

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 IFFCO TOKIO GENERAL 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.

⇒ Treatment In all hospitals ⇒ Room Rent limited to Rs. 5,000/- per day	⇒ Sum insured Per family-Rs.5,00,000/-	⇒ Age limit Children-25 Parents & Parent in-Laws 80+
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Maternity benefit: (No waiting period) Normal Delivery : 30,000/- Ceasarean : 50,000/-

Cataract (each eye) : 40,000

Ayurveda treatment : 30,000

<u>Option</u>	<u>Family Size</u>	<u>Premium per family</u>
A	- 1	23,331
B	- 2	37,268
C	- 3	41,965
D	- 4	47,741
E	- 5	51,712
F	- 6	55,979
G	- 7	59,060

For all queries regarding policy and claims, please contact the below mentioned Office of IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED.

IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED

Sobha Heights, 2nd Floor, Agraharam Road, Poonkunnam, Thrissur, Kerala - 680002

FOR EMERGENCY CONTACT MOBILE : 9895494971, 9207190008, 9061911118

The following services related to Mediclaim will be available through "SIBRO BUDDY" mobile application (available in Google Play Store & App Store).

- * Claim Details
- * Claim Coverage
- * E-Card (Health Card)
- * List of Network Hospitals

Premium amount can be paid in 10 installments (with 9.25% Interest).

For availing the scheme which incept on 31-01-2025, your duly filled application forms has to reach the society on or before 27-01-2025. Application forms are printed on the other side.

Mandatory - Claims must be intimated within 24 hrs of hospitalization

Kochi - 18
22-01-2025

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 330 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) :
(Whats App) :
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 (put ✓ in appropriate box):

8. Mode of payment of Premium : Lumpsum / Instalments

Declaration by member

I wish to join the IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED's Group Medi claim Scheme in tie up with the Society. I agree to deduct the premium amount of Rs..... in Lumpsum / in 10 installments with interest @9.25% from my salary.

Signature

Place : Name and Designation

Date : Member No