



No. SIC/Admn./HO/Medical /1(190)/2017

Dt: 10.03.2017

**All members of Group Floater Mediclaim Policy,**

Sir/Madam,

Group Floater Mediclaim Policy for the retired employees is expiring on 30<sup>th</sup> April, 2017 and is due for renewal w.e.f. 01.05.17 for a further period of one year i.e. 01.05.17 to 30.04.2018. In this connection, it is to inform you that;

1. For the year i.e. 1.05.17 to 30.04.18 the premium is estimated to be Rs.24000/- and the beneficiary has to bear 10% of the same i.e. Rs.2400/-. In case 10% of the actual premium to be paid to Insurance Company is worked out to be less than Rs.2400/-, the same will accordingly be reduced. In case the 10% of the actual premium comes to more than Rs.2400/-, the individual has to pay the enhanced contribution accordingly.
2. As last year the premium contribution was Rs. 2200/- approx. per member and each member paid Rs.2450/- for the said period. An amount of Rs.250/- is adjusted in the contribution of the premium of the year 2017-18. Therefore, after adjustment each existing member shall pay Rs.2150/- for renewal charges.
3. In view of the above, all existing members are requested to send the **DD of Rs. 2150/-** or through RTGS as per details given below:-
  1. Beneficiary: NSIC Ltd.
  2. Bank : Punjab National Bank, NSIC Bhawan, Okhla Industrial Estate, New Delhi-110020
  3. Account No.: 0602002100000892
  4. IFSC : PUNB0060200
4. The DD should be in favour of **The National Small Industries Corporation Ltd.** payable at **New Delhi**, and should be enclosed with one **photograph each** (indicating name on the back side) for self and spouse
5. Each member is requested to fill up the attached form also. All the above documents should reach this office alongwith DD **latest by 25th March, 2017 positively.**

P.T.O.

"हम हिन्दी में किए गए पत्र-व्यवहार का स्वागत करते हैं"

Ph.: +91-11-26926275, Toll Free No. : 1800 111 955

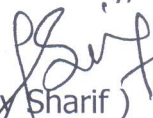
Website : www.nsic.co.in, www.msmemart.com, www.msmeshopping.com

CIN : U74140DL1955GOI002481

6. It is also informed that an existing member who is over 80 years, he/she has to pay Rs.2150/- plus the full amount of additional insurance premium, if any, charged by the Insurance Co. over and above the insurance premium charged.
7. It is pertinent to mention here that the beneficiary (patient), in case of hospitalisation, has to send the information to TPA immediately and the claim of the said hospitalization should be submitted for reimbursement to the TPA/Insurance Co. within stipulated period after discharge of the patient from the hospital. Any claim submitted after the stipulated period is likely to be rejected.
8. It is also informed that the claims of the members will be settled by the Insurance company as per terms & conditions of the Policy and NSIC will not be liable or responsible for any deduction/claim settled by the Insurance Co.

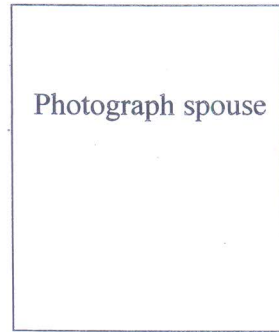
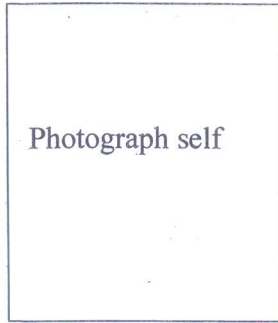
If the required information/documents does not reach within the stipulated date **i.e. 25th March,2017**, it will be presumed that you are not interested for renewal of your mediclaim policy and hence your policy will be discontinued further. For any clarification please contact the undersigned on phone No.011-26382029 & 26926275 extn. 524.

Yours faithfully,

  
( Sanjay Sharif )  
Chief Manager (Admn.)

Encl: As above.

**PARTICULARS OF RETIRED EMPLOYEE FOR GROUP FLOATER MEDICLAIM POLICY**



Particulars	Self	Spouse
Name		
Date of Birth		
Age		
Date & Place of retirement		
Designation at the time of retirement		
Pay pattern at the time of retirement (IDA/CDA)		
Residential Address		
Contact Phone/ Mobile No.		
E-mail		
Details of any other mediclaim policy/source of medical treatment		
Date of inception of Policy (date from which you became the member of the policy)		

I am depositing (NEFT/DD) UTR/DDNo.-----dt.----- for Rs.-----indicative amount. I hereby undertake that in case 10% of the actual premium to be paid to Insurance Company worked out to more than Rs.2400/- I will deposit the difference of actual premium and indicative amount if NSIC have to pay the enhanced contribution accordingly. I understand failing to deposit the same amount will forfeit the policy and I & my spouse shall not have any claim over the same.

Yours faithfully,

Date  
Station

Signature of the applicant \_\_\_\_\_

Name of the applicant \_\_\_\_\_