



APPLICATION FORM FOR MEDICLAIM NOMINATION (FORM - A)

Name of the employee: _____ Employee Code: _____

Date of Joining: _____ Designation: _____ Level: _____

Department: _____ Location: _____ Date of Birth: _____

Address for correspondence: _____

_____ Pin No: _____ Tele No.: _____

Dependent family members to be covered under Medclaim Scheme:

S.NO	NAME OF THE FAMILY MEMBERS	RELATION	OCCUPATION	DATE OF BIRTH
1				
2				
3				
4				
5				
6				

Declaration by the employee:

I declare that the information given above is true to the best of my knowledge and belief. I have gone through the Annexure-I, and have understood the terms and I am aware that any false or incorrect information given by me may result in cancellation of my coverage under the scheme.

Date:

Place:

Signature of the Employee



**APPLICATION FORM FOR PERSONAL ACCIDENT INSURANCE
NOMINATION (FORM - B)**

Name of the employee: _____ Employee Code: _____

Date of Joining: _____ Designation: _____ Level: _____

Department: _____ Location: _____ Date of Birth: _____

Blood Group: _____ Address for correspondence: _____

_____ Pin No: _____ Tele No.: _____

Details of Nominee under Personal Accident Scheme:

NAME OF THE NOMINEE	ADDRESS WITH TELE NO.	RELATION	OCCUPATION	DATE OF BIRTH	PROPORTION

Declaration by the employee:

I, whose particulars are given above, hereby nominate the person (s) mentioned above to receive the sum insured (as per Personal Accident Scheme of New India Assurance Company Limited) in the event of my death.

Date:

Place:

Signature of the Employee



APPLICATION FORM FOR TERM INSURANCE NOMINATION (FORM - C)

Name of the employee: _____ Employee Code: _____

Date of Joining: _____ Designation: _____ Level: _____

Department: _____ Location: _____ Date of Birth: _____

Blood Group: _____ Address for correspondence: _____

_____ Pin No: _____ Tele No.: _____

Details of Nominee under Personal Accident Scheme:

NAME OF THE NOMINEE	ADDRESS WITH TELE NO.	RELATION	OCCUPATION	DATE OF BIRTH	PROPORTION

Declaration by the employee:

I, whose particulars are given above, hereby nominate the person (s) mentioned above to receive the sum insured (as per Personal Accident Scheme of New India Assurance Company Limited) in the event of my death.

Date:

Place:



GUIDELINES FOR FILLING UP FORM A, B & C

Form A, B & C have to be filled in Capital letters (no columns are to be left blank). Please enclose the declaration details, wherever applicable.

For the purpose of determining Medclaim coverage the following definition of dependent family members will be followed; besides self i.e. employee.

Spouse:

- In case of working spouse and not covered under a similar scheme, then he/she has to give a declaration duly certified from his/her employer, stating clearly that such a scheme does not exist in the said Company.

Children: (Maximum two)

- Only dependent non-earning, unmarried children (including legally adopted children).

Parents:

Coverage is only applicable in cases viz.

- Retired and dependent.
- Non earning and dependent upon the employee (declaration to be submitted alongwith Form - A)
- In case parents are covered under any other Government or other Health/ Medclaim Scheme, but want to be covered under Jubilant's Medclaim Scheme, then the concerned employee has to state the reasons and give a declaration to that effect, and the same would be considered on case to case basis.
- All other relation(s)/ relatives who are not covered under the above definition of dependent family members are not entitled for claiming the benefits under the said scheme, and their names should not be included in the list of dependent family members.

Any subsequent changes in future in your list of dependent family members has to be informed to Corporate HR Department, Noida immediately.