

Respected Sir/Madam,

Sub: Coverage under the Group Mediclaim Insurance Policy for the retired employees of RINL/VSP and their spouses.

1. It may please be noted, that the earlier Group Mediclaim Insurance Policy has expired on 31.3.2012. We are pleased to inform that the RINL-Group Mediclaim Insurance Policy with **M/s The New India Assurance Company Limited has been obtained for the period from 1.4.2012 to 31.3.2013** and the present Policy Number is:**620300/34/12/01/00000017**. You may kindly refer **this Policy Number** and **your RINL-VSP Employee Number(Medical Index Number-MIN)** in all your correspondence with **the Insurance Company** while raising the medical claims as per the prescribed claim formats.
2. The features of the Policy are as under:
 - (i) **Type of Risk & Coverage:**
Hospitalization, Domiciliary Hospitalization and OPD Treatment, Pre & Post Hospitalization, Pre-existing Diseases.
 - (ii) **Table of Benefits:**
 - a) **Hospitalization Benefit:** Reimbursement of actual charges up to `3,00,000/- per member per policy period. (Inclusive of Domiciliary Hospitalization and OPD benefits) and with clubbing facility between the retired employee and spouse up to ` 6,00,000/-
 - b) **Domiciliary Hospitalization Benefits (Non-Surgical Treatment Only):** `13,500/- per member and/or ` 27,000/- for couple per policy period.
 - c) **Out-Patient Department (OPD):** The limit of OPD expenses would be `8,000/- per member and/or `16000/- for couple per policy period.
 - d) The overall ceiling under (a), (b) and (c) above shall be `3.0 lakhs per member and/or `6.0 lakhs for couple per policy period.
3. The members are advised to submit their claims directly to the Insurance Company. The address and other details of the Insurance Company are as follows:

THE DIVISIONAL MANAGER
M/s.THE NEW INDIA ASSURANCE COMPANY LIMITED
49-01-09, II FLOOR, DALI RAJU SUPER MARKET
SANGAM OFFICE BUS STOP, AKKAYPALEM MAIN ROAD
VISAKHAPATNAM – 530 016
Dealing Officer: Sri K Gowri Shankar Rao, Admn.Officer,
Cell No.7702398801
Phone No.0891-2517737, 2591977, FAX No.0891 – 2517781
e-mail: pm.rao@[newindia.com.in](mailto:pm.rao@newindia.com.in)
Higher Authority: Dr P . Manmadha Rao, Sr.Divisional Manager
Cell No.9848190890

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4. For the convenience of settlement of your claims from Insurance Company, members may avail the services through Electronic Clearing service(ECS) and are advised to furnish the details of your Bank A/c No: _____ IFSC Code No: _____, Name of the Bank: _____ Branch Name : _____ Place: _____ in the claim forms.

5. Kindly make a note that as and when there is a change in the **mailing address**, the same may be intimated to Personnel Dept.-Welfare Section of RINL/ VSP and also to the Insurance Company along with the **Telephone Number** to enable us to communicate with you promptly.

6. For availing the cashless facility for in-patient treatment, you may kindly contact/intimate the Insurance Company before admission or at the time of admission for treatment.

7. A separate communication along with information book-let will be sent to you by M/s The New India Assurance Company Limited.

Yours faithfully,
for RASHTRIYA ISPAT NIGAM LIMITED
VISAKHAPATNAM STEEL PLANT

(G Adinarayana Reddy)
Jr Manager(Staff)-Per/Wel