Application for Gap Case under SAIL Mediclaim Scheme
(w.e.f. 11th July, 2026 – 10th July, 2027)

Employee Details					
Name of Employee				SAIL Personnel No.	
Unit from where retired		Place of Last Posting		Designation and Grade last held	

Date of Separation	D	D	M	M	Y	Y	Y	Y	Claim Centre (only for Enrolment)	KOLKATA	CHENNAI	DELHI	BHILAI	DURGAPUR
										ROURKELA	BOKARO	SALEM	ASANSOL	

Name of Member													Please affix recent photograph of member / Please affix recent photograph of spouse
Date of Birth	D	D	M	M	Y	Y	Y	Y	Old MIN No.		Gender (M/F)		
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 (*tick*)	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

*** M**embers separated in E-7 & above grade and/or their spouse, such members shall have an option to opt for higher room rent subject to fulfillment of other conditions. However, additional premium to be charged by insurer for said benefit shall be borne completely by the member as an optional facility.

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 - 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.