

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 also the executive committee has decided to continue its mediclaim insurance scheme in collaboration with STAR HEALTH & ALLIED INSURANCE COMPANY LIMITED.

For your information and perusal, sub limit amount which are maximum payable for some specific ailments are mentioned below Ayurveda treatments are also covered. Also, there will be a 5% discount for those who haven't availed claims last year. Treatment for COVID-19 requiring hospitalization as per AIIMS/ICMR-will be covered as per the General Insurance Council forms.

Maximum payable for cancer treatments will be 5 lakh (2,50,000/- only for pre-existing). In addition to that 405 day care procedures are also covered.

⇒ Treatment In all hospitals	⇒ Sum insured Per family-Rs.5,00,000/-	⇒ Pre-existing Cover (For all pre-existing ailments, 90% of the treatment cost will be covered)	⇒ Age limit Children-25 Parents & Parent in-Laws-80
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Maternity benefit: (No waiting period)	Normal Delivery : 30,000/-	Cesarean : 35,000/-
Room Rent :	4,000 Rs per day	
Cataract (each eye) :	40,000	
Tympanoplasty :	45,000	
Plies, fistula, hydrocele, sinusitis :	50,000	
Hysterectomy, TURP :	60,000	
Cholecystectomy, lapchole :	55,000	
Joint replacement (each joint) :	1,40,000	
Coronary artery diseases (CAD) :	1,80,000	
Cerebro vascular attacks (CVA) :	1,50,000	
Tonsillitis/tonsillectomy :	45,000	
Kidney stone/gal stone removal :	45,000	
Ayurveda treatment :	30,000	
Appendicitis, Hernia :	60,000	
Cancer :	2,50,000	

Option	Family Size	Premium per family
A	- 1	12,750
B	- 2	20,500
C	- 3	23,100
D	- 4	26,300
E	- 5	28,400
F	- 6	30,800
G	- 7	32,500

For all queries regarding policy and claims, please contact the below mentioned branch office of STAR HEALTH & ALLIED INSURANCE COMPANY LIMITED.

Star Health Allied Insurance Company Limited

Vth Floor, Penta Towers, Above Sevana Medicals, Opp. Kaloore Bus Stand, Ernakulam Ph : Off :0484-4000447, 0484-4000417

24 HOURS CUSTOMER CARE TOLL FREE NUMBER : 1800 – 425 – 2255
FOR EMERGENCY CONTACT : Sri SARATH R. NAIR, Manager (Corporate Sales) Mob : 8129903243

Premium amount can be paid in 10 installments (with 9% Interest). For availing the scheme which incept on 30-01-2022. Your duly filled application forms has to reach the society on or before 14-01-2022. Application forms are printed on the other side.

Kochi - 18
22-12-2021

Undersigned
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 300 members to execute this group insurance scheme.

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Application for Enrollment in the Group Medi Claim Policy Scheme

1. Name of Member :
2. Member No. :
3. Office Address :
4. Phone (Off) :
(Res) :
(Mob) :
5. E-mail ID :
6. Details of family to be covered :

Sl. No.	Name	Age	Date of Birth	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				

7. Option

A	B	C	D	E	F	G
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 (put ✓ in appropriate box):

8. Mode of payment of Premium : Lumpsum / Instalments

Declaration by member .

I wish to join the Star Health & Allied Insurance Company's Group Medi Claim policy Scheme in tie up with the Society. I agree to deduct the premium amount of Rs. in Lumpsum / in 10 installments with interest @9% from my salary.

Signature

Place :

Name and Designation

Date :

Member No