

RASHTRIYA ISPATNIGAM LIMITED
VISAKHAPATNAM STEEL PLANT
VISAKHAPATNAM

HR DEPARTMENT- FINAL SETTLEMENT CELL

HR/WEL/Medicaid/2022-23/

Date : 04.03.2022

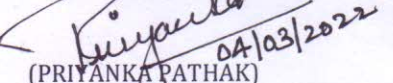
CIRCULAR NO.04/22

Sub: Enrollment for renewal of Group Medicaid Insurance Policy for the Period from 1st Apr. 2022 to 31st Mar. 2023

Ref: Circular No. 02/22, dt. 03.03.2022

1. In continuation to the circular no. 02/22, dt. 03.03.2022, the existing PRMS members for whom Life Certificate generated from Jeevan Pramaan is not available, they can upload the Life Certificate in the format as given at Annexure. For each member, separate copy of the certificate may be uploaded.
2. Other points of the Circular no. 02/22, dt. 03.03.2022, remain unaltered.

for Rashtriya Ispat Nigam Limited
Visakhapatnam Steel Plant


(PRIYANKA PATHAK)
SR.MANAGER(HR)-FSC
04/03/2022

For any kind of information/Queries:

(a) send mail to 'fsc_rinl@vizagsteel.com'

(b) please contact at Land line phone no. **0891-2517080** from 9 AM to 5.30 PM on all working days:

LIFE CERTIFICATE**TO BE SUBMITTED BY RINLPRMS BENEFICIARY IN DECEMBER EVERY
YEAR**

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/s of the above mentioned 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