ALLAHABAD BANK
Personnel Administration Department
(Human Relations Section)
Head Office: 2 N. S. Road, Kolkata – 700 001

Instruction Circular No.13575/ADMN (HR)/2014-2015/13

Date : 28-02-2015

To All Offices & Branches

C I R C U L A R

Renewal of Allahabad Bank Retired Officers'/Employees’ Group Mediclaim Insurance Policy for the period from 1st April, 2015 to 31st March, 2016 with M/s Universal Sompo General Insurance Co. Ltd.— Financial Assistance for Payment of Premium for Insurance Coverage of Rs.1.50 lac

Reference is invited to Head Office Instruction Circular NO.12985/ADMN(HR)/2013-2014/13 dated 31-03-2014 containing the guidelines in respect of renewal of Allahabad Bank Retired Officers'/Employees’ Group Mediclaim Insurance Policy for the period from 1st April, 2014 to 31st March 2015.

2. As a benevolent gesture for the welfare of the retired Officers/employees of the Bank, it has been decided to renew the Allahabad Bank Retired Officers'/Employees’ Group Mediclaim Insurance Policy under Allahabad Bank Staff Welfare Fund, for the period from 1st April, 2015 to 31st March, 2016 with M/s Universal Sompo General Insurance Co. Ltd.

3. Accordingly, 6150 retired Officers/employees, who were enrolled under the existing policy for the period ending 31st March 2015, will be covered provisionally (subject to the receipt of their application form in Annexure-A on or before 30th April 2015) under the above policy w.e.f. 1st April 2015 for a floater insurance coverage of Rs.1.50 lac in respect of whom the prescribed premium will be borne by the Bank, being the financial assistance for payment of insurance premium for insurance coverage of Rs.1.50 lac.

However, all the retired officers/employees are required to submit the duly filled in application in the prescribed format as per Annexure-A through the Branch of Allahabad Bank where they are maintaining their Pension Account/ Savings Account, so as to reach Sri Subrata Sengupta, Officer, Human Relations Section, Personnel Administration Deptt, Head Office, 14, India Exchange Place, (4th Floor) Kolkata-700001 on or before 30th April 2015, for onward submission of the updated data to the Insurance Company for their confirmation of the insurance coverage under the policy.

In the event of non receipt of Annexure-A from any of the above retired employees/ officers within the cut-off date i.e. 30th April 2015, it will be presumed that the concerned retired Officer/ employee is not interested to take coverage under the Medical Insurance Scheme and his/her name will be deleted from the insurance coverage and the relative premium already paid to the insurance service provider will be adjusted in due course.

4. In case any of the retired Officers/employees intends to be covered for an enhanced insurance floater coverage of Rs.2.00 lac or Rs.3.00 lac for self and spouse, he/she will be required to submit the duly filled in application in the prescribed format as per Annexure-A enclosing a Demand Draft/ IOI for the respective premium (amount as mentioned in Para 6 below) so as to reach Head Office (at the address as mentioned under Para 3 above) on or before 30th April 2015 for onward submission to the Insurance Company. In such cases, the retired officers/employees will be considered for higher insurance coverage w.e.f. the date of submission of renewal application or the date of Demand Draft/ IOI issued in favour of Universal Sompo General Insurance Co. Ltd on our Service Branch Mumbai (0211341), whichever is later.
The name of the retired employee/officer along with the PF No must be written on the reverse side of the Demand Draft/IOI.

5. The Officers/employees who have retired earlier and so far have not become members under the scheme, will be allowed to join the said scheme by submitting duly filled in application in the prescribed format as per Annexure-A in the above manner so as to reach Head Office (at the address as mentioned under Para 3 above) by 30th April 2015. However, their insurance coverage shall commence as under:-

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Completed Applications received at Head Office within</th>
<th>Insurance coverage will commence from</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31st March, 2015</td>
<td>1st April, 2015</td>
</tr>
<tr>
<td>2</td>
<td>30th April, 2015</td>
<td>15th May, 2015</td>
</tr>
</tbody>
</table>

Application received at Head Office after the cut-off date i.e. after 30th April, 2015 from the retired Officers/employees, will not be entertained for insurance coverage for the insurance year ending 31st March, 2016.

It may be noted that the entry age in case of New Members is restricted to 80 years as on 1st April 2015.

6. The insurance premium for the renewal of the policy has been revised by M/s Universal Sompo General Insurance Co. Ltd, as under:-

<table>
<thead>
<tr>
<th>Sl No</th>
<th>For floater sum insured for self and spouse</th>
<th>Premium for the insurance period from 01.04.15 to 31.03.2016 inclusive of Service Tax</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rs.1.50 lac</td>
<td>Rs.5000.00</td>
<td>As a benevolent gesture Bank will bear the full premium amount being the financial assistance extended to retired officers/employees.</td>
</tr>
<tr>
<td>2</td>
<td>Rs.2.00 lac</td>
<td>Rs.6600.00</td>
<td>As a benevolent gesture Bank will bear Rs.5000.00 only and the balance amount of Rs.1600.00* shall be borne by the concerned retired officer/employee.</td>
</tr>
<tr>
<td>3</td>
<td>Rs.3.00 lac</td>
<td>Rs.10000.00</td>
<td>As a benevolent gesture Bank will bear Rs.5000.00 only and the balance amount of Rs.5000.00* shall be borne by the concerned retired officer/employee.</td>
</tr>
</tbody>
</table>

* The Balance amount of Premium of Rs.1600.00 or Rs.5000.00 as the case may be, will have to be paid by Demand Draft/IOI in favour of Universal Sompo General Insurance Co. Ltd on our Service Branch Mumbai (0211341). The name of the retired employee/officer along with the PF No must be written on the reverse side of the Demand Draft/IOI and the same should be duly attached to the application (Annexure-A).

7. The Officers/employees who will be retiring during the Insurance Year w.e.f. 30th April, 2015 to 29th February, 2016, will also be covered for insurance coverage of Rs.1.50 lac along with their spouse from their next date of retirement during the policy period ending 31st March, 2016 on submitting their applications within 15th day of the month of their retirement. Bank will pay the premium for insurance coverage on pro-rata basis strictly on receipt of application from such officers/employees within the stipulated date, i.e. within 15th day of the month of retirement. If such retiring officers/employees opt for higher insurance coverage of Rs.2.00 lac or Rs.3.00 lac for self and spouse, they will be required to pay the balance amount on pro-rata basis over and above the premium for insurance coverage of Rs.1.50 lac as under:
### Date of Retirement of officer/employee

<table>
<thead>
<tr>
<th>Date of Retirement</th>
<th>Date of joining the Scheme</th>
<th>Amount of premium on prorata basis for higher coverage of (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30th April, 2015</td>
<td>1st May, 2015</td>
<td>1469/- 4589/-</td>
</tr>
<tr>
<td>31st May, 2015</td>
<td>1st June, 2015</td>
<td>1337/- 4178/-</td>
</tr>
<tr>
<td>30th June, 2015</td>
<td>1st July, 2015</td>
<td>1202/- 3754/-</td>
</tr>
<tr>
<td>31st July, 2015</td>
<td>1st August, 2015</td>
<td>1065/- 3329/-</td>
</tr>
<tr>
<td>31st August, 2015</td>
<td>1st September, 2015</td>
<td>934/- 2918/-</td>
</tr>
<tr>
<td>30th September, 2015</td>
<td>1st October, 2015</td>
<td>798/- 2493/-</td>
</tr>
<tr>
<td>31st October, 2015</td>
<td>1st November, 2015</td>
<td>666/- 2082/-</td>
</tr>
<tr>
<td>30th November, 2015</td>
<td>1st December, 2015</td>
<td>530/- 1657/-</td>
</tr>
<tr>
<td>31st December, 2015</td>
<td>1st January, 2016</td>
<td>394/- 1233/-</td>
</tr>
<tr>
<td>31st January, 2016</td>
<td>1st February, 2016</td>
<td>267/- 835/-</td>
</tr>
<tr>
<td>29th February, 2016</td>
<td>1st March, 2016</td>
<td>131/- 411/-</td>
</tr>
</tbody>
</table>

### 8. The Officers/employees who will be retiring in the month of March, 2015, are required to submit the duly filled in application in the prescribed format as per Annexure-A, so as to reach at Head within 15th March, 2015 positively for their coverage w.e.f 1st April, 2015 under Mediclaim Insurance Policy for the Year 2015-2016.

### 9. Insurance Coverage Structure

(i) The insurance coverage structure under the scheme for the insurance year commencing from 01.04.2015 to 31.03.2016 is as under:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Maximum Permissible limit or actual expenses incurred whichever is less</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Insurance Coverage of Rs.1.50 lac</td>
<td>Rs.2.00 lac</td>
</tr>
<tr>
<td>i) Reimbursement per hospitalisation expenses for treatment of major ailments as indoor patient in a hospital i.e. Cancer, serious cardiac ailments, kidney transplantation, major accidents resulting in multiple complicated fracture/injury, major paralysis, major brain/lungs/coronary by-pass surgery, any cerebral related injury etc. (other than mentioned in clause (ii) &amp; (iii) below) on production of original bills/cash memos, etc.</td>
<td>Rs.1.50 lac</td>
</tr>
<tr>
<td>ii) Reimbursement per non surgical Hospitalisation expenses for treatment of ailments other than clause (i) above &amp; (iii) below as indoor patient on production of original bills/cash memos etc.</td>
<td>Rs.0.30 lac</td>
</tr>
<tr>
<td>iii) Reimbursement per Hospitalisation expenses for surgical interference for ailments other than clause (i) &amp; (ii) above as indoor patient on production of original bills/cash memos, etc. Out of the above.</td>
<td>Rs.0.60 lac</td>
</tr>
<tr>
<td>Sub limit for each cataract operation (For hospitalisation)</td>
<td>Rs.18000/-</td>
</tr>
<tr>
<td>(b) Sub limit for prostate gland operation (Per hospitalisation)</td>
<td>Rs.25250/-</td>
</tr>
<tr>
<td>iv) Sub limit for each Knee Replacement Surgery (For hospitalisation)</td>
<td>Rs.75000/-</td>
</tr>
<tr>
<td>TOTAL INSURANCE COVERAGE</td>
<td>Rs.1.50 lac</td>
</tr>
<tr>
<td>Maximum Ceiling for Bed Rent per day</td>
<td>Rs.1000/-</td>
</tr>
<tr>
<td>Maximum Ceiling for ICCU Rent per day</td>
<td>Rs.2000/-</td>
</tr>
</tbody>
</table>
(ii) Pre and Post Hospitalization expenses upto 30 days before and after hospitalization will be reimbursed.

(iii) In the event of unfortunate demise of the member anytime during the policy period, the spouse shall continue to be covered under the floater cover for the respective insurance coverage amount till the end of the policy period i.e. 31.03.2016.

10. It is reiterated that officers and employees, whose services have been/will be terminated as a consequence of punishment inflicted by way of disciplinary action or who resigned from the Bank’s service/or were on deputation to Allahabad Bank from other organizations, will not be eligible to be covered under the scheme.

11. Since the Bank only makes the payment of premium purely as a benevolent gesture, as mentioned herein-above, any grievance/ dispute regarding “lodging of claims/ less payment/ non-payment/ late payment of claims under the policy” etc. is to be taken up by such retired Officer/ employee directly with the insurance company and not through the Bank. The Bank would also not be liable for any lacuna in service/ deficiency of service on the part of service provider i.e. the insurance company.

12. As this Medical Insurance Scheme has been introduced as a benevolent gesture for the welfare of the retired officers/employees of the Bank, this cannot be construed as an entitlement of the retired officers/employees under any circumstances and no dispute/court case/complaint/ case before consumer forum is tenable against the Bank or any authority of the Bank.

13. In case of reimbursement claim under the above policy, the member is required to submit the claim application/s on the prescribed format of Universal Sompo General Insurance Company Ltd. and other requisite documents such as money receipts, discharge summary, hospitalization bills, reports, medicines bills/vouchers etc directly to the TPA i.e. M/s Family Health Plan Ltd at the following address. The claim amount so settled by the TPA will be credited by them directly to the claimant’s saving bank account through NEFT. For the purpose, a cancelled Multicity Cheque leaf / CTS Complied Cheque leaf should be enclosed along with the claim application.

FAMILY HEALTH PLAN LTD
16/2, LAKE VIEW ROAD
KOLKATA - 700029
Telephone No. 033-65503901, 65503902, 65503903
Fax No. 033-2465 9377
E-mail : mihirkanti.das@fhpl.net
Toll Free No. 18004254033

Contact Person: Sri Mihir Kanti Das, Mobile No.8334918811
Sri Arnab Roy, Mobile No.9231001008

No application for claim should be submitted/ forwarded through the Branch/Office of the Allahabad Bank.

14. The member retired officers/employees are required to submit the claim in the prescribed form as available in the website of Family Health Plan Ltd (www fhpl.net/Universalsompo/).

15. The last date of receipt of claims by the TPA for the insurance coverage period from 01.04.2015 to 31.03.2016 has been fixed on 30.06.2016. It may be noted that the last date of receipt of claims for the insurance coverage period from 01-04-2014 to 31.03.2015 is 30.06.2015.
16. The Mediclaim Cards to the retired officers/employees, who will be enrolled as the members of said Policy within the stipulated date, will be issued by the TPA, M/s Family Health Plan Limited. The Mediclaim e-cards may also be downloaded from the official website of FHPL as under:

Website of FHPL: www.fhpl.net
Log in → e-card
Corporate ID: 519
User Name: PF No. (e.g. 1234)
Password: 1st letter of name (in capital front) & last 3 digits of PF No.
(e.g. Ram Kumar – Password :R234)

17. This Circular and the application format are made available on the Bank’s website www.allahabadbank.in
The List of Retired Officers/Employees who have submitted the applications, complete in all respect, at Head Office with the cut-off date i.e 30th April, 2015 will be published in Bank’s Circular site as well as in “Retiree Corner” menu under Bank’s Website after 30th May, 2015. All intending applicants are advised to verify their particulars from the above site (i.e. www.allahabadbank.in) to avoid future complication if any, in the matter.

18. Other terms and conditions as advised vide the Instruction Circular under reference shall remain unchanged.

19. The Branches/OFFices are advised to forward the applications (Annexure-A) and the Demand Drafts/IOI drawn on Service Branch, Mumbai to Head Office immediately on receipt of the same from the retired officers/employees. It may be noted that applications received at Head Office after the cutoff date i.e. 30th April, 2015 will not be entertained.

20. A copy of this circular together with the enclosures may be handed over to the retired employees/pensioners of the Bank and should also be displayed conspicuously on the Bank’s Notice Board for information of all concerned.

Hindi version of this circular will follow.

(P S Bhatia)
General Manager (HR)
ANNEXURE – ‘A’

MEMBERSHIP/RENEWAL APPLICATION

Through : Branch/Office where Pension Account/SB A/c. is maintained

ALLAHABAD BANK RETIRED OFFICERS’ AND EMPLOYEES’
GROUP MEDICLAIM INSURANCE POLICY from 1st April 2015 to 31st March 2016

I hereby declare that I have read, understood and accepted the terms and conditions of the aforesaid scheme circularized vide Instruction Circular No.13575/ADMN(HR)/2014-15/13 dated 28-02-2015.

2. I hereby voluntarily opt to become a member of the aforesaid scheme as per terms and conditions of the scheme as follows:-

<table>
<thead>
<tr>
<th>For Insurance coverage (Rs.)</th>
<th>Premium inclusive of Service Tax</th>
<th>Premium to be borne by Bank</th>
<th>Balance amount to be paid by the retired employee</th>
<th>Please Tick(√) the opted coverage and premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) 1.50 lac</td>
<td>Rs.5000/- (Rupees Five Thousand only)</td>
<td>Rs.5000/-</td>
<td>Nil</td>
<td></td>
</tr>
<tr>
<td>b) 2.00 lac</td>
<td>Rs.6600/- (Rupees Six Thousand six hundred only)</td>
<td>Rs.5000/-</td>
<td>Rs.1600/-</td>
<td></td>
</tr>
<tr>
<td>c) 3.00 lac</td>
<td>Rs.10000/- (Rupees Ten Thousand only)</td>
<td>Rs.5000/-</td>
<td>Rs.5000/-</td>
<td></td>
</tr>
</tbody>
</table>

3. That my spouse may please be covered under the aforesaid scheme along with me.

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

5. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme except what is admissible/ permissible/ payable by the Insurance Company and also Bank is in no way responsible for any delay of payment/settlement of claim by TPA/Insurance Company.

6. I also hereby declare that I am eligible to become member in terms of the scheme, as I have retired from Bank’s service on attaining age of superannuation/ on VRS/ medical ground and not otherwise.

7. I hereby submit the particulars in respect of self and my spouse along with stamp size colour photograph each for self and spouse stated above for issuance of Medical Card per individual.

Yours faithfully

Date : (Full Signature of the retired officer/employee)
Place :
Particulars to be filled by the Applicant

Application for Mediclaim Insurance Coverage for 2015-2016 : (Please /)

Rs. 1,50,000/-  Rs. 2,00,000/-  Rs. 3,00,000/-

PHOTOGRAPH OF SELF  PHOTOGRAPH OF SPOUSE

a) Full Name (in Block Letters)  : ________________________________________________

b) Designation & Place of Posting at the time of Retirement  : ________________________________________________

c) Retirement by way of (Please /)  : SUPERANNUATION / VOLUNTARY RETIREMENT

d) P.F. No. prior to retirement  : ________________________________________________

d) Date of Birth  : (DD/MM/YYYY).

e) Date of Retirement  : (DD/MM/YYYY).

f) Sex  :  MALE  FEMALE

(Strike off which is not applicable)

f) Sex  :  MALE  FEMALE

(Strike off which is not applicable)

g) Details of Spouse to be covered:

<table>
<thead>
<tr>
<th>Full Name of Spouse</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
</table>

h) Name of Nominee to receive claim amount under the Scheme in the event of death of insured person


  ________________________________________________

i) Name of Branch/Office with address where Pension A/c. / SB Account is maintained


  ________________________________________________

j) SB A/c / Pension A/c. No.  : ________________________________________________

Rs. 2,00,000/-  Rs. 1,50,000/-  Rs. 3,00,000/-

PHOTOGRAPH OF SELF  PHOTOGRAPH OF SPOUSE

Rs. 2,00,000/-  Rs. 1,50,000/-  Rs. 3,00,000/-

PHOTOGRAPH OF SELF  PHOTOGRAPH OF SPOUSE
Annexure to Instruction Circular No.13575/ADMN(HR)/2014-2015/13 dated 28-02-2015

k) Residential Address with Pin Code & nearest location/landmark and Telephone/Mobile No/ e-mail ID (if any)
(Mention of PIN CODE is compulsory)

PIN CODE :
Tel.No. (with STD Code) ___________________________
Mobile No. _______________________________________
E-mail ID _________________________________________

l) Address for Correspondence and Contact Telephone/Mobile No

PIN CODE :
Tel.No. Mobile No

m) Details of Demand Draft/IOI in favour of UNIVERSAL SOMPO GENERAL INSURANCE CO. LTD. payable at Service Branch, Mumbai (0211341)

i) D/Draft/IOI No. ___________________________
ii) Date ___________________________
iii) Issuing Branch ___________________________
iv) Amount ___________________________

(Full Signature of the retired officer/employee)

CERTIFICATE OF BRANCH WHERE PENSION A/C./S.B. A/C. IS MAINTAINED

* Certified that Shri/Smt. ____________________________, PF No. _________ is a retired officer/employee of our bank who is maintaining Pension/S.B. A/c. (delete which is not applicable) in our Branch.

(Or)

* Certified that Shri/Smt. ____________________________, PF No. _________ will be retiring from the Bank’s service on ____________________________

*Delete which ever is not applicable.

Signature of Shri/Smt. ____________________________

ATTESTED

Signature of the Branch Head where Pension/SB A/c. is maintained/where posted.

Full Name : Date :
Certificate of Head Office, Terminal Dues Section

Certified that Shri/Smt.____________________________, PF No. __________ is a retired officer/employee of our Bank/ retiring on____________________.

Signature : 
Name : 
Designation : 
Date : 

Seal

Note :

i) The retired/retiring officer/employee interested for insurance coverage of Rs.1.50 lac need not pay any amount and is required to submit the application form only.

ii) Additions/alterations in the text of the application form (Annexure-'A') will render the option invalid.

iii) Application received without the payment as above and/or incomplete application as also applications received after the last date stipulated in the Bank’s Circular will not be considered;

iv) Benefit is available subject to acceptance of the membership by the Insurance Company from the date stipulated by them.

v) Please quote the PF No. prior to retirement.

--------------X--------------
**HEALTH INSURANCE CLAIM FORM**

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

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**A. DETAILS OF INSURED**

<table>
<thead>
<tr>
<th>Name of the Insured</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(in whose name policy is issued)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of the Insured person</td>
<td>First Name</td>
<td>Middle Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>(In respect whom claim is made)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship with Insured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City/Taluka</td>
<td></td>
<td>District</td>
<td></td>
</tr>
<tr>
<td>Pin Code</td>
<td></td>
<td>STD code</td>
<td></td>
</tr>
</tbody>
</table>

**B. DETAILS OF POLICY**

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>/</th>
<th>/</th>
<th>/</th>
<th>Health card No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of insurance from to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. DETAILS OF OTHER POLICIES**

Have you been insured under any Mediclaim scheme of any other insurance companies?  
Yes No

Date of commencement of very first insurance for the Beneficiary with continuous insurance coverage from to

**D. DETAILS OF PREVIOUS CLAIM**

Have you incurred any claim of the same beneficiary earlier? If so give details.  
Yes No

Previous claim no.  

Diagnosis  

Date of admission  Date of discharge  Paid Yes No Amount settled

Repudiated  

Yes No  If Yes, reason for Repudiation

**E. DETAILS OF INCIDENCE**

Nature of disease, Illness, injury  

Symptoms & Signs  

Date of incidence  

Date of admission  Time of admission AM/PM.  

Date of discharge  Time of discharge AM/PM.  

Type of admission  Emergency Planned Day Care Domiciliary
F. DETAILS OF HOSPITAL

<table>
<thead>
<tr>
<th>Name of the Hospital</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Taluka</th>
<th>District</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pin Code</th>
<th>STD code</th>
<th>Phone No.</th>
<th>Mobile No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. DETAILS OF CURRENT CLAIM BILLS

<table>
<thead>
<tr>
<th>Expense Details</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Pre-hospitalization expenses</td>
<td></td>
</tr>
<tr>
<td>(B) Hospitalization expenses</td>
<td></td>
</tr>
<tr>
<td>(C) Post-hospitalization expenses</td>
<td></td>
</tr>
<tr>
<td>(D) Day care hospitalization</td>
<td></td>
</tr>
<tr>
<td>(E) Daily hospital cash allowance</td>
<td></td>
</tr>
<tr>
<td>(F) Maternity expenses</td>
<td></td>
</tr>
<tr>
<td>(G) Domiciliary expenses</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT CLAIMED**

<table>
<thead>
<tr>
<th>Description</th>
<th>Bill Date</th>
<th>Bill No.</th>
<th>Bill Amount (Rs.)</th>
<th>Claimed Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthetist fees</td>
<td></td>
<td></td>
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<tr>
<td>Operation theatre fees</td>
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<td>Consumables</td>
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<tr>
<td>Consultation fees</td>
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<tr>
<td>Ambulance expenses</td>
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<tr>
<td>Other charges 1</td>
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<tr>
<td>Other charges 2</td>
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</table>

**GRAND TOTAL**

H. ENCLOSURES

- [ ] Claim form duly signed
- [ ] Pre-authorization form
- [ ] Discharge summary
- [ ] Hospitalization bills
- [ ] Medicine bills
- [ ] Investigation bills
- [ ] Surgery/consultation fees
- [ ] Pre-hospitalization bills
- [ ] Post-hospitalization bills
- [ ] Doctor’s prescription
- [ ] Medical certificate
- [ ] FIR/MLC copy
- [ ] Investigation reports
- [ ] Any other documents
- [ ] Other charges 1
- [ ] Other charges 2
- [ ] If “Yes”, please specify

I. INSURED’S DECLARATION

I hereby warrant the truth of foregoing statement and sincerely declare that I have not suppressed or concealed any information that is material to this claim. I understand that false declaration/s may result in USGI being able to refuse to pay the claim.

I authorize any hospital, physician or any other medical provider who has attended me or examined me to furnish USGIC such details of my medical history/treatment as they may require.

Date: 
Signature of Insured:

Place: 
Name of the Insured:
I hereby certify that [name] was treated by [name of the attending medical practitioner] on [date] for [condition].

The ailment was caused by/in any way associated with the below mentioned conditions:

- Pregnancy or childbirth: [Yes/No]
- Sterility: [Yes/No]
- Cosmetic or aesthetics treatment: [Yes/No]
- Correction of eye sight: [Yes/No]
- Congenital deformities or anomalies: [Yes/No]
- Mental disease: [Yes/No]
- Intentional self injury: [Yes/No]
- Use of Intoxicating drugs and alcohol: [Yes/No]
- HIV/AIDS: [Yes/No]
- Venereal disease or sexually transmitted disease: [Yes/No]

I understand that anyone who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

Name of the treating Medical Practitioner: [name]
Registration No.: [number]
Qualification: [qualification]

Date: [date]
Stamp and Signature of the Medical Practitioner: [signature]

*Applicable only for General Health Check-up Claims

K. DETAILS OF GENERAL HEALTH CHECK-UP

Name of the Hospital: [name]
Address: [address]
City/Taluka: [city/taluka]
District: [district]
State: [state]
STD code: [code]
Phone No.: [number]
Email ID: [email]

Claim type: [Cashless/Reimbursement]

Description of tests carried out: [CBC, X-ray etc.]

Date of check up: [date]
Amount claimed (Rs.): [amount]

I confirm that no claim has been made by my family members or me during the past four continuous policy periods nor any claim is proposed to be lodged for the same period.

Date: [date]
Signature of Claimant: [signature]

Name of the Claimant: [name]

L. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? [Yes/No]

If "Yes", specify: [information]

Date: [date]
Signature: [signature]

Place: [place]
Name of Insured: [name]