

Application for Enrolment as Gap Case/First Time Enrolment under SAIL Mediclaim Scheme (w.e.f. 11th June, 2020)

| 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 | | | | | | | | | | | | | | | | |
| D | | D | | M | | M | | Y | | Y | | Y | | Y | | 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 | | | | | | | | | | | | | | | | | | | | Old MIN No. | | | | | Gender (M/F) | | | | | | | | | | | | | | |
| D | | D | | M | | M | | Y | | | | | | | | | | | | Y | | Y | | Y | | Y | | Y | | | | | | | | | | | |
| Name of Spouse | | | | | | | | | | | | | | | | | | | | Old MIN No. | | | | | Gender (M/F) | | | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | | Old MIN No. | | | | | Gender (M/F) | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | D | | M | | M | | Y | | Y | | Y | | Y | | Y | | Y | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | Pin Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone | | | | | | | | | | Cell | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | Aadhar No. (Self) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aadhar No. (Spouse) | | | | | | | | | | Date of Enrolment (for fresh enrolments only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | D | | M | | M | | Y | | Y | | Y | | Y | | 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. | | | | | | | | | | Spouse Account No. | | | | | | | | | | MICR Code | | | | | | | | | | | | | | | | | | | |
| IFSC Code Member | | | | | | | | | | IFSC Code Spouse | | | | | | | | | | MIN No. Member | | | | | | | | | | MIN No. Spouse | | | | | | | | | |
| Signature of Member | | | | | | | | | | Signature of Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cheque / DD / Challan No | | | | | | | | | | 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 & MIN No./ 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.

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