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## ATTITUDE OF WOMEN'S COLLEGE TEACHERS TOWARDS HEALTH INSURANCE POLICY –WITH SPECIAL REFERENCE TO MADURAI CITY

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### ABSTRACT

*Insurance is the mechanism of risk sifting, a financial tool specially created to reduce the finance, impact of unexpected events that happens in every life. Wealth is an important factor of human resource development and good health is real wealth of society, the health is the state of being free from illness or injury. World Health Organization (WHO), defines it as a "State of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity". Health is a dynamic condition resulting from a body's constant adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis. This paper mainly focuses on the single women, stay-at-home mothers, married women, working women all of whom should have adequate insurance cover. It is the need of the hour, as it helps to safeguard their health, save money, and create a shield of protection. Women need more medical intervention than men because they require reproductive care and they tend to fall ill more often.*

### KEY WORDS:

JEL Classification- G22, G52, I13, J65.

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### INTRODUCTION

“Health insurance is a safe guard against rising medical costs. That is a method to finance health care”. A health insurance policy is a contract between an insurer and an individual or group, in which the insurers agree to provide specified health insurance at an agreed upon price (the premium). Depending upon the policy, premium may be payable either in a lump sum or in installments. Health insurance usually provides either

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direct payment or reimbursement for expenses associated with illness and injuries. The cost and range of protection provided by health insurance depends on the insurance provider and the policy purchased. Environment pollution is causing serious health problems to humans, through poisonous gases, various wastes including nuclear waste generated by the people are seriously endangering the life on earth, and a person may face serious monetary problems for the medical treatment and hospitalization during life.

Modern women face difficulty to keep a balance between personal and professional life. As women are more vulnerable to health issues especially after the age of 40. They have a greater chance to fall a prey to critical ailments such as arthritis, irregular BP, diabetes and so forth. Women are even more susceptible to bone-related disorders and breast cancer. It is the need of the hour, as it helps to safeguard their health, save money, and create a shield of protection. Women need more medical intervention than men because they require reproductive care and they tend to fall ill more often.

### **IMPORTANCE OF STUDY**

Health insurance is of the rapidly growing sectors in Indian insurance sector. The growth lies mainly in better customer satisfaction, increased awareness among the public, particularly women about the benefits of health insurance, particularly in urban area because of rise in medical cost and also the result of government schemes. This, in turn, makes the insurance authority to take a number of steps to bring about a revolutionary change in health insurance sector.

Indian households are good savers and started reading the risk of both “living too long” and “death occurs at the younger age”. But in urban India among the salaried class people insurance is largely taken as a tax saving tool, rather than for protection against risk hence there is an urgent need to enlighten public on the importance, benefits of health insurance to the consumer because only a healthy life is happy one when there is no worry about any unforeseen medical issues but in today’s fastest world there is no such assurance, “ensuring good health” Hence health insurance plan helps or care against financial risk arising out of medical emergency.

### **STATEMENT OF THE PROBLEM**

In a developing country in India, where the insurance penetration is as low as 3.3% providing affordable and quality health care to its 135.40 crore population has been a continuous challenge with no defined solutions. Globally, research and innovation in science and technology is making huge waves in health care industry and a general use in income levels too has been recorded. Despite these two factors developing country like India continues to pose various complex and multi factored challenges of research affordability, accessibility, literature levels and mind set of cultural practices... Insurers are also challenged by shifting payment modes from free for – service to value based reimbursement but the transaction has been slow. The current estimate is that over 50 % of health care payment will be value based by 2020.

The high cost of health care and health insurance make it increasingly difficult for

low income people to pay for health benefits. Another issue is that they take policy after a disease has been diagnosed. Health insurance does not cover pre-existing diseases. Also patients do not read the policy documents. Even though the problem cannot be solved immediately but the verge of solving it most effectively by major reforms in the health care financial system initially because the insurance industry was a government monopoly but now it is experiencing cut throat the competition because a number of players have entered into the Indian market in the form of joint ventures with Indian private sector partners.

## 1.1 REVIEW OF LITERATURE

The health insurance industry has changed rapidly in the changing economic environment throughout the world. Liberalization privatization and globalization have forced health insurers to enhance the service quality to overcome the shift competition. Health insurance is a new and emerging model adopted by insurance players, the review over the past studies of which help to have a better understanding of the subject the analysis of the past studies are presented below.

**Shailender Kumar Hooda (2020)**<sup>4</sup>This paper presents the historical evolution, financing, depth and coverage, and implementation status of the currently promoted government-funded insurance (GFHI) schemes across the socioeconomic stratum, districts, and states. The study uses official and massive scale survey data, namely India Human Development Survey 2012, National Family and Health Survey 2016 and National Sample Survey 75th round on health 2019. The official data claim that around 109 million families are covered under existing GFHIs by 2017–18, while estimates from survey data don't substantiate it. the particular coverage reported by the households in survey is found 68.2% but the claim made by the governments in official data. the dimensions of coverage of GFHIs however makes them world's largest pro-poor insurance schemes.

**M. Vinoth Muthu SP. Mathiraj Subramanian (2020)**<sup>5</sup> LIC have specialized CSR groups that formulate policies, programs and allocate budgets meticulously for implementation of various CSR activities for the welfare of society. Those programs are frequently decided by way of social philosophy that have clear goals and are properly described and are aligned with the goals of the LIC of India. The packages are put into practice through the LIC officers who have sufficient experience in implementing various programs ranging from community development to development in education, healthcare

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<sup>4</sup> Kumar Hooda, S. (2020). Penetration and coverage of government-funded health insurance schemes in India. *Clinical Epidemiology and Global Health*, 8 (4), 1017-1033.

<sup>5</sup> Subramanian, M. V. (2020). A STUDY ON VARIOUS WELFARE SCHEMES BY THE LIFE INSURANCE CORPORATION OF INDIA TOWARDS CORPORATE SOCIAL RESPONSIBILITY. *Dogo Rangsang Research Journal*, 10 (6), 209-222.

and so forth. LIC have attempted to reach to the remotest villages making sure a Pan India Presence. It is worth to mention that LIC have supported NGOs who are operating in remotest villages in NorthEast , to tribal region of Kangra District of Himachal to remotest village in Pallakad, Bheemanad in Kerala and Bhuj in West to Magrahat in remotest eastern India.

**N.Nagalakshmi, M.Vinoth (2019)<sup>6</sup>** Claim settlement is one of the most important parts of the life insurance services. Person who is holding or planning for the life insurance will always want to have prompt claim settlement. For any insurance company sales of insurance policies is the biggest source of revenue and if claim are not properly settled then it will affect its sales. Life insurance is mainly taken to cover up risk of death/disability in monetary terms and secondary as investment option for better return. Claims are filed at the time of maturity or in case of death/disability. The study focuses on the claim settlement ratio of life insurance services of LIC, HDFC, SBI, Aviva and Bajaj Allianz Life Insurance Company. Numbers of claims are also increasing in selected Life Insurance Company with the increasing numbers of policies therefore it is very much essential to have unambiguous claim settlement process.

**M.VINOTH, Dr.SP.MATHIRAJ, SHETTY DEEPA THANGAM GEETA, N.NAGALAKSHMI (2018)<sup>7</sup>**Health insurance is insurance that covers the whole or a part of the risk of a person incurring medical expenses, spreading the risk over a large number of persons. By estimating the overall risk of health care and health system expenses over the risk pool, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax, to provide the money to pay for the health care benefits specified in the insurance agreement. The benefit is administered by a central organization such as a government agency, private business, or not-for-profit entity.

#### **SCOPE OF THE STUDY:**

Health insurance is the supportive factor to human life from the unforeseen circumstances. Though there are many players and institutions providing financial facilities and security women need to prefer and go for taking health insurance policies because of unexpected and spiraling medical expenses .This study has been conducted in the particular geographical area of Madurai city. Time and cost factors constraints to the survey as the research had to be complete within stipulated time. Only 120 people are selected as respondent. So the research has no wider scope.

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<sup>6</sup> N.NAGALAKSHMI, M. (2019). CLAIM SETTLEMENT RATIO AND PROCESS OF SELECTED LIFE INSURANCE COMPANIES. *International Journal of Research and Analytical Reviews (IJRAR)* , 6 (1), 1718-1732.

<sup>7</sup> M.VINOTH, 2. 3. (2018). A Study on Health Insurance Premium, Claims, Commission and its Growth of Select Companies in India. *Universal Review* , 7 (11), 109-121.

**OBJECTIVES OF THE STUDY:**

- To know the socio economic status of the respondents of Madurai city.
- To examine the reason and objective of taking health insurance policy.
- To study the factors influencing women to take health insurance policy.
- To offer suggestions based on major findings of the study.

**PERIOD OF THE STUDY:**

The present study covers a period of one i.e 2018-2019 and the essential data for this period have been collected from the college teachers. The data were collected within this period only.

**METHODOLOGY:**

Research methodology specifies a method of acquiring the information needed to structure or solve the problem. In the present study, extensive use of both primary and secondary data is made use of systematically. For collecting primary data one hundred and twenty of respondents were chosen by continent random sampling method. The secondary data were collected from the journals, magazines and through websites. In this primary data were collected through questionnaire.

**SAMPLING TECHNIQUE:**

Target populations were samples and sample elements were health insurance policy holders chosen through convenience sampling methods.

**LIMITATIONS**

The study is limited to 120 respondents in Madurai city. The data were obtained through questionnaire and it has its own limitation. The result would vary in accordance to the individual as well as time. Generalization of this study cannot be accepted as the study is confined to Madurai city only. Although different factors influencing consumer's awareness were taken, it may be necessary that the aspect and factors not taken into account to be explored.

**OBJECTIVE: 1****SOCIO- ECONOMIC PROFILE OF THE RESPONDENT**

FACTORS	CLASSIFICATION	NO. OF RESPONDENTS	PERCENTAGE (%)
AGE	Below 30 years	26	21
	30-40 years	56	47
	40-50 years	30	25
	Above 50 years	8	7
	<b>Total</b>	<b>120</b>	<b>100</b>
NATURE OF	Govt. College	4	3

<b>WORK</b>	Govt. Aided college	70	58
	Private College	46	39
	Others	0	0
	<b>Total</b>	<b>120</b>	<b>100</b>
<b>MARITAL STATUS</b>	Married	100	83
	Unmarried	18	15
	Separation	2	2
	<b>Total</b>	<b>120</b>	<b>100</b>
<b>TYPE OF FAMILY</b>	Joint	60	50
	Nuclear	60	50
	<b>Total</b>	<b>120</b>	<b>100</b>
<b>MONTHLY INCOME</b>	Upto 50,000	34	21
	50,001-1,00,000	74	47
	1,00,001- 2,00,000	12	25
	Above 2,00,000	0	7
	<b>Total</b>	<b>120</b>	<b>100</b>
<b>RESIDENTIAL STATUS</b>	Urban	100	83
	Semi-urban	8	7
	Rural	12	10
	<b>Total</b>	<b>120</b>	<b>100</b>
<b>INSURANCE POLICY COVERAGE</b>	Individual	32	27
	Family	88	73
	<b>Total</b>	<b>120</b>	<b>100</b>

*Source :Primary data.*

The Profile of the respondents is show in the above table. The profile focus on the demographics of the respondents. It shows that out of 120 respondents 100 percent of the respondents are married and in the age group of 30 –40 years (47%). This range shows that married group always feels the importance of taking a health Insurance policy. The highest respondents of 70 (58%) belong to Government Aided College teachers. It is interesting to note that equal number of respondents in type of family (i.e) 50 percent each.. In term of household income, almost 62 percent of the respondents earned more than Rs. 50000 to 100000 (per month) Almost 83% respondents belong to Urban area, 73 percent preferred family coverage insurance policy.63 percent preferred public sector insurance company and 68 percent consult insurance agent before taking insurance policy and 57 percent preferred to pay annual premium.

## **OBJECTIVE: 2**

### **REASONS FOR PREFERRING HEALTH INSURANCE POLICY**

The researcher has listed some reasons for preferring health insurance schemes. The respondents are asked to assign rank according to their choice and importance of the reasons. The responses of the respondents are presented in, table 2 listed below.

**GARRET SCORE OF REASON FOR PREFERRING HEALTH INSURANCE POLICY, ACCORDING TO THEIR RELATIVE IMPORTANCE, ACCORDING TO THEIR RELATIVE IMPORTANCE**

**TABLE- 2. REASONS FOR PREFERRING HEALTH INSURANCE POLICY**

<b>S.N O</b>	<b>PARTICULARS</b>	<b>CALCULATED VALUE</b>	<b>AVERAGE</b>	<b>GARRET RANK</b>
1	Tax Benefits	7274	60.62	I
2	Flexibility in Operation	6392	53.27	V
3	Low Cost	6658	55.48	II
4	Health Checkup benefits	6464	53.87	IV
5	Access to Quality Medical Treatment	6249	52.075	VI
6	Employer's Contribution	3722	31.02	X
7	Financial Support for Pre and Post Hospitalization	6186	51.55	VII
8	Risk Coverage against Illness, old age	6155	51.29	VIII
9	Reimbursement benefit	5259	43.825	IX
10	Life time renewability	6576	54.8	III

*SOURCE: Computed Data*

It is inferred from the table.2 among the reasons for response preferring health insurance the top position is occupied by 'tax benefit' has found from the garret value of 7274 next comes in order is the reason of low cost with the calculated value of 6658 the 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> ranks are obtained by lifetime renewability, health checkup benefits, flexibility in operation respectively. As reveals form the respective scores of 6576, 6464 and 6392. And in the next 5 position comes asses to quality medical treatment (6249) financial support for pre and post hospitalization is (6186) and risk coverage against illness, old age is 3155. And reimbursement benefit is 5259 and employer contribution is 3722.It is there concluded that tax benefit is most attractive feature that tempts the monthly salaamed individuals, particularly women who opt for health insurance.

**OBJECTIVE:3**

**FACTORS INFLUENCING WOMEN TO TAKE HEALTH INSURANCE POLICY.**

Health insurance has many objectives such as protection against financial liability, to meet high and unexpected medical cost, safety and security, economic assistance in old age, family protection and relief in income tax and so on. The researcher

investigated and the results are shown in table 3

**TABLE 3****INFLUENCING FACTORS TO TAKING HEALTH INSURANCE BY RESPONDENTS**

S.NO	FACTORS	NUMBER OF RESPONDENTS	PERCENTAGE (%)
1	Protection against financial liability	14	12
2	To meet high and unexpected medical cost	56	47
3	Safety and Security.	24	20
4	Economic assistance in old age	4	3
5	Family protection.	18	15
6	Relief in income tax.	4	3
	<b>Total</b>	<b>120</b>	<b>100</b>

*SOURCE: Primary Data*

From table 3 it is inferred that for 47 % of respondents the main objective in taking health insurance is to meet high and unexpected medical cost, 20 % take health insurance for safety and security, 15 % who for their family protection, followed by 12 % of respondents use health insurance for protection against financial liability and 3 % for economic assistance in old age and income tax exemption. Hence it is concluded that nearly half of the respondents go in for health insurance in order to meet unexpected medical costs.

**4.SERVICES OFFERED TO RESPONDENTS BY HEALTH INSURANCE POLICY**

Insurance is an service based sector, health insurance provide numerous services to the using people some are assurance in insurance, sanction of adequate amount on time, easy reimbursement, claim settlement on time and so on. The researcher classified according the services used by respondents in below table 4.

**TABLE.4****SERVICES OFFERED TO RESPONDENTS BY HEALTH INSURANCE POLICY**

S.No	Service	No of Respondents	Percentage(%)
1	Assurance in insurance	38	32
2	Sanction of adequate amount on Time	42	35
3	Easy reimbursement	18	15
4	Claim settlement	22	18
	<b>Total</b>	<b>120</b>	<b>100</b>



**SOURCE: Primary Data**

From the above table it inferred that, 35 % of the respondents are voted to sanction of adequate amount on time, 32 % are assurance in insurance, 18 % respondents are offered claim settlement, and 15 % of respondents provided easy reimbursement. Hence it concluded that majority of respondents prefer the services of sanctioned of adequate amount on time as important accepted criteria.

**5. FACTORS INFLUENCING HEALTH INSURANCE POLICY****TABLE: 5****FACTOR MATRIX**

Tax Benefits	<b>0.91026</b>	-0.34477	-0.45315	0.792413
Cost	<b>0.870518</b>	-0.34099	-0.4405	-0.32978
Cashless Hospitalization	<b>0.865644</b>	-0.28645	-0.40363	-0.30141
Premium	<b>0.847128</b>	-0.26702	-0.40182	-0.21691
Life Time Health Cover	0.451188	<b>0.770772</b>	-0.30388	-0.18289
Facility With Quality Services	0.69694	<b>0.736403</b>	-0.292	-0.14617
Extra Risk Coverage	-0.0239	<b>0.748818</b>	-0.05746	-0.1371
Critical Illness Coverage	0.144764	-0.2024	<b>0.647121</b>	-0.11222
Access To Network of Hospital	0.38641	-0.12337	<b>0.639983</b>	-0.09699
Financial Coverage To Policy Holders	0.580833	-0.01379	<b>0.593506</b>	-0.08659
Timely Treatment For Diseases	0.56408	0.38287	<b>0.587379</b>	-0.08397
Out of Pocket Expenditure	0.556274	0.380832	<b>0.524126</b>	0.57557
Providing Sense of Security	0.468948	0.227919	<b>0.510147</b>	0.018779
Approval Process	0.269035	0.129147	0.220003	<b>0.216343</b>
Grievance Handling	0.207856	0.023439	0.218807	<b>0.105667</b>

\*\*\*The value .91 is taken as cutoff point

From the rotated factor matrix it is noted that 4 factors which have come under.

**FACTORS: 1 - WITH HIGH LOADING:** All these related variable are combined into a common factor call “BENIFITS”. The above said table represent tax benefits to women health insurers. The next factor is cost both the variable are inter related with each other, when there is a tax benefits for women insurers the cost of medical expenses may be reduced. The next factor is cashless hospitalization and the next variable premium is interrelated with each other, when women insurers pay premium they may availed cash less hospitalization.

**FACTORS: 2 - WITH HIGH LOADING:** All these related variable are combined into a common factor call “SERVICES”. The above said table represent life time health cover to women health insurers. The next factor is facility with quality services and next is risk coverage the variable above

are inter related with each other, when the women insurer avail health cover the health insurance provide Life Time Health Cover, Facility With Quality Services and Extra Risk Coverage.

**FACTORS: 3 - WITH HIGH LOADING:** All these related variable are combined into a common factor call “HEALTH COVERAGE”. The above said table represent Critical illness coverage to women health insurers. The next factor is facility with access to network of hospital the variable above are related with each other, when women insurer were in critical illness the can access to network of hospital, they can enjoy financial coverage, and timely treatment can be availed for more diseases, they don’t need to use their pocket money and it provide sense of security.

**FFACTORS: 4 - WITH HIGH LOADING:** All these related variable are combined into a common factor call “INTERNAL FACTOR”. The above said table represents Approval Process of Health insurance while claim settlement of health insurance. The next factor is Grievance handling the variable above are related to each other while approval process the insurer may arise any grievance they may be rectified through insurance company’s grievance handling department.

## FINDINGS OF THE STUDY

- It is found that 47 percent of respondents are the age group of 30-40 years and 58 percent of respondents are working in government aided colleges
- It is observed that 83 percent of respondents are married and 50 percent of respondents are each form nuclear and joint families.
- It is revealed that 63 percent of respondents are earning up to 100000 and 83 percent of respondents are form urban area.
- It is found that 73 percent of respondents mostly prefer family coverage and 63 percent of respondents prefer public sector insurance company.
- It is learnt that 47 percent of respondents pay the premium amount of Rs 1500- 2000.and 68 percent of respondents are consulting the insurance agents.
- Out of 120 respondents 57 percent of respondents pay annual premium.
- It is concluded that most like “tax benefits” and “low cost” benefits as the major reasons for taking health insurance.
- It is observed that 47 percent of respondent primary objective of taking health insurance is to meet high and unexpected medical cost.
- Out of 120 respondents 96 have a medium level of opinion towards benefits of taking health insurance policy and 23 respondents have a low opinion and it was interesting to note that only one respondent show high level in opinion in this regard.
- It is found that 37 percent of respondents are find to sanction of adequate amount on time is the major service render by health insurance.
- It is found that majority of respondents were influenced by the factor “tax benefit”

## SUGGESTIONS

- It is observed that in many health insurance policies there is no hassle free claim.
- The claim procedure is much complicated. Hence the companies dealing with health

insurance may simplify the procedure for claims and make it user friendly.

- Some of the respondents felt that the health insurance companies and the agents don't reveal all the information about the policy. There are so many hidden terms and conditions of the policies which the customer will come to know about it at the time of making claims. Hence it is suggested that the insurance companies and the agents should clearly explain the terms and conditions of the policy to the policy holders.
- The success of the life insurance business rests in the hands of life insurance agents. Though agents are prevailing in the health insurance efforts taken by them in selling the health insurance policy is not upto the mark. Hence it is suggested that qualified and trained agents may be engaged for the health insurance business.
- Among the respondents many of them have taken insurance policy for reducing their burden of income tax. The health insurance company makes use online resources to disseminate the primary benefit of taking health insurance policy such as risk coverage, protection against risk, unexpected medical cost.
- Though many of the respondents have taken policy from the public sector insurance companies they are not very happy with the services offered by such companies. Hence the public sector insurance company shall improve their customer support services, develop more cashless facility network and issue of health insurance identity card.
- The Likert scale results of benefits of taking health insurance policy shows that 80 percentage of respondents had given only medium level of satisfaction. Hence both public and private sector insurance companies have to improve their performance and services to increase the level of satisfaction of policy holders.
- The mode of premium for most of the health insurance policies is annual which makes it difficult for the college teachers particularly those working in self- finance colleges to pay lump sum money as annual insurance premium. If policies with monthly premium that to detectable from source itself are introduced, the self-finance college teachers will be much benefited.
- Some of the policy holders are not satisfied with the type of health insurance policies available in both public and private sectors on account of high premium, less returns and bad services of the company. Hence the health insurance companies can introduce innovative insurance policies with some additional benefits to not only to attract new customers but also to retain the existing ones.
- Normally many hospitals charges more when a person goes for treatment with health insurance policy than the person without health insurance policy. The government shall take steps to check such unethical practices. This will help the insurance companies increase the satisfaction level of the policy holders.

## **CONCLUSION OF THE STUDY**

The health insurance policy is essential for every person and it protects life from unforeseen and spiraling medical expenses. Even family members can also be benefited while taking family floater mediclaim policy. Health Insurance Companies providing various types of policies to their customers. Now-a-days every person must have Health insurance for protecting their future. The

awareness among the public should be improved about the policies.

It is concluded from this study that respondents are aware about health insurance but denied to take health insurance or medi claim policies. People have trust more on public general insurance companies than on private general insurance companies to avail the health insurance policies. Respondents are not much aware of policies terms and conditions of health insurance because of lack of transparency. Health insurance however still have wider scope in India but is supposed to be easy to understand and accessible.

### SCOPE FOR FURTHER RESEARCH:

Additionally research can be carried out in a different district with difficult cultural, demographics and social background. In this study the research has not included comparison with other districts, so future study can be done by comparing the different choices of policy holders.

### References:

- N.NAGALAKSHMI, M. (2019). CLAIM SETTLEMENT RATIO AND PROCESS OF SELECTED LIFE INSURANCE COMPANIES. *International Journal of Research and Analytical Reviews (IJRAR)*, 6 (1), 1718-1732.
- 1M.VINOTH, 2. 3. (2018). A Study on Health Insurance Premium, Claims, Commission and its Growth of Select Companies in India. *Universal Review*, 7 (11), 109-121.
- Subramanian, M. V. (2020). A STUDY ON VARIOUS WELFARE SCHEMES BY THE LIFE INSURANCE CORPORATION OF INDIA TOWARDS CORPORATE SOCIAL RESPONSIBILITY. *Dogo Rangsang Research Journal*, 10 (6), 209-222.
- 1M.VINOTH, 2. (2019). A STUDY ON HEALTH INSURANCE SCHEMES INCURRED CLAIMS SETTLEMENT RATIO OF SELECT HEALTH INSURANCE COMPANIES IN TAMILNADU. *Journal of Emerging Technologies and Innovative Research*, 6 (6), 380-389.
- Kumar Hooda, S. (2020). Penetration and coverage of government-funded health insurance schemes in India. *Clinical Epidemiology and Global Health*, 8 (4), 1017-1033.
- N.NAGALAKSHMI, M. (2019). CLAIM SETTLEMENT RATIO AND PROCESS OF SELECTED LIFE INSURANCE COMPANIES. *International Journal of Research and Analytical Reviews (IJRAR)*, 6 (1), 1718-1732.
- Subramanian, M. V. (2020). A STUDY ON VARIOUS WELFARE SCHEMES BY THE LIFE INSURANCE CORPORATION OF INDIA TOWARDS CORPORATE SOCIAL RESPONSIBILITY. *Dogo Rangsang Research Journal*, 10 (6), 209-222.
- *HEALTH INSURANCE IN INDIA AN OVERVIEW*. Available from: [https://www.researchgate.net/publication/331673709\\_HEALTH\\_INSURANCE\\_IN\\_INDIA\\_AN\\_OVERVIEW](https://www.researchgate.net/publication/331673709_HEALTH_INSURANCE_IN_INDIA_AN_OVERVIEW)
- **Health insurance (1)**. Available from: [https://www.researchgate.net/publication/331674014\\_Health\\_insurance\\_](https://www.researchgate.net/publication/331674014_Health_insurance_)

