

Application for Enrolment of Membership for SAIL Mediclaim Scheme
(for the period 11th July, 2020 – 10th July, 2021)

Employee Details																								
Name of Employee										Personnel No.														
Unit from where retired					Place of Last Posting					Designation last held														
Date of Separation										Claim Centre (only for Enrolment)					KOLKATA		CHENNAI		DELHI		BHILAI		DURGAPUR	
															ROURKELA		BOKARO		SALEM		ASANSOL			
Name of Member										<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 45%;">Please affix recent photograph of member</div> <div style="border: 1px solid black; padding: 5px; width: 45%;">Please affix recent photograph of spouse</div> </div>														
Date of Birth					MIN No.															Gender (M/F)				
Name of Spouse										<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 45%;">Please affix recent photograph of member</div> <div style="border: 1px solid black; padding: 5px; width: 45%;">Please affix recent photograph of spouse</div> </div>														
Date of Birth					MIN No.															Gender (M/F)				
Address																								
Pin Code					Phone					Cell														
Email ID																								
Aadhar No. (Self)										Aadhar No.(Spouse)														
Date of Enrolment (for fresh enrolments only)										Number of Members														
Premium for base policy Employee(Rs.)					Premium for base Policy Spouse(Rs.)					Total Premium(Rs.)														
Whether Super Top Up required (Yes/No):					If yes, Threshold Rs.(in lakhs)					Sum Insured Rs.(in lakhs)														
Premium for Super Top Up Sum Employee(Rs.)					Premium for Super Top Up Sum Spouse (Rs.)					Premium for Super Top Up Sum Both (Rs.)														
Grand Total Premium (Including premium of base policy and Super Top Up)										(Rs.)														
Nominee of Employee										Relation with Employee														
Nominee of Spouse										Relation with Spouse														
ECS Details										Employee					Spouse									
Name of Account Holder																								
Name of Bank																								
Branch Name																								
Branch Address																								
Type of Account (<i>tick</i>)										Savings Bank					Current Deposit									
Member Account No.					MICR Code																			
Spouse Account No.					MICR Code																			
IFSC Code Member										MIN No. Member														
IFSC Code Spouse										MIN No. Spouse														
Signature of Member										Signature of Spouse														
Payment Details																								
Cheque / DD / Challan No/ Salary ECS					Amount (Rs.)																			
					Drawee Bank																			

Members to Note

Enclosures: (1) One copy of Aadhar Card each for the member & spouse; (2) One cancelled cheque with Name & P.No. at the back.

Intimation : (1) Pre-planned hospitalization - 48 hours in advance; (2) Emergency - within 24 hrs from the time of admission.

Claim Submission : (1) IPD - Within 30 days from the date of discharge; (2) Post-Hospitalization – within 30 days after completion of treatment period of 60 days; (3) OPD - When expenses exceed Rs.2000/- per person per policy period or within 90 days from the date of treatment, whichever is earlier.

Cappings/Ceilings : Members to apprise themselves regarding Cappings/Ceilings before availing mediclaim facility, from the SAIL Website / Mediclaim Booklet.

E ABOVE TIME LIMITS TO BE STRICTLY ADHERED TO, SO THAT THE CLAIMS ARE NOT REJECTED.