

**GROUP MEDICLAIM INSURANCE COVERAGE SCHEME FOR SEPARATED  
EMPLOYEES OF RINL / VSP AND THEIR ELIGIBLE FAMILY MEMBERS**

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**GROUP MEDICLAIM INSURANCE COVERAGE SCHEME FOR SEPARATED  
EMPLOYEES OF RINL / VSP AND THEIR ELIGIBLE FAMILY MEMBERS\***

**1.0 OBJECTIVE OF THE SCHEME**

To extend medical benefits to the separated employees and their eligible family members covered under the scheme.

**2.0 COVERAGE**

- i) Retired employees and their spouses
- ii) The employees who have taken voluntary retirement and their spouses
- iii) The employees who cease to be in employment on account of total permanent disablement and their spouses
- iv) The spouse of an employee who dies while in service
- v) The Physically/ mentally challenged children of the employees separated on account of superannuation, voluntary retirement, total permanent disablement or death while in service

**2.1** Besides being entitled to the medical facilities at Company hospitals as per existing Rules, separated employees and their family members as mentioned above may also opt for coverage under this Group Mediclaim Insurance Coverage Scheme.

**2.2** The employees and their family members as mentioned at para 2 above, who opt for this scheme, will hereinafter be referred to as 'members'.

**3.0 SCHEME**

The members will be covered through Group Mediclaim Insurance Policy of the insurance company.

**3.1 Membership:**

Each member who wishes to enroll in the scheme will be required to pay an enrollment fee of Rs. 1300/- per member per policy period and Rs. 2600/- per couple (employee and spouse) per policy period to the Welfare Section, Personnel Department, RINL/VSP. Changes, if any, in the amount of enrollment fee would be notified to the members from time to time by the Welfare Section.

**3.2 Type of risk & coverage:**

- i) Hospitalization
- ii) Domiciliary Hospitalization
- iii) OPD Treatment
- iv) Pre & Post Hospitalization
- v) Treatment of pre- existing diseases

*\* Introduced vide RINL /VSP Board's approval in its 62<sup>nd</sup> meeting held on 12.09.92 and subsequently amended in its 166<sup>th</sup> meeting held on 24.09.2003 and 235<sup>th</sup> meeting held on 01.08.2009.*

### **3.3 Benefits:**

- a) The members covered under the scheme can get themselves admitted in any of the nursing home/ hospitals anywhere in India including Visakha Steel General Hospital(VSGH) for treatments covered at para 3.2.
- b) Hospitalization Benefit: Reimbursement of actual charges upto Rs. 3,00,000/- per member and Rs. 6,00,000/- for couple with floater per policy period inclusive of domiciliary hospitalization benefits.
- c) Domiciliary Hospitalization Benefits (Non-Surgical treatment Only): Rs. 13,500/- per member or Rs. 27,000/- per couple with floater per policy period. (Domiciliary hospitalization means medical treatment for a period exceeding 3 days for such illness/ disease/ injury which in the normal course would require care and treatment at hospital / nursing home / clinic but actually taken whilst confined at home under circumstances as prescribed in the mediclaim policy of the insurance company.)
- d) OPD Treatment: Limited to an amount of Rs. 8000/- per member and Rs. 16,000/- per couple with floater per policy period.
- e) The overall ceiling under (b), (c) and (d) above shall be Rs. 3.0 lakhs per member and Rs. 6.0 lakhs per couple with floater per policy period.
- f) The clubbing facility is extended only to the employee and spouse. Physically/ mentally challenged children are treated as individual members.
- g) There is no upper age limit for enrolment in the Scheme.
- h) Any change/ inclusion/ exclusion made in the mediclaim policy by the Insurance Company from time to time will automatically form part of the Scheme.

## **4.0 PROCEDURES**

### **4.1 Procedure for Enrollment**

- i) The concerned Zonal Personnel Executive shall hand over a copy of the Group Mediclaim Insurance Scheme along with the other final settlement documents to the employees who would be separating from the services of the Company.
- ii) Separating / separated employees shall be required to submit an application as given at Annexure I to the Welfare Section for coverage under the scheme along with the required documents as prescribed in the check list at Annexure II, enrollment letter as given at Annexure III and enrollment fee on or before the 15<sup>th</sup> day of the preceding month for commencing the benefits of the scheme from the next month.

### **4.2 Procedure for Enrollment Fee**

- i) The members may pay required enrollment fee to the Welfare Section, Personnel Department, in the form of Demand Draft in favour of “RINL / VSP, VISAKHAPATNAM” payable at Visakhapatnam.
- ii) Any changes in the payment procedure would be notified to the members by the Welfare Section from time to time.

#### **4.3 Procedure for settlement of claims**

i) The addresses of office(s) of the Insurance Company, wherein the claims would be settled would be notified by the Welfare Section from time to time.

ii) Notice of claim should be sent to the Insurance Company, immediately and not later than 7 days of the injury/ hospitalization/ domiciliary hospitalization etc, with the details as prescribed in the policy.

ii) On receipt of such claim intimation, the Insurance Company will issue a claim form directly to the insured member. The claim form should be returned duly filled in all respects to the Insurance Company with the details and enclosures as prescribed in the policy.

iii) All claims for reimbursement under the scheme shall be settled by the Insurance Company within 15 days of receipt of complete claim document by way of bank draft/ local cheque to the member.

iv) In case claims are not settled by the Insurance Company within the prescribed time limit as specified above, subject to submission of required documents, the Insurance Company shall pay an interest on the claim amount to the member.

v) If the Insurance Company has entered into MOUs with various hospitals where members can get admitted, the hospital will send the bills directly to the Insurance Company for settlement of claims. List of such hospitals will be initially provided with the prospectus of the policy. Any change / addition / deletion therein will be intimated subsequently by the Insurance Company

#### **4.4 Procedure for renewal of the policy**

Renewal notices shall be sent to each member two months in advance prior to the date of renewal of the said policy by the Welfare Section with a request to confirm the continuation of their membership in the scheme. The members then, shall send their response along with the renewal fee to the Welfare Section as prescribed in the renewal notice.

#### **5.0 GRIEVANCE REDRESSAL**

All grievances relating to the settlement of claims will be addressed directly to the Insurance Company by the members. Any clarification or assistance may also be sought from the Dealing Officer of the Insurance Company whose address and contact details would be communicated by the Welfare Section from time to time.

#### **6.0 TENURE**

This scheme is liable to be altered / amended / withdrawn at the discretion of Chairman – cum – Managing Director without any notice and without assigning any reason therefor.

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**APPLICATION**

To,  
GM(CP & C)  
Personnel Department  
Main Admn. Building  
Visakhapatnam Steel Plant  
VISAKHAPATNAM – 530031

Sir,

Sub : Enrollment to coverage under Group Medclaim Insurance Scheme for separated employees and their eligible family members.

I would like to join the Group Medclaim Insurance Scheme of RINL/VSP. I am herewith submitting the following:

1. Name of the separated employee \_\_\_\_\_ Emp.No \_\_\_\_\_  
Designation: \_\_\_\_\_ Department \_\_\_\_\_  
(At the time of separation) (Where last worked)
2. List of applicants:  
Name Relationship with employee  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_  
(c) \_\_\_\_\_
3. Details of enrolment fee towards the Scheme ( the appropriate one):  
(a) Rs.1300/- for self only (OR) Spouse only   
(b) Rs.2600/- for self and spouse (Couple)   
(c) Rs.1300/- for physically/ mentally challenged child of such employee, if any
4. Details of Demand Draft drawn in favour of RINL/VSP, Visakhapatnam:  
DD No.: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_ Amount: Rs. \_\_\_\_\_  
Name of the Bank: \_\_\_\_\_ Branch: \_\_\_\_\_
5. Present Address Permanent Address  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code: \_\_\_\_\_ Pin Code: \_\_\_\_\_
6. Phone: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_
7. Email address (optional): \_\_\_\_\_
8. Copy of relevant Office Order of the employee given on separation / demise while in service.
9. Duly filled in Proposal Form of Medclaim Insurance Policy for each applicant.
10. Two copies of recent passport size colour photographs in respect of each applicant.

Yours faithfully,

Date:  
Place:

Signature:  
Name:

**GROUP MEDICLAIM INSURANCE COVERAGE SCHEME FOR SEPARATED EMPLOYEES AND THEIR ELIGIBLE FAMILY MEMBERS**

**CHECK LIST**

The separated employees and their eligible family members desirous of getting enrolled under the “RINL Group Mediclaim Insurance Scheme” for are required to submit the following:

1. Dully filled in Application.
2. Demand Draft drawn in favour of RINL/VSP, Visakhapatnam payable at Visakhapatnam, as enrolment fee towards the Scheme for:
  - (a) Rs.1300/- for self only (OR) spouse only
  - (b) Rs.2600/- for self and spouse (Couple)
  - (c) Rs.1300/- for physically/ mentally challenged child of such employee, if any
3. Copy of relevant office order on separation / demise while in service with respect to the separated employee.
4. Duly filled in Enrollment Form of Mediclaim Insurance Policy for **each** applicant.
5. Two copies of recent passport size colour photographs in respect of **each** applicant.

**Note:**

- *Applicants are advised to submit the above documents on or before 15<sup>th</sup> day of the month so as to ensure coverage from the 1<sup>st</sup> day of the subsequent month.*
- *Please note that the “Enrollment form for Group Mediclaim Insurance Scheme” needs to be filled in separately for **each** applicant.*
- *Members are advised to retain the Prospectus / Booklet issued at the time of enrollment for their guidance and information.*
- *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 Welfare Section, Personnel Department.*

**ENROLLMENT FORM**  
**FOR RINL GROUP MEDICLAIM INSURANCE SCHEME**

1. Name of the Insured Person : \_\_\_\_\_  
 Name of the employee : \_\_\_\_\_  
 (Incase of spouse/ Child)
2. Present Address \_\_\_\_\_ Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Pin Code: \_\_\_\_\_ Pin Code: \_\_\_\_\_
3. Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_
4. Email address (Optional) : \_\_\_\_\_
4. Gender : Male/Female
5. Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_
6. Medical History
- a. Are you in Good Health & Free from Physical & Mental Diseases/ Infirmity / Medical Complaints Etc. Yes/ No
- b. If not in good Health, give full Details  
 \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION**

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

I have read the prospectus & I am willing to accept the coverage subject to the terms, & conditions prescribed by the Insurance Company & Rashtriya Ispat Nigam Limited, Visakhapatnam Steel Plant.

Signature \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Place \_\_\_\_\_

Name of the Insured Person \_\_\_\_\_

(IN BLOCK LETTERS)

**Note:** This proposal form of Medclaim Insurance Policy needs to be filled in separately for each applicant.