

Appendix

APPLICATION

To,
GM (HR)
HR Department
KIOCL Limited
2nd Block, Koramangala
Bengaluru – 560 034

Sir,

Sub: Enrollment to coverage under Medical Scheme for KIOCL Retired Employees

I would like to join Medical Scheme for KIOCL Retired Employees; I am herewith submitting the following:

1	Name of the separated employee	
2	Staff No	
3	Designation(At the time of separation)	
4	Department (Where last worked)	
5	List of applicants: Name of Spouse Date of Birth [spouse]	
6	Details of enrolment /administrative charges towards the Scheme (a) Rs.2,000/- for self or Rs.4,000/- for self & Spouse [DD to be drawn in favour of KIOCL RETIRED EMPLOYEES MEDICAL TRUST [KREMT] (b) Rs.1000/- for self or Rs.2,000/- for self & Spouse [DD to be drawn in favour of KIOCL RETIRED EMPLOYEES MEDICAL TRUST [KREMT]	DD No.: _____ Date ___/___/_____ Amount: Rs. _____ Name of the Bank: _____ Branch: _____ DD No.: _____ Date ___/___/_____ Amount: Rs. _____ Name of the Bank: _____ Branch: _____

	Address for communication Phone No. Mobile No. Email address:	
8	Copy of Service Certificate and also Aadhar Card of employee and spouse to be enclosed.	
9	Duly filled in Proposal Form of Mediclaim Insurance Policy for each applicant.	
10	Two copies of recent passport size colour photographs in respect of each applicants and also two passport size Joint Photographs.	
11	On demand i will pay my /our share of insurance policy premium to KIOCL	

Yours faithfully,

Date:
Place:

Signature:
Name:

MEDICAL SCHEME FOR KIOCL RETIRED EMPLOYEES

CHECKLIST

The separated employees and their eligible family members desirous of getting enrolled under the Medical Scheme for KIOCL Retired Employees are required to submit the following:

- 1] Duly filled in application.
- (a) 2] Demand Draft drawn in favour of KIOCL RETIRED EMPLOYEES MEDICAL TRUST KREMT] payable at Bengaluru as enrolment /administrative charges towards the Scheme for:
Enrolment fee
 - a] Rs.2,000/- for self only
or
 - b] Rs.4,000/- for self and spouseAdministrative charges
 - c] Rs.1,000/- for self only
or
 - d] Rs.2,000/- for self and spouse
- 3] Copy of relevant office order on separation/ demise while in service with respect to the separated employee and also Aadhar Card.
- 4] Duly filled in Enrollment Form of Mediclaim Insurance Policy for each application.
- 5] Two copies of recent passport size colour photographs in respect of each application.

Note:

- Applicants are advised to submit the above documents on or before 15th day of the month so as to ensure coverage from the 1st day of the subsequent month.
- Members are requested to make use of the claim formats given in the prospectus/ booklet for the settlements of their claims.
- While preferring claims form the Insurance Company, the members are required to indicate in the claim form the Policy number issued to them under the scheme.
- For further details please contact HR Department.

ENROLLMENT FORM

MEDICAL SCHEME FOR KIOCL RETIRED EMPLOYEES

1. Name of the Insured person :
Name of the employee :
[in case of spouse]
2. Present address Permanent address

Pin Code: Pin Code:
3. Phone No. Mobile No.
4. Email address[optional] :
5. Gender Male/ female
6. Date of birth ; age:_____
7. Medical history
A] Are you good health & free from physical and mental diseases/ infirmity/ medical complaints etc. : Yes/ No
B] If not in good health, give full details :

DECLARATION

I hereby declare and warrant that the above statements are true and complete.

I have read the prospectus and I am willing to accept the coverage subject to the terms and conditions prescribed by the Insurance Company and KIOCL Limited.

Date:
Place:

Signature:
Name of the Insured Person:
[IN BLOCK LETTERS]