

Application for Gap Case under SAIL Mediclaim Scheme (w.e.f. 11th July, 2025 – 10th July, 2026)

Employee Details																																					
Name of Employee																		SAIL Personnel No.																			
Unit from where retired										Place of Last Posting						Designation and Grade last held																					
Date of Separation																		Claim Centre (only for Enrolment)		KOLKATA ROURKELA		CHENNAI BOKARO		DELHI SALEM		BHILAI ASANSOL		DURGAPUR									
Date of Separation						D		D		M		M		Y		Y		Y		Y																	
Name of Member																																					
Date of Birth						D		D		M		M		Y		Y		Y		Y		Old MIN No.				Gender (M/F)				Please affix recent photograph of member				Please affix recent photograph of spouse			
Name of Spouse																																					
Date of Birth						D		D		M		M		Y		Y		Y		Y		Old MIN No.				Gender (M/F)											
Address																																					
Pin Code																				Phone						Cell											
Email ID																		Number of Members																			
Aadhar No. (Self)																		Aadhar No.(Spouse)																			
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														Amount (Rs.)																							
														Drawee Bank																							
Members to Note																																					
Enclosures: (1) One copy of Aadhar Card/ PAN each for the member & spouse; (2) Copy of separation order of SAIL's ex-employee; (3) One cancelled cheque with Name & MIN No./ P.No. at the back. Intimation : (1) Pre-planned hospitalization - <u>48 hours</u> in advance; (2) Emergency - within <u>24 hrs</u> 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.																																					