

Steps to do Online Payment of Enrollment Fee for GMIP/PRMS

1. Go to www.vizagsteel.com
2. Click on Retired Employees
3. User Id- Old Emp. No.
4. Default Password:- ddmmyyyy (DOB of employee)
5. Click on "Online Medical Insurance (GMIP/PRMS)"
6. Tick the checkbox of persons whose payment is to be done.
7. For PRMS select "OP Reimbursement or VSGH Treatment"
8. Enter Captcha
9. Proceed for payment.

On Successful completion of payment Receipt can be generated from "My Mediclaim Transactions" for GMIP and "My PRMS Transactions" for PRMS.

No hardcopy for Online Payment is to be submitted.

Note:- PRMS employees also need to upload Life Certificate before payment (Format attached)



LIFECERTIFICATE**TO BE SUBMITTED BY RINLPRMS BENEFICIARY**

A. This is to certify that Shri _____, Smt. _____ AND Ms./ Mr. _____ Beneficiary under the Post-Retirement Medical Scheme of RINL with Health card Number(Family/Couple Membership): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

OR

B. This is to certify that Shri/Smt. _____ husband/wife of Shri// Smt. _____ Holder of the Post-Retirement Medical Scheme with Health Card Number(Single Membership): _____ residing at _____ are known to me and alive at the time of issuing this certificate.

**Strike off whichever is not applicable*

The signature/softheabovementioned person(s)is/are attested hereunder:

(Note: Signature of Each beneficiary is mandatory. For Mentally retarded children, the retired executive can sign on behalf of the child)

Signature of Retired executive

Name(Shri/Smt): _____
 Contact No : _____
 Aadhaar Card No: _____
 Date : _____
 DD/MM/YYYY

Signature of spouse

Name(Shri/Smt): _____
 Contact No : _____
 Aadhaar Card No: _____
 Date : _____
 DD/MM/ YYYY

Signature of Child

Name(Ms/Mr.): _____
 Contact No : _____
 Aadhaar Card No: _____
 Date : _____
 DD/MM/ YYYY

Signature of Registered Medical Practitioner with Reg. No OR
 Gazetted Officer of Central/State Govt. OR
 The Branch Manager of the Bank where
 the retired executive/ spouse is holding S.B A/c with seal/stamp

DECLARATION

***I/We hereby declare that I/we meet all the eligibility criteria as per the RINLPRMS Policy and declare that if any facts to the contrary are detected, RINL shall be free to cancel said benefits without any further reference to me/us.**

Place: _____

Date: _____

Signature of the Retired Executive/Spouse

