

reliancegeneral.co.in 1800 3009

General Insurance Form Number:

BHAI GHANHYA SEHAT SEWA District : Name of the Society : Name of the AR Circle : Mobile Number of Society Secretary :	SCHEME-	MEMBER ENROI	LLMENT FORM			
To Be Filled By Reliance General Insurance Company Ltd. Underwriting Decision: Accepted Rejected Partially Rejected Reason for Rejection:						
Signatures of Underwriter:	Stamp of Underwrite	er:				
Stamp Showing Full Name of Society:						
Name of the Main Member: Aadhar Card No.						
Date of Birth D D M M Y Y Y Y	Gender: M	F				
Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Cal Others (Please Specify)	=	har Card ool Certificate	PLEASE PASTE COLORED PHOTOGRAPH			
Mobile No. / Landline No. of the main member: (Mandatory) Membership No./ account number/ Employee Code Number/ P.F No Premium of the Main Member: (₹1197 + Service Tax & Registration Fees @ ₹10 per main member is ₹1387 Total Premium of the Family: (Premium of Main Member+ Dependants) ₹ /-						
1. Name of the Dependant Gender: M F Relation: Aadhar Card No. Date of Birth D D M M Y Y Y Y			PLEASE PASTE COLORED PHOTOGRAPH			
SLABS	Premium of Dependent (Rs)	Tick (✓) against corresponding Premium amount				
A (Dependent Member under 45 yrs of age)	₹ 207					
B (Dependant Member between 45 to 65 yrs in age)	₹ 413 ₹ 551		To Be Filled By Insurer			
C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Call Others (Please Specify)	Underwriting Decision					

An ISO 9001:2008 Certified Company

For more details on benefits, coverage, terms conditions and exclusions, please read the policy wording carefully before concluding a sale. Corporate Identity Number: U66603MH2000PLC128300. IRDAI Reg. No. 103. **Reliance General Insurance Company Limited.** Registered Office: 19 Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai, Maharashtra - 400 001. Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai – 400055. UIN: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/EF/Ver. 1.0/201016.

2. Name of the Dependant			
Gender: M F Relation:			
Aadhar Card No.	·		PLEASE PASTE
Date of Birth D D M M Y Y Y			COLORED PHOTOGRAPH
	Premium	Tick (✓)	
SLABS	of Dependent (Rs)	against corresponding	
A (Dependent Member under 45 yrs of age)	₹ 207	Premium amount	
B (Dependant Member between 45 to 65 yrs in age)	₹ 413		To Do Elled Do
C (Dependant Member over 65 yrs in age up to 75 yrs)	₹ 551		To Be Filled By Insurer
As a wast decument varified (Diseas tiply) [/]			Underwriting Decision
Age proof document verified (Please tick): [✓] Birth certificate Passport Driving	Licence Aad	har Card	
	=		
Voter I-Card Ration Card Pan Ca Others (Please Specify)		ool Certificate	
United the lease openity)			
3. Name of the Dependant			
Gender: M F Relation:			
Aadhar Card No.			PLEASE
			PASTE COLORED
Date of Birth D D M M Y Y Y			PHOTOGRAPH
	Premium	Tick (✓)	
SLABS	of	against	
		corresponding	
A (Day and and March are under 45 are a few)	Dependent (Rs)	corresponding Premium amount	
A (Dependent Member under 45 yrs of age)	₹ 207		
B (Dependant Member between 45 to 65 yrs in age)	₹ 207 ₹ 413		To Be Filled By Insurer
, ,	₹ 207		Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age)	₹ 207 ₹ 413		Insurer
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving	₹ 207 ₹ 413 ₹ 551		Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify) 4. Name of the Dependant Gender: M F Relation:	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting Decision
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify) 4. Name of the Dependant Gender: M F Relation: Aadhar Card No.	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting Decision PLEASE PASTE COLORED
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify) 4. Name of the Dependant Gender: M F Relation:	₹ 207 ₹ 413 ₹ 551	Premium amount	Insurer Underwriting Decision PLEASE PASTE
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify) 4. Name of the Dependant Gender: M F Relation: Aadhar Card No.	₹ 207 ₹ 413 ₹ 551 Licence	Premium amount That Card Pool Certificate	Insurer Underwriting Decision PLEASE PASTE COLORED
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify) 4. Name of the Dependant Gender: M F Relation: Aadhar Card No.	₹ 207 ₹ 413 ₹ 551 Licence Aad ard Scho	Premium amount That Card pol Certificate Tick (✓) against	Insurer Underwriting Decision PLEASE PASTE COLORED
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify) 4. Name of the Dependant Gender: M F Relation: Aadhar Card No. Date of Birth D M M Y Y Y Y SLABS	₹ 207 ₹ 413 ₹ 551 Licence Aad Ard School Premium of Dependent (Rs)	Premium amount That Card pol Certificate Tick (✓) against	Insurer Underwriting Decision PLEASE PASTE COLORED
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Call Others (Please Specify) 4. Name of the Dependant Gender: M F Relation: Aadhar Card No. Date of Birth D M M Y Y Y Y SLABS A (Dependent Member under 45 yrs of age)	₹ 207 ₹ 413 ₹ 551 Licence Aad School Action Act	har Card col Certificate Tick (✓) against corresponding	Insurer Underwriting Decision PLEASE PASTE COLORED
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Noter I-Card Ration Card Pan Ca	₹ 207 ₹ 413 ₹ 551 Licence Aad Ard School Premium of Dependent (Rs) ₹ 207 ₹ 413	har Card col Certificate Tick (✓) against corresponding	PLEASE PASTE COLORED PHOTOGRAPH To Be Filled By
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Call Others (Please Specify) 4. Name of the Dependant Gender: M F Relation: Aadhar Card No. Date of Birth D M M Y Y Y Y SLABS A (Dependent Member under 45 yrs of age)	₹ 207 ₹ 413 ₹ 551 Licence Aad School Action Act	har Card col Certificate Tick (✓) against corresponding	PLEASE PASTE COLORED PHOTOGRAPH To Be Filled By Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify) 4. Name of the Dependant Relation: Aadhar Card No. Date of Birth D M M Y Y Y Y SLABS A (Dependant Member under 45 yrs of age) B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓]	₹ 207 ₹ 413 ₹ 551 Licence Aad ard Scho Premium of Dependent (Rs) ₹ 207 ₹ 413 ₹ 551	Premium amount Tick (✓) against corresponding Premium amount	PLEASE PASTE COLORED PHOTOGRAPH To Be Filled By Insurer
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Noter I-Card Ration Card Pan Card Others (Please Specify) 4. Name of the Dependant Aadhar Card No. Date of Birth D D M M Y Y Y Y SLABS A (Dependant Member under 45 yrs of age) B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving	₹ 207 ₹ 413 ₹ 551 Licence	har Card col Certificate Tick (✓) against corresponding	PLEASE PASTE COLORED PHOTOGRAPH To Be Filled By Insurer Underwriting
B (Dependant Member between 45 to 65 yrs in age) C (Dependant Member over 65 yrs in age up to 75 yrs) Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Pan Call Others (Please Specify) 4. Name of the Dependant Relation: Aadhar Card No. Pan Call	₹ 207 ₹ 413 ₹ 551 Licence Aad ard School Premium of Dependent (Rs) ₹ 207 ₹ 413 ₹ 551 Licence Aad	Premium amount Tick (✓) against corresponding Premium amount	PLEASE PASTE COLORED PHOTOGRAPH To Be Filled By Insurer Underwriting

5. Name of the Dependant Gender: M F Relation: Aadhar Card No. Date of Birth D M M Y Y Y Y			PLEASE PASTE COLORED PHOTOGRAPH			
SLABS	Premium of Dependent (Rs)	Tick (✓) against corresponding Premium amount	[
A (Dependent Member under 45 yrs of age)	₹ 207					
B (Dependant Member between 45 to 65 yrs in age)	₹ 413			To Be Filled By		
C (Dependant Member over 65 yrs in age up to 75 yrs)	₹ 551			Insurer Underwriting		
Age proof document verified (Please tick): [✓] Birth certificate Passport Driving Voter I-Card Ration Card Pan Ca Others (Please Specify)						
6. Name of the Dependant Gender: M F Relation: Aadhar Card No. Date of Birth D D M M Y Y Y Y			PLEASE PASTE COLORED PHOTOGRAPH			
SLABS	Premium of Dependent (Rs)	Tick (✓) against corresponding Premium amount	[
A (Dependent Member under 45 yrs of age)	₹ 207					
B (Dependant Member between 45 to 65 yrs in age)	₹ 413			To Be Filled By		
C (Dependant Member over 65 yrs in age up to 75 yrs)				Insurer		
o (Dependant member over 65 yrs in age up to 75 yrs)	₹ 551			Underwriting Decision		

The Beneficiaries shall be entitled to visit only the empanelled Network Hospitals and avail medical facilities for the ailments covered under the Scheme on cashless basis, by producing I.D. Card to the Network Hospital at its IPD reception within 3 days from the date of first visit to 24 hrs of admission in case of planned hospitalization and within 6 hrs before the discharge in case of emergency hospitalization. In case of failure on the part of the member due to any reason whatsoever, to produce ID card to the hospital within above stipulated time period, he/she shall not be entitled to either cashless treatment or reimbursement of expenses incurred in the Network Hospital and shall have to make the full payment to the Hospital at the time of discharge. For the members, undergoing joint replacement, the valid age proof will be required to be produced to the Network hospital along with the I.D Card at its IP D Reception.

The beneficiaries shall also be entitled to avail treatment from the Govt. Hospital, by settling the bill directly to the Govt. Hospital, by paying all the charges at the time of discharge from the Govt Hospital. In such cases of treatment in Govt. Hospitals, the beneficiary shall later submit all the bills of the Govt. Hospital, documents related to treatment in the Govt. Hospital, along with the filled and signed Claim Form as per the check list to any of the offices / district coordinators of TPA to seek reimbursement from the TPA within 60 days from the date of discharge from the Govt. Hospital. The claims received by the TPA after a lapse of 60 days from the date of discharge of the Beneficiary shall not be entertained by the TPA for processing and settlement. Member can seek reimbursement only in case of the treatment in the Govt. Hospitals.

Hospitalization/admissions taking place on/ at or before 12.00 P.M. (midnight) of the last day of the Policy Plan Period shall be covered under the Policy. Any admission taking place after 12 P.M. (midnight) of the said day shall not be entertained for issuance of pre-authorization for cashless access or settlement of claim under the Policy.

Claims received after 45 days of date of expiry of the Policy Plan Period, due to any reasons whatsoever including continuous stay/ indoor treatment of the patient in the Network Hospital and Govt. Hospital for 45 days after the date of expiry of the Policy Plan Period, shall not be accepted by the TPA, even if the date of admission of the Beneficiary making such claim is falling before 12.00 P.M. on midnight of last day of the expiry of the Policy Plan Period.

The Beneficiary shall be entitled to the benefits of the scheme, with effect from the date of start of the Policy Plan Period, irrespective of the date of filling of the Enrollment Form, payment of the premium to the society or payment of the premium by the society to the Trust and date of issuance/ date printed on the I.D Card by the TPA.

Towards compliance with the cancellation clause contained in the standard mediclaim policy product filed by the Insurer with the Insurance Regulatory & Development Authority (IRDA) under the stipulated "File & Use Procedure", which the Insurer should have earlier represented at the time of submission of the Tender Document to the Trust, as being applicable and legally binding for the purposes of issuing the Policy to the Trust, the Trust agrees that the Insurer shall be entitled to cancel the Policy and to terminate the Agreement by giving a prior notice of ninty days to the Trust. The Trust/ Quarter Concerned will not be legally or financially responsible in any manner whatsoever, for the benefits under the scheme after the date of cancellation of the Policy.

The complete financial and legal liabilities, if any, arising consequent to the operationalization of the Scheme or the Policy, shall rest exclusively and unconditionally with the TPA & the Insurance Company .Member shall not hold the Trust responsible in any manner whatsoever, for any matter whatsoever arising consequent to the operationalization of the Scheme. The role of the Trust is only confined to the passing on the premium paid by the member to the Insurer, on his/her behalf

The above information supplied by me is correct to the best of my knowledge and belief. I hereby unconditionally consent that if any misrepresentation in the information supplied by me in this

enrollment form is found at any stage, i along with my family shall no longer remain eligible for any of the benefits under the Scheme. I certify that I am the Main Member as per the eligibility criteria. I hereby voluntarily opt to become a Beneficiary under the Scheme along with my Family Members and hereby authorize the Trust to pass on the Premium paid by me/us to the Insurer on my/our behalfas per the terms and conditions of the Scheme. The copy of the Scheme is available with the secretary of my cooperative society/department/office. I have read and understood all the terms and conditions of the Scheme. I undertake to abide by and adhere to the terms and conditions of the Scheme at all times. Further, I unconditionally agree that only the courts at Chandigarh alone shall have the exclusivity to entertain any petition or claim by any beneficiary under this Scheme and that the Trust shall not be legally and financially liable towards any beneficiary.

I declare that the dependents named by me in this Form conform to the family definitions defined under the scheme, as per which only my spouse, parents (parents or parent-in-law in case of female main member), Unmarried children, widow and divorcee daughters and their minor children and widow daughters-in-law and her minor children are eligible for the coverage under the scheme.

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

The Policy Plan Period shall start from the date notified by the Insurance Company through newspapers irrespective of the date of filling up of the Enrollment Form, payment of the Premium to the society or payment of the Premium by the society to the Trust and date of issuance/ date printed on the I.D Card by the TPA.

or payment of the Premium by the society to the Trust and date of Issuance/ date printed on the I.D Card by the TPA.		
Bank Details of the Insured:		
Name of the Bank Account Holder Mr. Mrs. Mrs. Ms. Ms. M/s.		
Bank Account No.: Account: Saving Curre	ent	_
Name of the Bank	_ _	_
Branch	L	╛
*IFSC Code (11 character code appearing on your cheque leaf)		
I Wish Any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*		
Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.		
Aadhaar based payment (For Reimbursement claims)		
Aadhaar Card No.: (Note: Self attested Aadhaar card copy to be submitted)		
I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim a	amoun ⁱ	t shall
be credited directly in my latest Bank account linked with my Aadhaar Card.		•
I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any is found incorrect, I agree that all right under the policy will be forefeited. I agree to provide additional information to the Company if required. I w		
and hold harmless the Company due to any loss arising out of misstatement in this form and am willing if required, to make a statutory Declarat		
Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.	ا مار د ت	'' - Is = al
I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.	e pubi	ishea
Place: Signature of Claimant		
Date: D D M M Y Y Y Y		
Total Premium paid by Main Member on behalf of the Family: ₹ /-		
Name of the Nominee:		
Relation	Ħ	
	لــــاد	
Date DD MM YYYY Signature of the main Member	Υ	
Name and Signature of the manager/Secretary of the Concerned Quarter Name		
Date DD MM VVV	Y	
Signature with Seal Date Duly MIN Y Y		
Name and Signature of the Deputy Registrar/Authorized Signatory of the Quarter Concerned:		
 Name		
Signature with Seal Date Date Date		