**							60:00
OJT							150:00
Total Duration							PR + TH + OJT + ES= 420 : 00

Annexure II

Assessment Criteria

CRITERIA FOR ASSESSMENT OF TRAINEES

Assessment Criteria for Insurance Agent	
Job Role	Insurance Agent
Qualification Pack	BSC/Q3801, V2.0
Sector Skill Council	BFSI

S. No.	Guidelines for Assessment
1	Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Each Element/ Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory and Skills Practical for each Element/ PC.
2	The assessment for the theory part will be based on knowledge bank of questions created by the SSC.
3	Assessment will be conducted for all compulsory NOS, and where applicable, on the selected elective/ option NOS/set of NOS.
4	SSC/Individual assessment agencies will create unique question papers for theory part for each candidate at each examination/training center (as per assessment criteria below).
5	SSC/Individual assessment agencies will create unique evaluations for skill practical for every student at each examination/ training center based on these criteria.
6	To pass the Qualification Pack assessment, every trainee should score the Recommended Pass 50 % aggregate for the QP.
7	In case of unsuccessful completion, the trainee may seek reassessment on the Qualification Pack.

Assessment Outcomes	Assessment Criteria for Outcomes	Marks Allocation		
		Theory	Practical	Viva
BSC/N3822: Identify and Approach Potential Clients for Insurance Sales	Identify prospect leads	12	24	5
	PC1. conduct market research to identify potential clients based on demographics, financial needs, and insurance requirements	2	4	1
	PC2. utilize networking opportunities such as community events, business meetings, and professional gatherings to connect with potential leads	2	4	1
	PC3. generate leads through multiple channels, including referrals, online platforms, social media, and cold calling	2	4	1
	PC4. collaborate with existing clients to obtain referrals by offering incentives or highlighting the benefits of insurance coverage	2	4	1
	PC5. maintain a structured database of potential clients with details such as contact information, financial background, and areas of interest	2	4	1
	PC6. stay updated on market trends and competitor offerings to identify untapped customer segments and tailor sales strategies accordingly	2	4	-
	Consult with clients and analyze their needs	18	36	5
	PC7. schedule meetings with potential clients to discuss their financial situation, risk exposure, and insurance requirements	2	4	1

	PC8. conduct a thorough needs analysis by assessing factors such as family status, financial goals, health conditions, business risks, and existing insurance policies	2	4	-
	PC9. ask targeted questions to understand the client's concerns, priorities, and preferences regarding coverage options	2	4	-
	PC10. evaluate the client's financial stability, liabilities, and future obligations to determine the most suitable insurance solutions	2	4	1
	PC11. identify gaps in the client's current insurance coverage and recommend appropriate products to mitigate financial risks	2	4	1
	PC12. educate the client on different types of insurance policies, including life, health, vehicle, property, and business insurance, explaining their benefits and limitations	2	4	1
	PC13. clarify technical aspects such as policy exclusions, premium structures, sum insured, and claim processes in simple and understandable terms	2	4	1
	PC14. address any misconceptions or concerns clients may have about insurance policies and coverage limitations	2	4	-
	PC15. maintain records of client consultations, noting key details discussed, preferences, and potential follow-up actions	2	4	-
	NOS Total	**30**	**60**	**10**
BSC/N3823: Recommend and Process Insurance Policies	Recommend and explain policies	10	20	3
	PC1. analyze the client's financial situation, lifestyle, and risk exposure to recommend suitable insurance products tailored to their needs	1	2	-
	PC2. explain the key features, benefits, and coverage details of different insurance policies, including life, health, motor, property, and business insurance	1	3	-
	PC3. provide a clear breakdown of premium costs, payment options, policy terms, and conditions to ensure the client fully understands their financial commitment	2	3	1
	PC4. illustrate the advantages of specific policies by comparing different coverage options, riders, and add-ons to enhance protection	1	2	-
	PC5. clarify technical terms such as sum insured, exclusions, claim procedures, and policy maturity in simple and understandable language	1	3	-
	PC6. address client doubts, concerns, or misconceptions about insurance policies, including the importance of timely premium payments and claim eligibility	1	2	1
	PC7. highlight tax benefits and financial planning advantages associated with specific insurance policies to support the client's decision-making process	2	3	1
	PC8. provide printed or digital brochures, policy documents, and illustrations to help clients compare and review policy details before making a final decision	1	2	-
	Apply and underwrite policy	10	20	3
	PC9. filling out insurance policy application forms accurately, ensuring all required fields are completed	2	4	-
	PC10. verify the authenticity of client-provided documents such as proof of identity, income statements, medical records, and business details	2	4	1

	PC11. communicate with underwriters to clarify any discrepancies or additional information required for policy approval	2	4	1
	PC12. assist clients in scheduling medical examinations or additional assessments if needed for certain policy types	2	4	1
	PC13. review approved policy details to ensure accuracy in coverage, premium amounts, and terms before issuing the final policy	2	4	-
	Issue and deliver insurance policies	10	20	4
	PC14. ensure all required documents, including proof of identity, medical records (if applicable), financial statements, and policy application forms, are complete and accurate before submission	2	3	1
	PC15. submit the completed policy application to the insurance company for underwriting and approval, following standard procedures	2	4	1
	PC16. track the policy application status and coordinate with the underwriting team to address any additional information requests or clarifications	1	4	1
	PC17. generate and print policy documents or ensure digital policy issuance through the insurer's online platform	2	3	1
	PC18. deliver the policy documents to the client physically or electronically, ensuring they receive all relevant documents such as policy terms, premium receipts, and claim guidelines	2	3	-
	PC19. explain the final policy details to the client, ensuring they understand coverage limits, renewal terms, exclusions, and claim processes	1	3	-
	NOS Total	**30**	**60**	**10**
BSC/N3824: Manage premium collection and policy servicing	Collect premium and process payment	15	30	5
	PC1. explain premium payment options to policyholders, including online payments, bank transfers, auto-debit, cash, and cheque deposits, ensuring they understand due dates and payment frequency (monthly, quarterly, annually)	2	4	1
	PC2. remind clients of upcoming premium due dates through calls, emails, SMS, or automated notifications to prevent policy lapses	2	4	1
	PC3. assist policyholders with setting up auto-debit mandates or ECS (Electronic Clearing Service) for hassle-free premium payments and policy continuity	2	5	1
	PC4. issue payment receipts and acknowledgments in both digital and physical formats as per regulatory and insurer requirements	2	4	-
	PC5. track premium payments and update the insurer's records to reflect successful transactions, missed payments, or pending dues	2	4	1
	PC6. resolve payment-related issues, such as declined transactions, incorrect deductions, or refunds, by coordinating with the insurer's finance and customer service teams	3	5	1
	PC7. advise policyholders on grace periods, late fees, and renewal terms in case of delayed payments, offering support for reinstating lapsed policies if needed	2	4	-
	Provide service and support existing policyholders	15	30	5
	PC8. maintain regular communication with policyholders to address queries, provide policy updates, and ensure customer satisfaction	2	5	1
	PC9. assist policyholders in understanding their policy benefits, renewal procedures, and available add-ons or riders for enhanced coverage	3	5	1

	PC10. process policy modifications such as changes in address, nominee updates, coverage adjustments, or premium payment frequency as per customer requests	3	5	-
	PC11. provide step-by-step guidance on the claim filing process, required documentation, and expected timelines for claim resolution	2	5	1
	PC12. act as a liaison between the client and the insurance company for claim-related inquiries, assisting in claim status tracking and dispute resolution if required	3	5	1
	PC13. notify clients about new product offerings, discounts, or policy upgrades that may benefit their financial planning and risk coverage	2	5	1
	NOS Total	30	60	10
BSC/N3825: Assist Clients with Insurance Claims and Documentation	Assist policyholders with insurance claims	15	30	5
	PC1. educate policyholders on the insurance claim process, eligibility criteria, and required documentation for different claim types (e.g., health, life, motor, property, or business insurance)	1	4	1
	PC2. guide clients in filling out claim forms accurately, ensuring that all mandatory details are provided to avoid delays or rejections	2	4	1
	PC3. collect and verify necessary claim documents such as medical reports, police FIR (for theft/accidents), death certificates, invoices, or proof of loss	2	3	1
	PC4. submit the claim documents to the insurer within the required timeframe, ensuring compliance with company and regulatory guidelines	2	4	-
	PC5. coordinate with the insurance company's claims department to track the claim status and provide timely updates to the policyholder	2	4	-
	PC6. assist clients in resolving claim-related discrepancies, such as missing documents, policy coverage disputes, or additional investigation requirements	2	4	1
	PC7. advise policyholders on claim settlement timelines, insurer evaluation procedures, and any required follow-ups	2	3	1
	PC8. support clients in case of claim rejections by explaining the reasons and guiding them on appeal or alternative solutions	2	4	-
	Maintain records and documentation	15	30	5
	PC9. maintain accurate and up-to-date records of client interactions, including consultations, policy recommendations, premium payments, and claim assistance	1	4	1
	PC10. store client details, policy documents, and transaction history securely in compliance with data protection regulations and insurance industry guidelines	2	3	-
	PC11. ensure proper documentation of policy applications, underwriting approvals, and premium receipts for audit and regulatory purposes	1	3	-
	PC12. track policy renewals, lapses, and modifications in the insurer's database to ensure smooth policy servicing and timely follow-ups	2	3	1
	PC13. maintain a systematic filing system (digital and physical) for quick retrieval of client documents, policy statements, and claim-related paperwork	1	4	1
	PC14. update policyholder details such as address changes, nominee updates, and beneficiary modifications as per customer requests and insurer protocols	2	4	1
	PC15. document claim applications, supporting evidence, and insurer correspondence to facilitate smooth claims processing	2	3	1

	PC16. generate periodic reports on policy sales, renewals, and claims handled, ensuring compliance with internal and regulatory reporting requirements	2	3	-
	PC17. ensure all documentation aligns with insurance regulatory frameworks, including IRDAI guidelines, to maintain ethical and legal standards in record-keeping	2	3	-
	NOS Total	**30**	**60**	**10**
DGT/VSQ/N0102: Employability Skills (60 Hours)	Introduction to Employability Skills	1	1	
	PC1. identify employability skills required for jobs in various industries	-	-	
	PC2. identify and explore learning and employability portals	-	-	
	Constitutional values – Citizenship	1	1	
	PC3. recognize the significance of constitutional values, including civic rights and duties, citizenship, responsibility towards society etc. and personal values and ethics such as honesty, integrity, caring and respecting others, etc.	-	-	
	PC4. follow environmentally sustainable practices	-	-	
	Becoming a Professional in the 21st Century	2	4	
	PC5. recognize the significance of 21st Century Skills for employment	-	-	
	PC6. practice the 21st Century Skills such as Self- Awareness, Behaviour Skills, time management, critical and adaptive thinking, problem-solving, creative thinking, social and cultural awareness, emotional awareness, learning to learn for continuous learning etc. in personal and professional life	-	-	
	Basic English Skills	2	3	
	PC7. use basic English for everyday conversation in different contexts, in person and over the telephone	-	-	
	PC8. read and understand routine information, notes, instructions, mails, letters etc. written in English	-	-	
	PC9. write short messages, notes, letters, e-mails etc. in English	-	-	
	Career Development & Goal Setting	1	2	
	PC10. understand the difference between job and career	-	-	
	PC11. prepare a career development plan with short- and long-term goals, based on aptitude	-	-	
	Communication Skills	2	2	
	PC12. follow verbal and non-verbal communication etiquette and active listening techniques in various settings	-	-	
	PC13. work collaboratively with others in a team	-	-	
	Diversity & Inclusion	1	2	
	PC14. communicate and behave appropriately with all genders and PwD	-	-	
	PC15. escalate any issues related to sexual harassment at workplace according to POSH Act	-	-	
	Financial and Legal Literacy	2	3	
	PC16. select financial institutions, products and services as per requirement	-	-	
	PC17. carry out offline and online financial transactions, safely and securely	-	-	

	PC18. identify common components of salary and compute income, expenses, taxes, investments etc	-	-	
	PC19. identify relevant rights and laws and use legal aids to fight against legal exploitation	-	-	
	Essential Digital Skills	3	4	
	PC20. operate digital devices and carry out basic internet operations securely and safely	-	-	
	PC21. use e- mail and social media platforms and virtual collaboration tools to work effectively	-	-	
	PC22. use basic features of word processor, spreadsheets, and presentations	-	-	
	Entrepreneurship	2	3	
	PC23. identify different types of Entrepreneurship and Enterprises and assess opportunities for potential business through research	-	-	
	PC24. develop a business plan and a work model, considering the 4Ps of Marketing Product, Price, Place and Promotion	-	-	
	PC25. identify sources of funding, anticipate, and mitigate any financial/ legal hurdles for the potential business opportunity	-	-	
	Customer Service	1	2	
	PC26. identify different types of customers	-	-	
	PC27. identify and respond to customer requests and needs in a professional manner.	-	-	
	PC28. follow appropriate hygiene and grooming standards	-	-	
	Getting ready for apprenticeship & Jobs	2	3	
	PC29. create a professional Curriculum vitae (Résumé)	-	-	
	PC30. search for suitable jobs using reliable offline and online sources such as Employment exchange, recruitment agencies, newspapers etc. and job portals, respectively	-	-	
	PC31. apply to identified job openings using offline/online methods as per requirement	-	-	
	PC32. answer questions politely, with clarity and confidence, during recruitment and selection	-	-	
	PC33. identify apprenticeship opportunities and register for it as per guidelines and requirements	-	-	
	NOS Total	**20**	**30**	
	PC 8. use jigs to hold the jewellery piece securely while painting	2	3	-
	PC 9. apply the enamel using the appropriate tools (such as brushes or droppers) in a precise and even manner	2	3	-
	PC 10. control the flow and thickness of the enamel to achieve the desired finish without overflow	2	3	1
	PC 11. layer different colours of enamel if required, ensuring each layer is cured properly before applying the next	3	3	1
	PC 12. use techniques like shading, gradients, or textured finishes to enhance the design	2	3	1
	PC 13. cure the enamel by allowing it to dry and harden in a controlled environment, following manufacturer guidelines	2	3	-
	Finish and inspect the enamelled jewellery	9	12	2

	PC 14. inspect the cured enamel for defects such as air bubbles, uneven application, or discolouration	3	3	1
	PC 15. file and buff the enamelled jewellery piece to remove any excess enamel from areas where it is not required	2	3	-
	PC 16. attach other jewellery components like stones, beads, etc.	2	3	-
	PC 17. perform a final quality check, ensuring that the design, colour, and finish meet the required specifications	2	3	1
	NOS Total	**40**	**50**	**10**
BSC/N3826: Process Life Insurance	Discuss client needs and recommend life insurance products	7	20	3
	PC1. conduct a comprehensive assessment of the client's financial profile by evaluating their income, liabilities, dependents, and long-term financial objectives to recommend the most appropriate life insurance solutions that align with their current and future needs.	2	4	-
	PC2. communicate the structure and advantages of various life insurance products such as term insurance, level term, decreasing term, and return of premium plans	2	4	-
	PC3. highlight their unique features, policy coverage, and associated tax-saving benefits under prevailing laws.	1	4	1
	PC4. present clients with a transparent and detailed explanation of policy components, including premium amounts, sum assured, optional riders, and policy exclusions.	1	4	1
	PC5. offer consistent support by resolving client queries related to policy servicing, including claim settlement procedures, maturity benefit disbursements, and timely policy renewal processes, to ensure a smooth and satisfactory post-sale experience.	1	4	1
	Process term insurance applications	11	20	3
	PC6. evaluate the client's financial goals, life stage, and risk tolerance are assessed to recommend suitable long-term insurance plans, ensuring alignment with their investment horizon and protection needs.	2	3	-
	PC7. explain the features, benefits, premium structures, policy terms, death/maturity benefits, and surrender values of life insurance products, including fund options for ULIPs and applicable tax advantages.	2	3	-
	PC8. guide clients through the accurate completion of insurance application forms and collect the necessary documents including identity proof, medical records, and income-related documents.	2	3	1
	PC9. verify submitted documents, coordinate with underwriters for medical evaluations and risk assessment, and ensure timely policy issuance while keeping clients updated.	2	3	1
	PC10. educate clients on premium payment schedules, ensure reminders are sent on time, and assist with payment method selection or frequency modifications.	1	3	1
	PC11. handle policy servicing requests such as nominee updates, endorsements, and policy reinstatements in case of lapses, while explaining the implications of missed payments.	1	3	-
	PC12. maintain proper documentation of all issued policies, premium transactions, and client communications, and address client concerns related to claims, maturity, or policy interpretation.	1	2	-
	Manage Whole Life and Related Long-Term Insurance	7	7	1

	PC13. assess client's financial situation, future goals, and risk appetite are assessed to recommend suitable long-term insurance products, including whole life, ulips, endowment plans, retirement plans, and child insurance plans.	1	1	-
	PC14. explain in clear terms the policy benefits, premium payment options, investment risks (in ULIPs), surrender values, death and maturity benefits, and tax advantages to help clients make informed decisions.	1	1	-
	PC15. accurately assist clients in filling insurance application forms and collect required documents including identity, income, and medical records as per underwriting norms.	1	1	-
	PC16. verify the authenticity of client documents, coordinate medical evaluations, and liaise with the underwriting team to ensure timely policy issuance.	1	1	1
	PC17. ensure timely premium payments by sending reminders, assisting with digital or offline payment methods, and helping clients make changes in payment frequency if needed.	1	1	-
	PC18. provide ongoing servicing support by facilitating nominee updates, addressing policy lapse or reinstatement processes, and clarifying terms of coverage or maturity payouts.	1	1	-
	PC19. maintain organized records of issued policies, payments, and client interactions, and promptly resolve or escalate customer concerns regarding claims or policy terms.	1	1	-
	Process life insurance applications	2	7	1
	PC20. guide clients in filling out life insurance application forms accurately, ensuring completeness of all required details	1	2	-
	PC21. collect and verify necessary documents such as proof of identity, income statements, and medical reports as per underwriting requirements	1	2	-
	PC22. submit the application to the insurer for approval, coordinating with the underwriting team for additional requirements	-	2	-
	PC23. track application status and ensure timely processing to avoid delays	-	1	1
	Facilitate policy issuance and servicing	3	6	2
	PC24. ensure timely premium payments by reminding clients of due dates and available payment methods	1	2	1
	PC25. assist policyholders in making changes to their policies, such as nominee updates, premium mode adjustments, or adding riders	1	2	-
	PC26. support clients in policy renewal procedures and explain the implications of policy lapse and reinstatement options	-	1	-
	PC27. maintain accurate records of policy issuance, premium payments, and customer interactions for regulatory compliance	1	1	1
	NOS Total	**30**	**60**	**10**
BSC/N3827: Process General Insurance	Assess client needs and recommend general insurance products	10	20	3
	PC1. analyze the client's financial situation, assets, and risk exposure to determine suitable general insurance options	2	5	1
	PC2. explain the key features, benefits, and coverage details of general insurance policies, including health insurance and motor insurance	2	5	1
	PC3. provide a clear breakdown of policy premiums, sum insured, coverage limits, and exclusions	3	5	-

	PC4. address client inquiries regarding claim settlements, policy renewals, and add-on coverage options	3	5	1
	Facilitate policy issuance and servicing	10	20	4
	PC5. ensure timely premium payments by reminding clients of due dates and available payment methods	2	5	1
	PC6. assist policyholders in making changes to their policies, such as coverage adjustments, policy renewals, and endorsements	2	5	1
	PC7. support clients in policy renewal procedures and explain the implications of policy lapse and reinstatement options	3	5	1
	PC8. maintain accurate records of policy issuance, premium payments, and customer interactions for regulatory compliance	3	5	1
	Assist in claims processing	10	20	3
	PC9. guide clients through the claims filing process, ensuring proper documentation submission	2	5	1
	PC10. assist in coordinating with insurance surveyors, hospitals, garages, and other stakeholders for claim verification	2	5	1
	PC11. ensure compliance with insurer guidelines and regulatory frameworks while processing claims	3	5	-
	PC12. follow up with insurance companies to expedite claim settlements and update clients on claim status	3	5	1
	NOS Total	**30**	**60**	**10**
BSC/N3828: Process Home, Travel, Accident, and Property Insurance	Explain and recommend insurance products	7	15	2
	PC1. identify and assess customer needs for home, travel, accident, and property insurance based on their financial situation, risk exposure, and coverage requirements	1	3	-
	PC2. explain the benefits, coverage limits, exclusions, and claim processes for various insurance types, including home, travel, accident, and property insurance	2	3	-
	PC3. provide detailed information on commercial insurance options, such as employer's liability, public liability, and professional indemnity insurance	1	3	1
	PC4. compare different policy options and help clients choose the most suitable coverage based on their financial goals and risk appetite	1	3	-
	PC5. clarify policy terms, premium amounts, renewal procedures, and claim eligibility in a simple and understandable manner	2	3	1
	Process insurance applications	7	15	2
	PC6. guide clients in filling out application forms accurately, ensuring that all required details are provided	1	3	-
	PC7. verify supporting documents such as proof of identity, property ownership documents, travel itineraries, and medical history as required	2	3	-
	PC8. submit applications for underwriting approval, coordinating with the insurance provider to ensure timely processing	1	3	1
	PC9. track application status and provide regular updates to clients regarding approval and issuance	1	3	-
	PC10. ensure compliance with industry regulations and data protection standards while processing customer information	2	3	1
	Facilitate policy issuance and premium collection	8	15	3
	PC11. generate and issue policy documents, ensuring clients receive copies in both digital and physical formats	1	3	1

	PC12. explain policy documents to clients, ensuring they understand coverage details, payment schedules, and renewal terms	2	3	1
	PC13. assist in premium collection by providing clients with multiple payment options and reminders for due dates	1	3	-
	PC14. process modifications such as address updates, policy endorsements, and beneficiary changes as per client requests	2	3	1
	PC15. maintain accurate records of policy details, premium payments, and policyholder communications	2	3	-
	Support clients with claims and renewals	8	15	3
	PC16. guide clients through the claims process, explaining required documentation, claim settlement timelines, and insurer requirements	1	3	1
	PC17. assist policyholders in submitting claims for property damage, travel cancellations, accidental injuries, and liability claims	2	3	1
	PC18. track claim status and follow up with the insurance provider for resolution, ensuring timely updates for the client	1	3	-
	PC19. notify clients about upcoming policy renewals, explain renewal benefits, and assist in the renewal process	2	3	1
	PC20. address customer queries and resolve any issues related to policy terms, claims, or renewals in a professional manner	2	3	-
	NOS Total	**30**	**60**	**10**
BSC/N3829: Manage Health Insurance Policies	Explain Health Insurance Plans to Clients	5	20	2
	PC1. identify the client's requirements and suggest suitable health insurance plans (individual, family floater, critical illness, top-up, etc.)	1	5	1
	PC2. explain the policy features, inclusions, exclusions, waiting periods, and premiums clearly to the client	1	5	-
	PC3. clarify client doubts regarding cashless facilities, pre-existing conditions, and co-payment clauses	1	5	-
	PC4. educate clients about tax benefits, claim procedures, and network hospitals	2	5	1
	Process Health Insurance Applications	5	20	2
	PC5. collect and verify client documents including ID proof, age proof, address proof, and medical records	1	5	1
	PC6. accurately fill in proposal forms and ensure all disclosures are made truthfully	1	5	-
	PC7. submit applications to the insurer through digital or physical channels within the stipulated time	1	5	-
	PC8. follow up with the insurer for policy issuance or queries	2	5	1
	Assist in Claims and Renewals	10	10	4
	PC9. guide clients in filing claims by collecting necessary documents and coordinating with TPAs (Third Party Administrators)	3	3	1
	PC10. track the claim process and assist in resolving queries or disputes	3	3	1
	PC11. remind clients of upcoming policy renewals and assist in processing them timely	3	3	1
	PC12. update clients on changes in coverage, premium, or terms during renewals	1	1	1
	Maintain Records and Ensure Compliance	10	10	2
	PC13. maintain proper digital or physical records of client details and policy documents	4	4	1

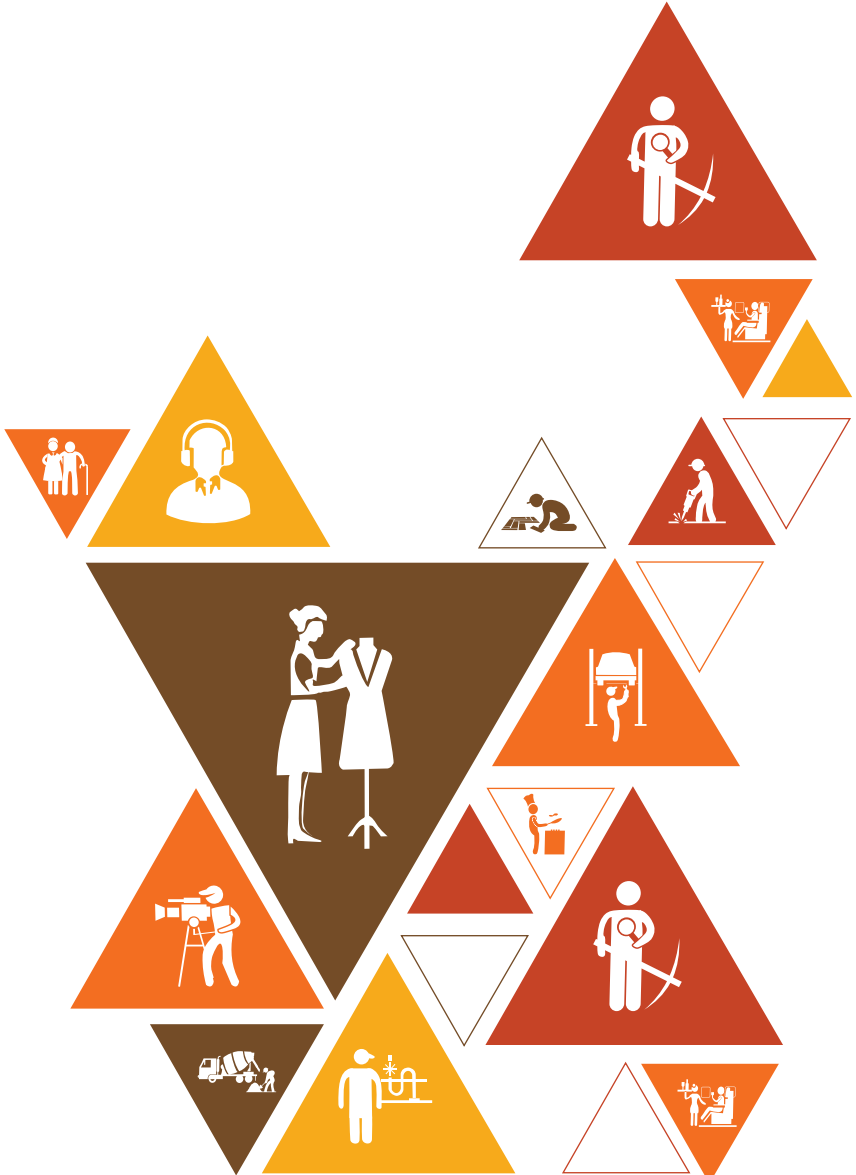|				
	PC14. comply with IRDAI (Insurance Regulatory and Development Authority of India) regulations and company policies	4	4	1
	PC15. handle client information with confidentiality and protect data as per prescribed guidelines	2	2	-
	NOS Total	**30**	**60**	**10**

Annexure III

List of QR Codes Used in PHB

Module No.	Unit No.	Topic Name	Page No. in PHB	Link for QR Code (s)	QR code (s)
Module 1: Introduction to the Banking Sector and the Job Role of Insurance Agent	Unit 1.1: Overview of Skill India Mission and the Banking Industry	1.1.4 Major Sub-sectors within BFSI	21	https://youtu.be/8Ts5XeaAcIE	BFSI sector in India
	Unit 1.2: Role of an Insurance Agent and Career Opportunities in BFSI	1.2.1 Introduction to the Insurance Agent Role	21	https://youtu.be/MA2Qv_eC-DVI	Insurance Agent Role
Module 2: Identify and approach potential clients for insurance sales	Unit 2.1: Identifying Potential Clients and Generating Leads	2.1.2 Lead Generation Channels	55	https://youtu.be/qjgPdpxFiyI	Insurance Lead Generation Channels
	Unit 2.2: Client Needs Analysis and Insurance Consultation	2.2.2 Types of Insurance Policies and Features	55	https://youtu.be/HK5PBSjX2ic	Types of Insurance Policies and Features
Module 3: Recommend and process insurance policies	Unit 3.1: Insurance Products, Policy Features, and Client Suitability	3.1.6 Insurance Misconceptions and Importance of Timely Premium Payments	86	https://youtu.be/GMh6RRX-SJY8	Insurance Misconceptions

Module No.	Unit No.	Topic Name	Page No. in PHB	Link for QR Code (s)	QR code (s)
	Unit 3.2: Underwriting, Documentation, and Policy Issuance	3.2.1 Insurance Underwriting Process and Risk Evaluation	86	https://youtu.be/D9fj8lITcck	Insurance Underwriting Process
Module 4: Manage premium collection and policy servicing	Unit 4.1: Premium Collection and Payment Management	4.1.1 Premium Payment Modes and Due Dates	111	https://youtu.be/cEeQBMV-VpR0	Premium Payment Modes
	Unit 4.2: Policy Servicing, Claims Support, and Customer Communication	4.2.4 Handling Customer Complaints and Queries	111	https://youtu.be/LeIXul8f5Uc	Understanding customer complaints in insurance
Module 5: Assist clients with insurance claims and documentation	Unit 5.1: Insurance Claims Process and Client Support	5.1.1 Overview of Insurance Claim Types and Eligibility	141	https://youtu.be/HPD1v6X-01BQ	Insurance Claim Types and Eligibility
	Unit 5.2: Claims Documentation, Compliance, and Record Management	5.2.5 IRDAI Compliance and Ethical Record-Keeping	141	https://youtu.be/ugUJk1yjBlI	IRDAI Compliance and Ethical Record-Keeping

Module No.	Unit No.	Topic Name	Page No. in PHB	Link for QR Code (s)	QR code (s)
Module 7: Process Life Insurance	Unit 7.1: Insurance Client Onboarding and Underwriting	7.1.3 Life Insurance Products	164	https://youtu.be/oxoJyRD_0nU	Life Insurance Products
	Unit 7.2: Core Insurance Operations Management Framework	7.2.1 Coordination for Policy Issuance	164	https://youtu.be/S_d6Cz3HyKw	Coordination for Policy Issuance
Module 8: Process General Insurance	Unit 8.1: General Insurance Sales and Servicing	8.1.3 General Insurance Plans	183	https://youtu.be/ifTxb9eY5jc	General Insurance Plans
	Unit 8.2: General Insurance Claims and Retention	8.2.1 Complete Claims Process	183	https://youtu.be/qt_LYDybo8g	Complete Claims Process
Module 9: Process Home, Travel, Accident, and Property Insurance	Unit 9.1: Insurance Products and Client Assessment	9.1.1 Key Features of Insurance Policies	210	https://youtu.be/XcMgCb89I-HQ	Key Features of Insurance Policies

Module No.	Unit No.	Topic Name	Page No. in PHB	Link for QR Code (s)	QR code (s)
	Unit 9.2: Policy Servicing and Claims Management	9.2.1 Industry Regulations and Data Standards	210	https://youtu.be/DSKiuIE8fb0	IRDAI Industry Regulations and Data Standards
Module 10: Manage Health Insurance Policies	Unit 10.1: Health Insurance Products Understanding	10.1.1 Health Risk Profile and Plans	229	https://youtu.be/jpAY1f_1A5M	Health Risk Profile and Plans
	Unit 10.2: Policy Servicing and Claims Management	10.2.1 Health Insurance Claim Process Steps	229	https://youtu.be/KZk_tmZD7zg	Health Insurance Claim Process Steps
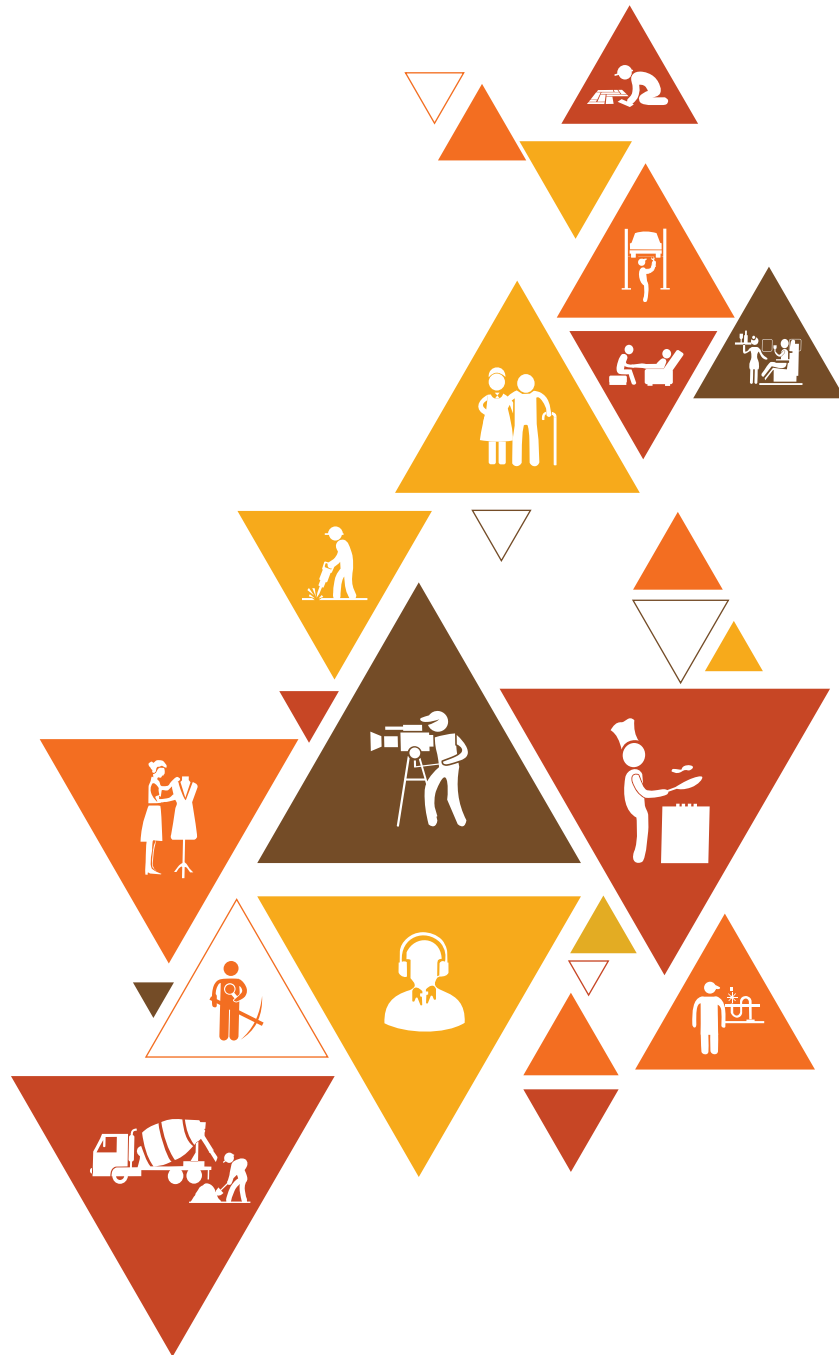
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