THE CENTRAL EXCISE EMPLOYEES CO-OPERATIVE CREDIT SOCIETY LTD. NO. E - 674

I.S. Press Road, C.R. Building, Kochi - 682018. Ph: 0484-2395514, 0484-2390404,Extn: 362, 386 E-mail: cenexcse674@rediffmail.com/contact@centexsociety.com, web: www.centexsociety.com

GROUP MEDI CLAIM POLICY SCHEME

Dear members,

This year the executive committee has decided to continue its mediclaim insurance scheme in collaboration with NATIONAL INSURANCE COMPANY LIMITED.

All inpatient medical treatments in modern medicine (Allopathy) are covered subject to the limits in respect of specific ailments mentioned below. Ayurveda treatments are also covered.

	⇒Age limit Children-25	
in an nospitals	 Parents & Parent in-Laws-80	

Maternity benefit: (No waiting period) Normal Delivery: 30,000/- Ceasarean: 35,000/-

Catract (each eye) : 40,000 Ayurveda treatment : 30,000

Option Family Size		Family Size	Premium per family	
Α	-	1	19,282	
В	-	2	30,800	
С	-	3	34,682	
D	-	4	39,455	
E	-	5	42,737	
F	-	6	46,264	
G	-	7	48,810	

For all queries regarding policy and claims, please contact the below mentioned Divisional Office of NATIONAL INSURANCE COMPANY LIMITED.

NATIONAL INSURANCE COMPANY LIMITED,

Kochi Divisional Office II, South Junction, Chittoor Road, Ernakulam - 682016

FOR EMERGENCY CONTACT MOBILE: 8893686693, 8281969696, 8281769696

Premium amount can be paid in 10 installments (with 9.25% Interest). For availing the scheme which incept on 30-01-2024, your duly filled application forms has to reach the society on or before 25-01-2024. Application forms are printed on the other side.

Mandatory - Claims must be intimated within 24 hrs of hospitalization

Kochi - 18 Undersigned 18-01-2024 Secretary

- N. B.: * Application Forms can also be downloaded from the website of Central Excise Employees Co-operative Credit Society.
 - ** There should be a minimum of 330 members to execute this group insurance scheme.

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Application for Enrollment in the Group Medi Claim Policy Scheme

Name of Member

Member No.

1.

2.

3. (Office Address		:				
4. F	Phone	(Off)	:				
		(Res)	:				
		(Mob)	:				
5. E	-mail ID		:				
6. [Details of famil	y to be covered	:				
SI. No	o.	Name	Age	Date of Birth	Relationship		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
7.	Option A B C	D E F G	(put ✓	in appropriate box	x):		
8. Mode of payment of Premium : Lumpsum / Instalments							
<u>Decla</u>	ration by men	<u>ıber</u>					
	_			OMPANY LIMITED's	-		
	_		_	he premium amount	t of Rs		
ın Luı	npsum / in 10	installments wit	n interest @9.2	25% from my salary.			
			Signature				
Place: Name		Name and Desi	me and Designation				
Date : Men			Member No				