

GROUP MEDICLAIM POLICY

For the Members of
STEEL AUTHORITY OF INDIA EMPLOYEES' COOPERATIVE CREDIT SOCIETY LTD.

FACILITIES COVERED

Insurance Company / TPA	The New India Assurance Co. Ltd. / MedSave Health Insurance TPA Ltd.
Policy Type	Family Floater
Policy Period	From 01-11-2021 to 31-20-2022
Family Size - Max	Option-1 : Self + Any Three (1+3) without Parents Option-2 : Self + Any Three (1+3) with Parents / In Laws (For Sum Insured 2 Lac onwards) Option-3 : Self + Any Five (1 + 5) Including Parents (For Sum Insured 2 Lac onwards)
Sum Insured	1 Lac / 2 Lacs / 3 Lacs / 5 Lacs
Dependents covered other than Member	Option-1 : Self + Any Three (1+3) without Parents Option-2 : Self + Any Three (1+3) with Parents / In Laws (For Sum Insured 2 Lac onwards) Option-3 : Self + Any Five (1 + 5) Including Parents / In Laws (For Sum Insured 2 Lac onwards)
Maximum Entry Age	Not Any (Dependent Son : Max 25 Yrs. & Daughter no limit if dependent)
Cashless Facility	Covered
1, 2,3,4 Yrs. Exclusion for Special Diseases	Waived for members who already covered for minimum 12 months in the Policy. For New Members the waiver will be applicable only after completion of 1 Yr.
30-day Waiting Period	Not waived (Waived for the accidental cases only)
Terrorism Cover	Yes
Pre-hospitalization	30 Days before the date of admission only for the related OPD treatment for the ailment for hospitalization which already approved by competent authority. (Except Maternity)
Pre-hospitalization	60 Days before the date of admission only for the related OPD treatment for the ailment for hospitalization which already approved by competent authority. (Except Maternity)
Day Care	Covered as per The Policy Condition of The New India Assurance Co. Ltd. (annexure hereto)
COVID-19 Treatment	Covered for hospitalization treatment.
Diseases/aliment capping	As per rate / package chart as mentioned below (as attached hereto)
Congenital internal diseases	Covered
Domiciliary Hospitalization	Not Covered
Capping on Room rent + RMO + Nursing Charges (Per Day)	1% of the Sum Insured per day for 1 Lac, 2 Lac & 3 Lac. For 5 Lac Sum Insured the max limit is INR. 4500/- per day
Capping on ICU rent Charges (Per Day)	2% of the Sum Insured for Sum Insured band of INR. 1 Lac & 2 Lac & for 3 Lac & 5 Lac Sum Insured band 1.6% of the Sum Insured
Maternity	Not covered.
Baby Day-1 Covered	Yes, subject to the no of total family members is less than the Maximum Family Size which is opted by the member
Ambulance Charges	Covered Up to INR. 2500/- per case
Claim Intimation	Within 7 days from the date of admission
Claim documents Submission	Within 45 days from date of discharge

IMPORTANT POINTS NEED TO BE CONSIDERED

Addition / Deletion :

- Addition of new account holder or loanee members will be happen only monthly basis in first week of month
- The applicable pro-rata premium will be calculated on quarterly Pro- Rata basis
- The inclusion of family members will not happen during the currency of the policy except for new born baby or newly married spouse (subject to no of total family members is less than the Maximum Family Size which is opted by the member)

Exclusion :

- Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not)
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident
- Vaccination (other than animal bite/ Anti rabies Vaccination) or inoculation change of life or cosmetic or aesthetic treatment of any description, such as correction of eye sight plastic surgery other than as may be necessitated due to an accident or as a part of any illness
- Cost of spectacles and contact lenses, hearing aids
- Dental treatment or surgery of any kind unless requiring hospitalization.
- All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home or at home under domiciliary hospitalisation as defined.
- Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital
- Genetic diseases where no other factors are involved.

Maternity related exclusions :

- Maternity & Related treatment to maternity is not covered under the policy benefit.

Other Restriction Applicable :

- 10% Co-payment is applicable for each & every Claim
- The Dialysis for any kind in day care basis will not be covered in the policy

Form No. :

**APPLICATION FORM FOR EMPANELMENT OF MEMBERS under GMC (Group Medicalim)
Policy of
STEEL AUTHORITY OF INDIA EMPLOYEES' COOPERATIVE CREDIT SOCIETY LTD.**

1. Name of the Members :, Membership No. :
(in BLOCK Letter)

Age (Years) : D.O.B. : Sex : (Male) (Female)

2. (i) Address :
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(ii) Contact No. :

(iii) E-mail ID :

3. Scheme wants to Opt for :

(i) Self + any three members (Excluding parents)

(ii) Self + any three members (Including parents)

(iii) Self + any five members (Including parents)

4. Sum Insured wants to opt for the family : Rs./-
(Family Floater: Rs. 1,00,000/-, Rs. 2,00,000/-, Rs. 3,00,000/- & Rs. 5,00,000/-)

5. Details of Dependent to be covered under the GMC Policy :

Sl. No.	Name of the Member & Dependent (in BLOCK LETTER)	Age	D.O.B.	Sex (M/F) (Put ✓)		Relation with the Member
1.			...../...../.....	M	F	
2.			...../...../.....	M	F	
3.			...../...../.....	M	F	
4.			...../...../.....	M	F	
5.			...../...../.....	M	F	
6.			...../...../.....	M	F	

6. Bank Details :

(i) Name of the Bank & Branch

(ii) SB Account No. (iii) IFSC Code

(iv) Cancelled Cheque enclosed.

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(Signature of the Member)

Date :

**SAIL CO-OPERATIVE GMC POLICY RENEWAL PREMIUM CHART FOR THE MEMBERS
FOR POLICY PERIOD 21-22**

Premium Chart with GST of The New India Assurance Co. Ltd. with 10% Co-Payment & Disease wise Capping

Plan Category	Age Band/ Family Floater Sum Insured	100000	200000	300000	500000
Self+Any three (Excluding Parents)	Highest of the Family Member within 0-35 Yrs	5,792	9,211	12,182	16,045
	Highest of the Family Member within 36-50 Yrs	7,530	12,435	15,837	21,661
	Highest of the Family Member within 51-60 Yrs	9,412	14,922	19,321	23,827
	Highest of the Family Member within 61-65 Yrs	10,305	16,386	21,133	25,206
	Highest of the Family Member within 66-70 Yrs	10,918	17,160	22,219	26,209
	Highest of the Family Member within 71-75 Yrs	12,010	18,876	24,441	26,471
	Highest of the Family Member within 76-80 Yrs	13,211	20,764	26,885	27,001
	Highest of the Family Member above 80 Yrs	14,796	22,217	27,423	27,541

Plan Category	Age Band/ Family Floater Sum Insured	100000	200000	300000	500000
Self+Any three (Including Parents)	Highest of the Family Member within 0-35 Yrs	-	11,053	15,228	18,773
	Highest of the Family Member within 36-50 Yrs	-	14,922	19,788	25,343
	Highest of the Family Member within 51-60 Yrs	-	17,906	24,151	27,877
	Highest of the Family Member within 61-65 Yrs	-	19,088	26,166	29,619
	Highest of the Family Member within 66-70 Yrs	-	20,592	27,774	30,665
	Highest of the Family Member within 71-75 Yrs	-	22,651	30,284	30,972
	Highest of the Family Member within 76-80 Yrs	-	24,916	31,456	31,591
	Highest of the Family Member above 80 Yrs	-	26,660	32,085	32,543

Plan Category	Age Band/ Family Floater Sum Insured	100000	200000	300000	500000
Self+Spouse+2children+2Parents.	Highest of the Family Member within 0-35 Yrs	-	11,790	15,593	19,575
	Highest of the Family Member within 36-50 Yrs	-	15,917	20,271	26,426
	Highest of the Family Member within 51-60 Yrs	-	19,100	24,731	29,069
	Highest of the Family Member within 61-65 Yrs	-	19,945	27,051	30,755
	Highest of the Family Member within 66-70 Yrs	-	21,965	28,441	31,975
	Highest of the Family Member within 71-75 Yrs	-	24,161	31,285	32,295
	Highest of the Family Member within 76-80 Yrs	-	26,577	32,262	32,941
	Highest of the Family Member above 80 Yrs	-	28,438	32,907	33,600

OUR BANK ACCOUNT DETAILS: -

NAME OF THE BANK: BANK OF BARODA
ACCOUNT NO. 0853020000371
TYPE OF ACCOUNT: CURRENT
RTGS/NEFT IFSC: BARBOCHARUM
Branch: Charu Market Branch, Kolkata – 700 033

OUR EMAIL ID: -

SAILCOOP@HOTMAIL.COM