

## Application for Enrolment as Fresh/Gap Case/First Time Enrolment under SAIL Mediclaim Scheme (w.e.f. 11<sup>th</sup> July, 2023 – 10<sup>th</sup> July, 2024)

Employee Details																							
Name of Employee																	Perso	nnel N	0.				
Unit from where retired			HILA	I STE	EL PL	ANT	D	epart	tmen	t						]	Designation						
Date of Separation										Claim	Centre		KOI	КАТА	CHEN	CHENNAI		т	BHILAI	DURGAPUR			
		D	D	М	М	Y	Y	Y	Y	(only fo	or Enrolment)				RKELA	BOKA		DELH SALEN		ASANSOL	DURGALUK		
Name of Member																							
Date of Birth (As							Ν	1IN						Ger	nder	<b>_</b>							
	D	D	MM	1 Y	Y	YY		lew						(M									
Name of Spouse					<u>i andara i a</u>																		
Date of Birth (As				Τ		Τ	Μ	IIN						Gender (M/F)		Please affix recent							
per BSP record) D	) [	)	MM	1 Y	ΥY	ΥY	Y Ne	[ew												Please affix			
Address			L		4											photograph of				recent photograph			
																member			of spouse				
																			1 1	<b>.</b>	r		
Pin Code							M	lob.								Phone	e						
Email ID																							
Aadhar No. (Self)	<del></del>						-		Aadhar No.(Spouse) Number of Members														
Date of Enrolment (for fresh enrolments only)											N	umbe	r of	f Mem	bers								
			DD	) M	Μ	Y	Y	Y		Y													
Premium for base policy					Pre	miun	n for	base	e Pol	icy	1	Total Premium(Rs.)											
Employee(Rs.)		Spouse(Rs.)																					
Whether Super Top Up		If yes, Threshold Rs.(in lakhs)								Sum Insured Rs.(in lakhs)													
required(Yes/No):												· · · · · · · · · · · · · · · · · · ·											
Premium for Super Top Up			Premium for Super Top Up								Premium for Super Top Up												
Sum Employee (Rs.)			Sum Spouse (Rs.)									Sum Both (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> )					Sav	Savings Bank										Current Deposit							
Member Account No.														MI	CR Code	e							
Spouse Account No.														MI	CR Code	e							
IFSC Code Member														Old	MIN M	lember	:		-				
IFSC Code Spouse														Old	MIN Sp	oouse							
Signature of Member											Signature of Spouse												
Payment Details																							
DD / Challan No					Amount (Rs.)						Date -												
				Drawee Bank																			
Members to Note																							
<b>Enclosures:</b> (1) Copy of Aadhar Card, member & spouse; (2) Cancelled cheque with Printed Name; (3) Challan Copy; (4) Separation Order Copy <b>Intimation :</b> (1) Pre-planned hospitalization - <u>48 hours</u> in advance; (2) Emergency - within <u>24 hrs</u> from the time of admission. <b>Claim Submission :</b> (1) IPD - Within 30 days from the date of discharge; (2) Post-Hospitalization, bill to be submitted within 30 days after completion of																							

treatment period of 60 days; (3) OPD – Claim to be submitted before 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.