

## Application for Fresh Enrolment under SAIL Mediclaim Scheme (w.e.f. 11<sup>th</sup> July, 2024 – 10<sup>th</sup> July, 2025)

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		CHENNAI		DELHI		BHILAI		DURGAPUR							
D		D		M		M		Y		Y		Y		Y		ROURKELA		BOKARO		SALEM		ASANSOL					
Name of Member																											
Date of Birth								Gender (M/F)								Please affix recent photograph of member				Please affix recent photograph of spouse							
D		D		M		M		Y		Y		Y		Y													
Name of Spouse																											
Date of Birth								Gender (M/F)																			
D		D		M		M		Y		Y		Y		Y													
Address																											
Pin Code								Phone								Cell											
Email ID																											
Aadhar No. (Self)																Aadhar No.(Spouse)											
Date of Enrolment (for fresh enrolments only)												Number of Members															
D		D		M		M		Y		Y		Y		Y													
Premium for base policy Employee (Rs.)								Premium for base Policy Spouse (Rs.)								Total Premium (Rs.)											
Whether opting for higher room rent* (Yes/No):								Premium for higher room rent Self								Premium for higher room rent Spouse											
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, Higher room rent 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																											
*In case of members (including Spouse) separated post 01.01.2017 in E-8 & above grade, such members shall have an option to opt for 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.																											
<b>Enclosures:</b> (1) One copy of Aadhar Card each for the member & spouse; (2) One cancelled cheque with Name & MIN No./ P.No. at the back.																											
<b>Intimation :</b> (1) Pre-planned hospitalization - 48 hours in advance; (2) Emergency - within 24 hrs from the time of admission.																											
<b>Claim Submission :</b> (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.																											
<b>Cappings/Ceilings :</b> Members to apprise themselves regarding Cappings/Ceilings before availing mediclaim facility, from the SAIL Website / Mediclaim portal.																											
<b>THE ABOVE TIME LIMITS TO BE STRICTLY ADHERED TO, SO THAT THE CLAIMS ARE NOT REJECTED.</b>																											