

2. Name of the Dependand
 Gender: M F Relation:
 Aadhar Card No.
 Date of Birth

PLEASE
PASTE
COLORED
PHOTOGRAPH

SLABS	Premium of Dependand (Rs)	Tick (✓) against corresponding Premium amount
A (Dependant Member under 45 yrs of age)	₹ 207	
B (Dependant Member between 45 to 65 yrs in age)	₹ 413	
C (Dependant Member over 65 yrs in age up to 75 yrs)	₹ 551	

To Be Filled By
Insurer
Underwriting
Decision

Age proof document verified (Please tick): [✓]

- Birth certificate Passport Driving Licence Aadhar Card
 Voter I-Card Ration Card Pan Card School Certificate
 Others (Please Specify) _____

3. Name of the Dependand
 Gender: M F Relation:
 Aadhar Card No.
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Age proof document verified (Please tick): [✓]

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 Others (Please Specify) _____

5. Name of the Dependant
 Gender: M F Relation:
 Aadhar Card No.
 Date of Birth

PLEASE
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COLORED
PHOTOGRAPH

SLABS	Premium of Dependent (Rs)	Tick (✓) against corresponding Premium amount
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 Voter I-Card Ration Card Pan Card School Certificate
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6. Name of the Dependant
 Gender: M F Relation:
 Aadhar Card No.
 Date of Birth

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SLABS	Premium of Dependent (Rs)	Tick (✓) against corresponding Premium amount
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 Others (Please Specify) _____

The Beneficiaries shall be entitled to visit only the empanelled Network Hospitals and avail medical facilities for the ailments covered under the Scheme on cashless basis, by producing I.D. Card to the Network Hospital at its IPD reception within 3 days from the date of first visit to 24 hrs of admission in case of planned hospitalization and within 6 hrs before the discharge in case of emergency hospitalization. In case of failure on the part of the member due to any reason whatsoever, to produce ID card to the hospital within above stipulated time period, he/she shall not be entitled to either cashless treatment or reimbursement of expenses incurred in the Network Hospital and shall have to make the full payment to the Hospital at the time of discharge. For the members, undergoing joint replacement, the valid age proof will be required to be produced to the Network hospital along with the I.D Card at its IP D Reception.

The beneficiaries shall also be entitled to avail treatment from the Govt. Hospital, by settling the bill directly to the Govt. Hospital, by paying all the charges at the time of discharge from the Govt Hospital. In such cases of treatment in Govt. Hospitals, the beneficiary shall later submit all the bills of the Govt. Hospital, documents related to treatment in the Govt. Hospital, along with the filled and signed Claim Form as per the check list to any of the offices / district coordinators of TPA to seek reimbursement from the TPA within 60 days from the date of discharge from the Govt. Hospital. The claims received by the TPA after a lapse of 60 days from the date of discharge of the Beneficiary shall not be entertained by the TPA for processing and settlement. Member can seek reimbursement only in case of the treatment in the Govt. Hospitals.

Hospitalization/admissions taking place on/ at or before 12.00 P.M. (midnight) of the last day of the Policy Plan Period shall be covered under the Policy. Any admission taking place after 12 P.M. (midnight) of the said day shall not be entertained for issuance of pre-authorization for cashless access or settlement of claim under the Policy.

Claims received after 45 days of date of expiry of the Policy Plan Period, due to any reasons whatsoever including continuous stay/ indoor treatment of the patient in the Network Hospital and Govt. Hospital for 45 days after the date of expiry of the Policy Plan Period, shall not be accepted by the TPA, even if the date of admission of the Beneficiary making such claim is falling before 12.00 P.M. on midnight of last day of the expiry of the Policy Plan Period.

The Beneficiary shall be entitled to the benefits of the scheme, with effect from the date of start of the Policy Plan Period, irrespective of the date of filling of the Enrollment Form, payment of the premium to the society or payment of the premium by the society to the Trust and date of issuance/ date printed on the I.D Card by the TPA.

Towards compliance with the cancellation clause contained in the standard mediclaim policy product filed by the Insurer with the Insurance Regulatory & Development Authority (IRDA) under the stipulated "File & Use Procedure", which the Insurer should have earlier represented at the time of submission of the Tender Document to the Trust, as being applicable and legally binding for the purposes of issuing the Policy to the Trust, the Trust agrees that the Insurer shall be entitled to cancel the Policy and to terminate the Agreement by giving a prior notice of ninety days to the Trust. The Trust/ Quarter Concerned will not be legally or financially responsible in any manner whatsoever, for the benefits under the scheme after the date of cancellation of the Policy.

The complete financial and legal liabilities, if any, arising consequent to the operationalization of the Scheme or the Policy, shall rest exclusively and unconditionally with the TPA & the Insurance Company. Member shall not hold the Trust responsible in any manner whatsoever, for any matter whatsoever arising consequent to the operationalization of the Scheme. The role of the Trust is only confined to the passing on the premium paid by the member to the Insurer, on his/her behalf

The above information supplied by me is correct to the best of my knowledge and belief. I hereby unconditionally consent that if any misrepresentation in the information supplied by me in this

enrollment form is found at any stage, I along with my family shall no longer remain eligible for any of the benefits under the Scheme. I certify that I am the Main Member as per the eligibility criteria. I hereby voluntarily opt to become a Beneficiary under the Scheme along with my Family Members and hereby authorize the Trust to pass on the Premium paid by me/us to the Insurer on my/our behalf as per the terms and conditions of the Scheme. The copy of the Scheme is available with the secretary of my cooperative society/department/office. I have read and understood all the terms and conditions of the Scheme. I undertake to abide by and adhere to the terms and conditions of the Scheme at all times. Further, I unconditionally agree that only the courts at Chandigarh alone shall have the exclusivity to entertain any petition or claim by any beneficiary under this Scheme and that the Trust shall not be legally and financially liable towards any beneficiary.

I declare that the dependents named by me in this Form conform to the family definitions defined under the scheme, as per which only my spouse, parents (parents or parent-in-law in case of female main member), unmarried children, widow and divorcee daughters and their minor children and widow daughters-in-law and her minor children are eligible for the coverage under the scheme.

Further I also declare that this option/ declaration made is final, irrevocable and wholly binding on me.

The Policy Plan Period shall start from the date notified by the Insurance Company through newspapers irrespective of the date of filling up of the Enrollment Form, payment of the Premium to the society or payment of the Premium by the society to the Trust and date of issuance/ date printed on the I.D Card by the TPA.

Bank Details of the Insured:

Name of the Bank Account Holder Mr. Mrs. Ms. M/s.

Bank Account No.: Account: Saving Current

Name of the Bank

Branch

*IFSC Code (11 character code appearing on your cheque leaf)

I Wish Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

Aadhaar based payment (For Reimbursement claims)

Aadhaar Card No.: - -

(Note: Self attested Aadhaar card copy to be submitted)

I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form and am willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

Place: _____

Date:

Signature of Claimant

Total Premium paid by Main Member on behalf of the Family: ₹ /-

Name of the Nominee:

Relation

Signature of the main Member _____ Date

Name and Signature of the manager/Secretary of the Concerned Quarter

Name

Signature with Seal _____ Date

Name and Signature of the Deputy Registrar/Authorized Signatory of the Quarter Concerned:

Name

Signature with Seal _____ Date