

**THE NEW INDIA ASSURANCE CO.LTD.,**

**RETIREES HAND BOOK**



**हम**

**COMPILED BY : K.S.N. MURTHY**



## PREFACE



*On behalf of the NIARAS I extend my greetings to all members and family pensioners. The idea of printing a booklet came out as a bolt from the blue do something then this idea popped up. This booklet contains forms like MBS holiday home pension fixation, family pensioners form life certificate etc. First we had approached our company to get it printed they backed out after three months they cannot do it we had asked the same for exchange of diaries or calendars then we took a decision that we can do it. This Association has members from GM to RC level now all are in the same boat title exNewindians designation does not matter as problems are the same for all. NewIndia is a big family and we are proud to be a NewIndian for ever. Finally when a sunflower blossoms it does not see whether other sunflowers have blossomed or not it blossoms so our Association is a sunflower . Now the seed has been sown, you have to protect it nurture it and see that it grows into a huge tree and fruits enjoyed by future generations.*

**WALK ON THIS PLANET IN SUCH A WAY THAT YOUR FOOT STEPS  
ARE FOLLOWED BY MANY EVEN AFTER...**

**VASUDEV KUTUMBHAM - ONE WORLD FAMILY  
THIS IS ART OF LIVING AND ART OF LEAVING.**

***K. S. N. Murthy,***

**Convenor**







*I am proud to know that a handbook consisting of forms required for retired employees is being undertaken by NIARAS Consisting of MBS Mediclaim forms etc., Wishing all the best.*

**✍️ P. Senthil kumar, G.M.,**

*I am ver much delighted to know that a handbook for pensioners is printed I only wish that our parent organisation distributes it to the persons retiring as a gift which will be useful. NIARAS has taken the lead. Congratulations.*



**✍️ P. Manokaran , D.G.M.,**



*Dear ex New Indians I am delighted to know that NIARAS is coming out with a booklet for retired not a easy job to collect data and compile it in a format. Hats off to the organisers and proud to be its member. All the best.*

**✍️ G.K.Patil , G.M.**

*Our Association was formed on 16.12.19 afterwards Last year due to Covid affect we could not canvass now, due to our sincerity and dedication we have members from all over India. This booklet will be a milestone for our pensioners .*



**✍️ Mahabal Poojary, Secretary, NIARAS**



*Friends it gives me great pleasure to tell you all that this booklet is like a ready made reckoner which consists all for Retirees. Our company's history, its leaders, and offices in one go is available.*

**✍️ Venkat subramanyam, NIARAS President, Mumbai**



It gives me immense pleasure to know that a booklet for retired employees is being prepared. After putting 30 to 35 years of service after retirement we do not know which are the forms necessary for a retired NewIndian as no one guides us. This book contains history of NewIndia and forms useful for the retired. All the best.

✂ **Dr. Bhaskar Lekurvale, Chief Manager**

A Novel idea of HUN NewIndia Retirees a hand book which will be helpful for pensioners and family pensioners so that they may not depend on external information. A brilliant idea by the leaders. This hand book will be a treasure box for the retired pensioners and family members turn the page and see the forms needed. HUN NIARAS is upholding the dignity of senior citizens and fighting for its rights by launching a joint forum for pensioners all over NewIndia. On behalf of the Kerala Association and members we wish all the successes.



✂ **NIARAS Secretary, Peter Varghese**



Friends Glad to know that NIARAS is coming out with a handbook containing all the forms required by a retired employee of NewIndia. Everyone cannot open Retirees Corner and download it. A good idea.

✂ **Vijay M Haisekar**

This association knows HOW TO WIN being a member is a great privilege. The idea of printing a booklet is excellent and very useful for the retired. The book has everything you name it a have it being served on a silver platter by NIARAS. Wishing all a happy and prosperous retirement life.



✂ **Pradeep Khandekar, D.G.M**





*Once a NewIndian always a NewIndian. I am delighted to be a member and connected with it. A ready reckoner for retired. We believe NewIndia is a family and even after retirement we feel that we are part of big family .*

*All the best.*

*✍ Sunil Thakur*

*I am very much delighted to be a part of this association. No one could think out of the box for first time dedicated leaders have come to the forefront to achieve our legitimate demands on behalf of our region we extend our full support to the organisation. All the best.*



*✍ HD Kela, President, Saurashtra.*



*Friends glad to know that NIARAS hand book with all forms required will be available. Now a days though messages read on internet is easily forgotten so this will be a asset to the retired. All the best.*

*✍ Gyan Mishra*

*Our company had completed 100 years on 23.7.19 and it was NewIndia Assurance Company. Our government is building a NewIndia for which we had contributed to our company in a humble way during our service. A book like this will go down ihistory which will be cherished by NewIndians. Congratulations to NIARAS .*

*✍ A.Ramnathan*

*The Hum Group has meticulously collected details including various forms which would be a great informative source for all the pensioners and family pensioners of our Company. The 'Booklet' published would speak for itself the extent of efforts and pain taken to make it comprehensive and exhaustive for all the users. The 'Handy Booklet' would help every pensioner in dispensing with the requirement for seeking any external help in ascertaining the procedural formalities. I wish every success in this sincere endeavour and similar innovative gestures in future.*

*✍ P.C.Shekhar*





**LIST OF CMD's**

NAME	FROM	TO
MR. G.V. KAPADIA	17-09-1974	14-06-1975
MR. V.C. VAIDYA	18-08-1975	17-05-1980
MR. A.C. MUKHERJI	23-10-1980	10-12-1985
MR. R.V. MADHAV RAO	11-12-1985	27-01-1986
MR. K.C. PONNAPPA	28-01-1986	12-04-1988
MR. S.K. SETH	07-06-1988	31-03-2989
MR. S.V. MONY	01-04-1989	08-02-1991
MR. B.D. SHAH	11-02-1991	31-08-1993
MR. A.S. MITRA	01-09-1993	31-10-1993
MR. Y.D. PATIL	26-10-1994	30-09-1996
MR. D SENGUPTA	28-10-1996	14-09-1998
MR. S.K. KANWAR	14-09-1998	30-08-2000
MR. A.P. PRADHAN	01-01-2000	04-03-2001
MR. K.N. BHANDARI	05-03-2001	28-02-2002
MR. RAJENDRA BERI	21-05-2002	28-02-2002
MR. B. CHAKRABARTI	31-10-2005	30-09-2009
MR. M. RAMADOSS	30-12-2009	16-08-2011
MR. A.R. SEKAR	06-12-2011	17-10-2012
MR. G SRINIVASAN	18-10-2012	31-07-2018
MR. HEMANT ROKADE (J.C)	01-08-2018	31-10-2018
MR. NARAMBUNATHAN (J.C)	01-08-2018	31-10-2018
MR. ATUAL SAHAI	04-12-2018	





**THE NEW INDIA ASSURANCE CO. LTD.,**  
India's Premier Multinational General Insurance Company

**Indian Operations :**

Our Indian operations span across all territories through 2395 offices, including 476 DOs, 595 BOs, 26 DABs and 1257 Micro Offices. We have 16795 employees and 68389 tied agents as on 31st December 2019, providing insurance services to our customers. We have over 250 products. Our Indian operations have earned many awards & recognitions:

**A Legend lays down office :**

- BabubhaiKasturchand Shah (B K Shah) resigned from New India on December 29, 1972, a company he had nurtured, led and inspired through decades and for the better part of his life.
- He had joined New India as a young Actuary in 1936 in his early twenties, and headed it from 1946 for over 26 years. First as General Manager until 1954, then as Managing Director until May 1971 and finally, as Custodian on behalf of the Government until the end of 1972.
- Nationalisation had come as a personal, emotional shock to him, people close to him say, and he did not wish to continue. Not surprising, since he had transformed the company not once, but twice in his years at the helm, infusing it with his dynamism and business savvy.
- First, when he became General Manager in 1946 he took it to the top position among insurance companies and again, after Life insurance was nationalised, he revived it from the loss and made it the leader of the General insurance industry.
- Once the process of nationalisation started, Shah was appointed Custodian of New India in May 1971. This was a departure from normal practice and an acknowledgement of not only the size of New India but the credibility and professional credentials of the top management. He took the company through the process of being handed over to the Board constituted by its new owner, General Insurance Corporation of India (GIC) and laid down office on the last working day before New India was nationalised namely, January 1, 1973.



- For a couple of generations of New Indians, he was the inspiration, the taskmaster, the brilliant tactician and the passionate leader of New India. Many held that he was the reason New India succeeded and thrived through decades and, for that he commanded the unswerving respect of his colleagues and inspired awe and envy among business rivals.

#### **THE "NEW" NEW INDIA EMERGES :**

- The merger scheme of New India came into effect on January 1, 1974 and dealt with the transfer of assets and liabilities of the merged companies into New India, the transferee company.

- The following were the merged companies:

Anand Insurance Company, Bhabha Marine Insurance Company, Commonwealth Assurance Company, Howrah Insurance Company, Indian Merchants Marine Insurance Company, Indian Ocean Insurance Company, Jalanath Insurance Company, Kalyan Marine Insurance Company, Liberty Insurance Company, Mother India Fire and General Insurance Company, Motor Owner's Insurance Company, Narahari Marine Insurance Company, Naranji Bhanabhai and Company, New Merchant's Insurance Company, New Premier Insurance Company, Northern India General Insurance Company, Porbandar Insurance Company, Shree Mahasagar Vima Company, South India Insurance Company and Vanguard Insurance Company. Also merged were Reinsurance Association of India (International) and Indian Insurance Companies Association.

- The services of the employees of these entities, along with their Provident Fund and Superannuation Fund balances, were to be transferred to New India. It was another matter that there were no personnel records in many companies. Stories abound also of overnight promotions and pay rises, and even recruitments into middle and senior management, in the face of the impending nationalisation and merger!

- The merged companies were dissolved on the effective date of the merger and their existing shares cancelled.

- The capital structure of the new New India was determined as three crore equity shares of R5 each and five lakh preference shares of R100 each.

#### **THE NEW INDIA BRAND - MIRRORING INDIA**

The logo of New India reflected the map of India from its initial days.

The first logo of the company, seen, depicted the entire Indian subcontinent as the country was in 1919.





# NIARAS MUMBAI

The New India Assurance Retirees' Association Mumbai



**S7, M.G.Road, Fort, Mumbai 400023**

**PAN AAIAT6597Q**

**Email address: niarasmumbai@gmail.com**

**Phone No. 22708519/520**

**Website:www.thenewindiaassuranceretireesassociationmumbai.com**

**Facebook: The New India Assurance Retirees Association Mumbai**

**Instagram: Niaras\_mumbai**

*On the demand of all Retirees, NFGIE General Council and at the request of Mr. Peter Varghese, everyone felt the need for creation of Retirees Association.*

*This was then passed as a resolution for the formation of the New India Assurance Retirees Association. The initial strengthening and moulding task was assigned to Shri Venkitasubramanian and Shri Mahabal Poojary with all possible help from NFGIE.*

*Shri Peter Varghese Secretary NIARAS Kerala assisted and guided us in formation of association. This Retirees Association is for all New India Assurance Retirees and was formed on 16.12.2019 and inaugurated at the hands of NFGIE General Secretary Shri Pramod Bajpie at NFGIE Union Office,HO.*



*Thus, creating an umbrella for protecting and projecting the rights and obligations towards fellow New Indian retirees, particularly Pension, mediclaim, welfare related issues and to redress the grievances of retirees from time to time.*

**AIMS AND OBJECTS:**

- a) To promote and to protect the well being of the members of the Association.*
- b) To earn the legitimate rights and privileges of retirees by collective bargaining and if necessary through legal means.*
- c) To render mutual help and support to members and their families when necessity arises.*
- d) To have family 'get-together' once in a year in order to create social binding and better understanding among the members of the Association.*
- e) To render financial help on case of calamities to any member or to any particular group or people in a state of the country.*
- f) To have tie-ups with social and cultural organisations, to wipe out social evils and to promote cultural and social welfare activities.*
- g) To deal with any other matter effectively as deemed it fit by the Managing Committee/General Body of the Association.*





CLASSES OF PENSION

**29. Superannuation Pension** - Superannuation pension shall be granted to an employee who has retired on his attaining the age specified in paragraph 12 of General Insurance (Rationalisation and Revision of Pay Scales and Other Conditions of Service of Supervisory, Clerical and Subordinate Staff) Scheme, 1974 and in paragraph 4 of General Insurance (Termination, Superannuation and Retirement of Officers and Development Staff) Scheme, 1976.

**30. Pension on voluntary retirement -**

- (1) At any time after an employee has completed twenty years of qualifying service, he may, by giving notice of not less than ninety days, in writing to the appointing authority, retire from service : Provided that this sub-paragraph shall not apply to an employee who is on deputation unless after having been transferred or having returned to India he has resumed charge of the post in India and has served for a period of not less than one year: Provided further that this sub-paragraph shall not apply to an employee who seeks retirement from service for being absorbed permanently in an autonomous body or a public sector undertaking to which he is on deputation at the time of seeking voluntary retirement.
- (2) The notice of voluntary retirement given under sub-paragraph (1) shall require acceptance by the appointing authority: Provided that where the appointing authority does not refuse to grant the permission for retirement before the expiry of the period specified in the said notice, the retirement shall become effective from the date of expiry of the said period.
- (3) (a) An employee referred to in sub-paragraph (1) may make a request in writing to the appointing authority to accept notice of voluntary retirement of less than ninety days giving reasons therefor ;  
(b) on receipt of request under clause (a), the appointing authority may, subject to the provisions of sub-paragraph (2), consider such request for the curtailment of the period of notice of ninety days on merits and if it is satisfied that the curtailment of the period of notice will not cause any administrative inconvenience, the appointing authority may relax the requirement of notice of ninety days on the condition that the employee shall not apply for commutation of a part of his pension before the expiry of the notice of ninety days.
- (4) An employee who has elected to retire under this paragraph and has given necessary notice to that effect to the appointing authority shall be precluded from withdrawing his notice except with the specific approval of such authority : Provided that the request for such withdrawal shall be made before the intended date of his retirement.

(5) The qualifying service of an employee retiring voluntarily under this paragraph shall be increased by a period not exceeding five years, subject to the condition that the total qualifying service rendered by such employee shall not in any case exceed thirty three years and it does not take him beyond the date of retirement.

(6) The pension of an employee retiring under this paragraph shall be based on the average emoluments as defined under clause (d) of paragraph 2 of this scheme and the increase, not exceeding five years in his qualifying service, shall not entitle him to any notional fixation of pay for the purpose of calculating his pension;

Explanation.- For the purpose of this paragraph, the appointing authority shall be the appointing authority specified in Appendix-I to this scheme.

### **31. Invalid Pension -**

- (1) Invalid pension may be granted to an employee who -
  - (a) has rendered minimum ten years of service ; and
  - (b) retires from the service on account of any bodily or mental infirmity which permanently incapacitates him for the service;
- (2) An employee applying for an invalid pension shall submit a medical certificate of incapacity from a medical officer approved by the Corporation or a Company as the case may be;

### **32. Compassionate Allowance -**

- (1) An employee who is dismissed or removed or compulsorily retired or terminated from service shall forfeit his pension : Provided that the authority competent to dismiss or remove or compulsorily retire or terminate him from service may, if -
  - (i) such dismissal, removal, compulsory retirement or termination is on or after the 1st day of November, 1993 and
  - (ii) the case is deserving a special consideration, sanction a compassionate allowance not exceeding two-thirds of pension which would have been admissible to him on the basis of qualifying service rendered upto the date of his dismissal, removal, compulsory retirement or termination.
- (2) The compassionate allowance sanctioned under the proviso to sub- paragraph (1) shall not be less than the amount of minimum pension payable under paragraph 35 of this scheme.

### **33. Payment of pension or family pension in respect of employees who retired or died between 1.1.1986 and 31.10.1993 -**

- (1) Employees who have retired from the service of the Corporation or a Company, as the case may be, between the 1st day of January, 1986 and the 31st day of October, 1993 shall be eligible for pension with effect from the 1st day of November, 1993.
- (2) The family of a deceased employee governed by the provisions contained in sub-paragraph (7) of paragraph 3 shall be eligible for family pension with effect from 1st day of November, 1993.



**ANNEXURE – 19**  
**Form of Application for Family Pension on the**  
**Death of the Employee/Pensioner**  
**(To be filled in duplicate)**

Space for  
affixing attested  
Passport size  
photograph

1. Name of the Applicant :
2. Relationship to the deceased :  
(Widow/Widower/Son/Daughter)  
Guardian if the applicant is minor
3. Name and Age of surviving widow/widower and children of the  
deceased Employee/Pensioner :

S.No	Name	Relationship with the deceased employee/pensioner	Date of Birth
1			
2			
3			
4			
5			

4. Salary Roll No. of deceased employee/pensioner :
5. Date of Death of the employee/pensioner :
6. Office in which the deceased employee/pensioner was working  
last :
7. If the applicant is the guardian, his/her date of birth and  
relationship with the deceased employee/pensioner :

8. Full address of the Applicant :

9. Enclosures :

- i) Two Specimen signatures of the applicant, duly attested (to be furnished in two separate sheets)
- ii) Two copies of passport size photographs of the applicant duly attested:
- iii) Certificate(s) of age of children whose date of birth is not already available with the Office (municipal birth certificate or extract from school register of the school in which the child is studying) :

10. Indicate whether family pension is admissible from any other source as Military, State Govt, any Public Sector Undertakings etc., :

11. Signature or Left Hand thumb impression of the applicant :

12. Thumb impression attested by

Name :

.....

Full Address:

.....  
.....  
.....  
.....

13. Witness:

(1)

.....

(2)

.....

Attestation should be by a Class I Officer of GIC or a Gazetted Government Servant or two respectable persons from the village where the applicant resides.



**ANNEXURE - 20**  
**Data Sheet for calculation of Family Pension**  
**(To be filled in duplicate)**  
**PART - I**

1. Name of the deceased employee/pensioner :
2. Designation :
3. Office in which he/she was working last :
4. Date of Birth :
5. Date of Appointment :
6. Date of cessation of service :
7. Date of death :
8. Number of years qualifying service :
9. Date of intimation of Death :
10. Name, relationship and full address of the person to whom the family pension is now payable:
11. Pay last drawn by the deceased employee/pensioner at the time of death while in service/at the time of retirement.
12. Allowances which are counted for additional family pension drawn by the employee at the time of death while in service/at the time of retirement :
13. If the deceased employee was in occupation of Staff Quarters has he/she vacated the same and if so, when :
14. Whether any amount is recoverable from Pension :
15. Date on which claim form received from the applicant :
16. Name of guardian, whether applicable, who will receive the payment:
17. If the death was by accident while on duty, whether the Workmans' Compensation Act is applicable, and if so, the amount of compensation paid.

\_\_\_\_\_  
(Signature of Authorised Officer)

Date : \_\_\_\_\_

Place : \_\_\_\_\_

**SPECIMEN SIGNATURE OF APPLICANT FOR FAMILY PENSION  
OF SHRI/SMT.....**


**Attested by**

**Signature :**

**Name :**

**Designation :**

**Full Address:**



**FORM 'B'**

Name of the widow/widower :

Sex :

Date of Birth of the Annuitant :

Due date of 1<sup>st</sup> monthly pension :

Date of Vesting of pension :

Age last birth of the annuitant on the Date of vesting :

Basic Pension payable at Ordinary rate :

Initial D.A. thereon :

Total Initial amount at Ordinary rate :

Basic Pension payable at Enhanced rate :

Total initial amount of Enhanced rate :

Date up to which enhanced pension is payable :

Initial purchase Price :

Permanent Residential Address :

Particulars of Annuitants Bank A/c.

1. Bank A/c Number :
2. Name of the Bank :
3. Address of the Bank :

Name of the Deceased Employee :

Office Code :

LIC Annuity No. (if any) :

Salary No. :

Remarks :

**SUPERANNUATION SCHEME**

**MASTER POLICY NO GSCA/701264**

**TO:LIFE INSURANCE CORPORATION OF INDIA  
P&GS DEPARTMENT/MDO I/VILEPARLE**

**INTIMATION OF RETIREMENT/DEATH/LEAVING SERVICE**

1. Name of Member : .....

2. (a) LIC Membership Number : .....  
(to be filled by LIC)

(b) Salary Roll No./Identity No : .....

3. Date of Birth : .....

4. Date of Vesting : .....  
(to be filled by HO)

5. (a) Cause of Exit : .....

.....  
(b) In case of Death, cause of death  
(Death Certificate to be attached) : .....

.....  
6 (a) Pension Corpus (Annuity Purchase): .....  
(to be filled by HO)

7. Type of Pension Option elected (Tick appropriate option) :

1. LIFE PENSION IN CASE OF ORDINARY PENSION  
(to be filled by HO)

2. PENSION FOR CERTAIN PERIOD IN CASE OF  
ENHANCED FAMILY PENSION

8. Mode of annuity : Monthly

9. A: In case Pension is Immediate, particulars of Member (Pensioner)

(i) Name of Member: .....

(ii) Address of Member : .....



B: If pension to Beneficiary(Family Pension)

(i) Name and Date of Birth of the Beneficiary (Family Pensioner) :

.....  
.....

(ii) Address of the Beneficiary (Family Pensioner) :

.....  
.....

(iii) 2 Specimen Signatures of Member & Beneficiary (Family Pensioner) :

10. Name, Address of Bank and Account No. to which Pension is to be credited: .....

.....

BANK ACCOUNT NO : .....

IFSC CODE : .....

For Self and Co Trustees of \_\_\_\_\_ Superannuation Scheme

Signature: \_\_\_\_\_

( HO INCHARGE/RO INCHARGE/TRUSTEE)



THE NEW INDIA ASSURANCE CO.LTD.

HEAD OFFICE: 87, M.G.ROAD, FORT, MUMBAI-400001

.....  
Staff Group Mediclaim Policy Enrollment Form for Active Employees and Retired Employees, as per modified revised terms w.e.f. 1<sup>st</sup> April 2021.

Name Mr./Mrs/Ms. \_\_\_\_\_

S.R.No. \_\_\_\_\_ Dept./Office \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_ Email \_\_\_\_\_

Basic Salary as on date \_\_\_\_\_

Basic From (in ₹)	Basic To (in ₹)	Eligible Sum Insured
1	43299	500000
43300	55335	600000
55336	And above	1000000

1. Eligible Sum Insured as per current Basic ₹ \_\_\_\_\_

2. Opted Higher Sum Insured ₹ \_\_\_\_\_

(Signature of the employee)



Details of Persons to be enrolled

Srl.No.	Name of Person	Relation	Date of Birth	Dependent / Non Dependent	Pre-Existing Diseases, If any please give details
1					
2					
3					
4					
5					
6					
7					
8					
9					

(Please affix photographs of family members in spaces provided below)

1	2	3	4	5
6	7	8	9	10

Whether any person is covered under any other Medical Scheme / Policy Yes / NO.  
If yes, give detail

### Declaration

1. I have read all the terms, conditions, exclusions and scope of proposed cover under modified revised Staff Group Mediclaim Policy on Floater Basis.
2. I, the undersigned hereby declare that my \_\_\_\_\_ (Relation),  
Mr./Mrs./Ms. \_\_\_\_\_ age \_\_\_\_\_ years will be nominee in respect of this scheme with \_\_\_\_\_ (%) share (In case, the nominee /s is /are minor, please provide the details of the Guardian).
3. I hereby authorize Company to deduct the applicable premium and Service Tax from my Salary per month towards the above scheme based on the details furnished by me.
4. I hereby declare that the above mentioned dependent family member/s is/are fully dependent (financially) on me. Their income is not more than ₹ 10,000/- per month. (Income criteria will not be applicable for non-dependent family members.)
5. I, the undersigned also hereby confirm that the above details furnished by me are true to the best of my knowledge and if found otherwise, the Company shall have all the rights and authority to take necessary disciplinary action against me.

(SIGNATURE OF THE EMPLOYEE)

Name :- \_\_\_\_\_

S.R.No. :- \_\_\_\_\_

Date :- \_\_\_\_\_

(SIGNATURE & SEAL OF RECEIVER)

Name :- \_\_\_\_\_

S.R.No. :- \_\_\_\_\_

Date :- \_\_\_\_\_



**Acknowledgement of Enrollment Form**

( To be filled in by Medclaim Manager/Nodal Officer & given as receipt of enrollment form to employee)

We received duly signed Staff GMC Enrollment form from Mr/Mrs/Miss .....

S.R.No..... for policy period 20.... -20.... on day .... of ..... (month), ..... year covering..

..... (no.of) family members.

(SIGNATURE & SEAL OF RECEIVER)

Name : \_\_\_\_\_

S.R.No.:- \_\_\_\_\_

Date.:- \_\_\_\_\_



Please attach the checklist with the Claim file.

Arrange the documents in the same order as in the checklist & keep checking against the designated box when you do so. This way you can ensure that you have not missed any documents.

Name : \_\_\_\_\_ Emp. No. : \_\_\_\_\_  
E-mail ID : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Policy No. : \_\_\_\_\_ HI TPA ID : \_\_\_\_\_

Checklist for documents: Please Put a  mark against the box

1. Claim form duly filled & signed by the insured.
2. Copy of your Member Photo ID / Photo ID Proof
3. Copy of your current Policy and also last 4 years Policies (if available).
4. Discharge Summary / Discharge card (Original, Photocopy for pre/post hospitalization claim)
5. Hospital bills and all payment receipts (Original) For all consolidated amounts, the detailed breakup of the billed amount is required from the hospital. Advance payment made if any should be supported by a receipt.
6. For medicines purchased from outside the original bill should be accompanied by a prescriptions from the doctor.
7. All investigation reports.
8. In case of hospitalization due to accident, medico legal certificate (MLC) from hospital.
9. All Previous treatment papers related to ailment including first consultation papers.
10. Cancelled Cheque (with pre-printed name) / Copy of passbook of the proposer for electronic fund transfer type. Complete Account Number duly signed by insured and Bank authority and sealed by the bank (All Fields in the form are mandatory to process). (Not required if already provided)
11. Registration Certificate of the hospital or a certificate from the hospital giving infrastructure details eg Number of Beds, Availability of Doctor's & Nurse's round the clock. Operation theatre etc.
12. Summary of claim made providing details of Bill no. date amount.
13. Copy of claim intimation (if Any).
14. KYC (Photo ID and Address Proof of the Proposer) for claim of 1 lakh and above.
15. Claim intimation should be given within 24hrs of admission, if there is delay more than that kindly provide justification for the same.
16. Claim documents should be submitted within 7 days from discharge/last consultation. if there is delay more than that kindly provide reason for the same.
17. Sticker / Invoice of the Implant/lens used (if applicable)

**Important Points to remember**

Please retain a duplicate copies of all the documents submitted to us for future reference.  
For any assistance with any of the above formats, please contact us at : [customerservice@hitpa.co.in](mailto:customerservice@hitpa.co.in) or call at :- 1800-102-3600 / 1800-180-3600

Please retain a POD copy of the courier for tracking your consignment in case of any etc.  
The above list of documents is indicative. In case of any other document requirement as specified by the insurance company our Document recovery Team will contact you on receipt of the claim documents by us. For Implants used in Cataract, Heart Valve Surgeries, CABG, Abdominal Surgeries Knee replacement surgeries, please submit the bill from the vendor for the prosthetic device used along with sticker.





हेल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड  
**HEALTH INSURANCE TPA OF INDIA LTD.**  
 KYC ( Know your customer ) Form

Name of Proposer (Payee)

Name of Patient

Address of Proposer

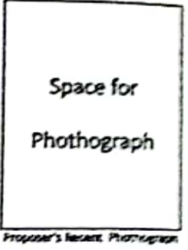
City

State

Pin code

Mobile No. + 9 1

E-Mail ID



Kindly note that no further documentation is necessary for proof of residence where identity proof submitted also gives address proof.  
 (Please Provide the copy of self attested document from the list below)

Proof of Identity (any one)	Proof of Residential Address (any one)
Passport <input type="checkbox"/>	Telephone Bill (Land Line/Mobile) <input type="checkbox"/>
Aadhar Card <input type="checkbox"/>	Current Passbook (Updated up to Previous Month) <input type="checkbox"/>
PAN Card <input type="checkbox"/>	Bank Account Statement <input type="checkbox"/>
Voter's Identity Card <input type="checkbox"/>	Letter from a recognized Public Authority <input type="checkbox"/>
Driving License <input type="checkbox"/>	Electricity Bill (Latest) <input type="checkbox"/>
Letter from a recognized Public Authority (With Photo) <input type="checkbox"/>	Ration Card <input type="checkbox"/>
Insurance Policyholder Identity card/Certificate From Insurer (With Photo) <input type="checkbox"/>	Valid lease agreement with rent receipt (Not more than 3 Months old) <input type="checkbox"/>
	Employer's Certificate <input type="checkbox"/>
Bank Letter Confirming identification & proof of residence	

Date : .....

Place: .....

Signature of Proposer

**Health Insurance TPA of India Ltd.**  
**Corporate Office & CPC : 2nd Floor, Majestic Omnia Building,**  
**A-110, Sector-4, Noida (U.P.)-201301**



**ELECTRONIC CLEARANCE SYSTEM (ECS)**

Policy Number																						
HITPA Member Id																						
Policy Holder Name																						
Claim number																						
Mobile No.	+	9	1																Email ID			
Name of Bank																						
Branch Name																						
Branch Address																						
Type of Account:	Savings	<input type="checkbox"/>	Current	<input type="checkbox"/>																		
Account Number																						
Name of Account Holder																Cancelled Cheque	Y	N				
MICR Code							BSC Code															

**Declaration:-**

1. I hereby declare that the information furnished in this ECS Form is correct & complete to the best of my knowledge & belief. If I have made any false or untrue statement, suppression or concealment of any material fact, my right to claim reimbursement shall be forfeited. Further, if the transaction is delayed or not effected due to incorrect or incomplete information Health Insurance TPA of India will not be held responsible for that.
2. I agree that I shall not hold TPA/Insurance Company responsible for delay or non-receipt of the payment for any reason whatsoever after issue of the instructions for payment by Insurer/TPA based on the above.
3. I undertake to refund, at any time, any amount which has been credited to my account by Health Insurance TPA of India (due to any reason) in excess of the amount due to me.
4. I further undertake to inform Health Insurance TPA of India limited with an advance notice of 15 days, to withdraw from this mode of electronic payment.
5. I also confirm that Health Insurance TPA of India limited, will have, at its sole discretion, the right to return back to the option of paying by cheque if there are more than 2 consecutive failures in remittances.

**Note:-**

As per the revised RBI guidelines, Cancelled cheque should have pre-printed name of account holder. Please submit copy of passbook in case name is not pre-printed on the cheque.

Date:  /  /

Place:

Signature of the Policy Holder





**PERSONAL AND ADMINISTRATIVE INFORMATION**

1. Name:

2. Address:

3. City:

4. State:

5. Zip:

6. Date of Birth:

7. Sex:

8. Marital Status:

9. Occupation:

10. Date of Admission:

**DETAILS OF MEDICAL HISTORY**

1. Presenting Complaint:

2. Duration:

3. History of Illness:

4. Previous Illnesses:

5. Allergies:

6. Current Medication:

**DETAILS OF PRESENT ILLNESS**

1. Onset of Symptoms:

2. Nature of Symptoms:

3. Progression:

4. Associated Symptoms:

5. Impact on Daily Life:

**DETAILS OF TREATMENT RECEIVED**

1. Hospitalization:

2. Medication:

3. Surgery:

4. Other Treatments:

5. Response to Treatment:

**DETAILS OF BILLS ENCLOSED**

Sl. No.	Bill No.	Date	Issued by	Remarks	Amount (Rs)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**DETAILS OF MEDICAL EXPENSES CLAIMED**

1. Hospitalization:

2. Medication:

3. Surgery:

4. Other:

5. Total:

**PERSONAL AND ADMINISTRATIVE INFORMATION**

1. Name:

2. Address:

3. City:

4. State:

5. Zip:

6. Date of Birth:

7. Sex:

8. Marital Status:

9. Occupation:

10. Date of Admission:

**DECLARATION BY THE INSURED:**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement or suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA, Insurance Company, At work necessary medical information / documents from any hospital, Medical Practitioner who are attached or has printed against whom this claim is made. I hereby declare that I have not availed of this bill / receipts for the purpose of this claim & that I will not be making any supplementary claim except the proper reimbursement rules, if any.

Doc: 00 00 0000

Signature of the Insured

[Signature Box]

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) SI No. Certificate No.	Enter the social insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Company number as allotted by IRDA and printed in TPA documents
d) Name	Enter the full name of the policy holder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
<b>SECTION B - DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of commencement of first insurance without break	Enter the date of commencement of first insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum Insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
<b>SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED</b>		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option, if others, please specify
g) Address	Enter the full postal address	Include Street, City and Pin Code
h) Phone No.	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of injury / Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm format
g) Date of Discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm format
i) If injury give cause	Indicate cause of injury	Tick the right option
If Mediclaim legit	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Mediclaim	Enter the system of mediclaim followed in treating the patient	Open Text
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not write paise values)
b) Claim for Dormitory Hospitalization	Indicate whether claim is for dormitory hospitalization	Tick Yes or No
c) Details of Lump sum / Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not write paise values)
d) Claim documents Submitted / Tick List	Indicate which supporting documents are submitted	Tick the right option
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amount in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT</b>		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the bank name along with the branch	Name of the bank in full
d) Cheque / DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
e) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign.		



CLAIM FORM - PART B

TO BE FILLED IN BY THE HOSPITAL
This form is not to be taken as an admission of liability
Please include the original pre-authorization request form in lieu of Part A

(To be Filled in Block letters)

DETAILS OF HOSPITAL

1) Name of the Hospital
2) Hospital No.
3) Name of the treating Doctor
4) Qualification
5) Registration No. with State Code
6) Phone No.

DETAILS OF THE PATIENT ADMITTED

1) Name of the Patient
2) IP Registration Number
3) Date of Admission
4) Gender: Male / Female
5) Age: Years / Months / Days
6) Date of Birth
7) Type of Admission: Emergency / Planned / Day Care / Maternity
8) Date of Discharge
9) Time of Discharge
10) Discharge to: Home / Another Hospital / Deceased
11) Total claim amount

DETAILS OF ILLNESS DIAGNOSIS (PRIMARY)

Table with 2 columns: ICD 10 Codes and Description. Rows for Primary Diagnosis, Additional Diagnosis, and Complications.

12) Pre-authorization obtained? Yes/No
13) Pre-authorization by separate hospital not obtained give reason:
14) Pre-authorization due to injury? Yes/No
15) Injury due to substance abuse / alcohol consumption? Yes/No
16) Injury due to accident? Yes/No (Road Traffic, Fall, etc.)
17) Reported to police? Yes/No

CLAIM DOCUMENTS SUBMITTED - CHECK LIST

- Claim form duly signed
Original pre-authorization received
Copy of the pre-authorization approved letter
Copy of Photo ID Card of patient verified by hospital
Hospital Discharge summary
Operation Theatre Notes
Hospital main bill
Hospital transfer bill
Investigation reports
CT/MRI/USG/AE investigation reports
Doctor's reference slip for investigation
ECG
Pharmacy bills
NLS reports & Police FIR
Original bills summary from hospital where applicable
Any other, please specify

ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITALS)

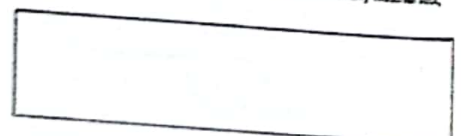
1) Name of the Hospital
2) City
3) State
4) Hospital No.
5) Phone No.
6) Registration No. with State Code
7) Number of inpatient beds
8) Facilities available in the hospital: ICU, IYU

DECLARATION BY THE HOSPITAL

We hereby declare the information furnished in this claim form is true & correct to the best of our knowledge and belief, if we have made any false or unfair statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Place: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Signature and Seal of the Hospital Authority:



**GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)**

DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF HOSPITAL</b>		
a) Name of the hospital	Enter the name of hospital	Name of the hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
e) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualification of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
<b>SECTION B - DETAILS OF THE PATIENT ADMITTED</b>		
a) Name of Patient	Enter the name of patient	Name of patient in full
b) IP registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of birth	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter Time of admission	Use hh:mm format
h) Date of Discharge	Enter date of Discharge	Use dd-mm-yy format
i) Time	Enter time of Discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
M) Total claimed amount	Indicate the total claimed amount	in rupees (Do not enter paise values)
<b>SECTION C - DETAILS OF ILLMENT DIAGNOSED (PRIMARY)</b>		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the Co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 Code and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 Code and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 Code and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported to Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open text
<b>SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST</b>		
Indicate which supporting documents are submitted		
<b>SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL</b>		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the Hospital obtained from local body like City Corporation / Municipality	As allocated by the City Corporation / Municipality
d) Hospital PAN	Enter the permanent account number	As allocated by the Income Tax Department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
<b>SECTION F - DECLARATION BY THE HOSPITAL</b>		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign, and stamp		





हैल्थ इन्श्योरेंस टीपीए ऑफ इन्डिया लिमिटेड  
**HEALTH INSURANCE TPA OF INDIA LTD.**

Registered and corporate office :Health Insurance TPA of India Ltd.,2<sup>nd</sup> Floor, Majestic Omnia Building,  
A-110, Sector 4 Noida, Uttar Pradesh - 201301.

**CONSENT FORM**

From:

Patient's Name and address:

Policy no:

Hospital IPD no:

To:

Hospital Name:

Madam/Sir,

I hereby authorize TPA representatives/Investigator free and unlimited access to seek medical information (Indoor case papers, reports, documents, including photocopies thereof pertaining my admission / treatment) from any hospital / medical practitioner from which or whom I have at any time sought or shall seek medical attention concerning any disease/ sickness, ailment or injury, which affects my physical or mental health.

Yours faithfully

Signature of the Patient/Insured

## LIST OF HOLIDAY HOMES

HOLIDAY HOMES Rest and relaxation, while on an annual holiday are very essential to recoup from the stresses and strains of modern life. To enable members to enjoy their holidays at popular Hill Stations and other places of interest, MBS maintains Holiday Homes at various places all over India. Currently society has 15 Holiday Homes at exotic locations across the Country - Darjeeling, Goa, KodaiKanal, Matheran, Manali, Musoorie, Mysore, Nainital, Ooty, Puri, Mahablaeshwar, Shirdi, Hyderabad, Bodh Gaya & Mount Abu. In order that members may derive the maximum benefit from their stay at the Holiday Homes, it is desirable that they should go there in limited numbers, as far as possible with their families only, so as to avoid overcrowding, and possible inconvenience to other visitors. They should leave the Holiday Homes in the same clean and hygienic conditions in which they would like to find them while occupying.

(A) HOLIDAY HOME Rent for servicing and retired members Rs 90/- per day per family + Rs 90/- per day per guest for entire period of allotment. No cancellation charges if intimation received at MBS Dept 30 days in advance irrespective of whether allotment letter is received by member or not.

### **HOLIDAY HOMES MOUNT ABU (HILL STATION)**

HOTEL ATHITHI Near Hotel hillock, Mount Abu 307501, Rajasthan

### **DARJEELING (HILL STATION)**

Hotel Alice Villa 41 H D Lama Road, Darjeeling – 734 , 101 (West Bengal),  
Tel 0354-2254181 / 2252098

### **GOA (WEF 01 12 2016)**

Le Magnifique' No 406/230, Plot No: 90, Nova Cidade, Behind P.D.A colony, Alto-Porvorim, Bardez- Goa (403521)

Mobile: 09822142938

### **HYDERABAD KRISHNA'S RESIDENCY**

Afzal Commercial Complex, S2/1/2, Behind MMTS Railway Station, LakdiKa Pool, HYDERABAD (Nampalli) 500 004.

Tel 0402-3373033/34/35 Hyderabad

### **KODAI KANAL (HILL STATION)**

Sornam Apartment Fern Hill Road, Sornampuri, Kodaikanal – 624 101  
(TAMIL NADU)

Tel : 04542-40731 / 40562



**MATHERAN (HILL STATION)**

Hotel Kumar Plaza Opp. Telephone Exchange, Main Road,  
Matheran - 410 102 Dist Raigad (Maharashtra)

Tel: 02148-230329 / 230550

**MUSSOOURIE (HILL STATION)**

Hotel Hill Queen The Mall, Opp. Ropeways, Mussoorie - 248 179  
(Uttaranchal).

Tel: 0135 - 632238

**MYSORE (HISTORIC CITY)**

Hotel Darshan Palace Lokranjan Mahal Road, Nazarabad,  
Mysore - 510 010 (Karnataka)

Tel: 0821 - 520794

**NAINITAL (HILL STATION)**

Hotel Silverton Sher-ka-Danda, Nainital - 263 001 (Uttaranchal)

Tel : 05942 - 35249 / 35549

**OOTY (HILL STATION)**

Hotel Darshan Near Lake Boat House, Ooty - 643 001 (Tamil Nadu)

Tel : 0423 - 2443378 / 2443807

**MAHABALESHWAR (HILL STATION)**

THE TREE TOP BANGLOWS 19/9/ Met Gutad Opp Surya Resort - 412  
805 (Maharashtra)

Tel : 02168 - 272162 / 240763

**JAGANNATH PURI (PILGRIMAGE / SEASHORE)**

WEF: 01 01 2017

Blue Lily Beach Resort Sipsarubali, Balia Panda, New Marine Drive Road,  
Puri - 752 001 (Orissa)

Tel : 06752-230370/230371 Mobile : 9583003750

**SHIRDI (PILGRIMAGE)**

Hotel SAISH, Pimplewadi Road, Shirdi, Maharashtra-423107

Tel 02423255145 / 0992292897

**BODH GAYA (PILGRIMAGE) WEF: 01 10 2016** Hotel City Surya Surya  
Lane, LalKothi Compound, Civil Lines, Gaya, Bihar 823001.



दि न्यू इंडिया म्युचुअल बेनिफिट सोसायटी  
THE NEW INDIA MUTUAL BENEFIT SOCIETY

Tel.: 022-2270 8377 / 8379 Fax : 022-2270 0471

Ref. : \_\_\_\_\_

हॉलिडे होम के लिए आवेदन पत्र / Application for Holiday Home

अपूर्ण भरे हुए पत्र पर विचार नहीं किया जाएगा / Incomplete forms in any respect will not be considered

हॉलिडे होम के लिए आवेदन पत्र / Holiday Home applied for

प्राथमिकता क्रम में प्राथम / In order of preference 1st \_\_\_\_\_ द्वितीय / 2nd \_\_\_\_\_

नाम / Name (श्री / श्रीमती / कु.) \_\_\_\_\_ वे.सू.क्र. / S. R. No. \_\_\_\_\_

तैनाली का स्थान / Place of posting \_\_\_\_\_ कार्यालय कोड नं. / office code No. \_\_\_\_\_

आपके कार्यालय का स्ट.टी.डी. कोड व फैक्स नं. / STD code and Fax No. of your office \_\_\_\_\_

प्राथमिकता क्रम में कृपया दो पर्याय तिथियाँ विचारार्थ दे / Please give two alternate dates for consideration in order of preference.

से. / No. से / From तक / To दिनों की संख्या / No. of Days

1. \_\_\_\_\_

2. \_\_\_\_\_

आवेदन को मिलाकर परिवार के अधिकतम ५ सदस्य शामिल हो सकते हैं

Family members accompanying the applicant maximum 5 members including applicant.

सं. No.	नाम Name	उम्र Age	स्त्री / पुरुष Sex	रिश्ता Relationship
				स्वयं/ Self

पिछले वर्षों में आपने हॉलिडे होम का विवरण / Details of Holiday Homes visited in past :

अ. क्र. Sr. No.	हॉलिडे होम / Holiday Home	वर्ष / Year	अ. क्र. Sr. No.	हॉलिडे होम / Holiday Home	वर्ष / Year
1.			4.		
2.			5.		
3.			6.		

क्या आप एम.बी.एस. से यात्रा किराया का दावा करना चाहते हैं? हाँ/नहीं  
Do you wish to claim travelling fare from MBS? Yes / No

कृपया नोट करें, यदि हाँ तो आप एम.टी.एस. से दावा नहीं ले सकते.  
If yes, you cannot claim LTS.

सदस्य के हस्ताक्षर / Member's Signature

तारीख / Date \_\_\_\_\_

केवल एम.बी.एस. के प्रयोग के लिए / For MBS use only :

संकेत / Alloted \_\_\_\_\_ दिनों / days से from \_\_\_\_\_ तक / to \_\_\_\_\_ रम नं. R. No. \_\_\_\_\_



**PROFORMA FOR PERSONAL INFORMATION  
IN CASE OF EMERGENCY**

s. No	Name	S.R No.	Annuity No.	Retired from	Res.Address	Blood Group	Mobile No.,	e-mail id	Remarks
1									
2									
3									
4									

**Pension & Gratuity Dept.,**

**NIA HO - Mumbai**

**Details of Nodal Officer, NewIndia Assurance Co. Ltd.,**

**HO MUMBAI 400001**

Contact Officer :                      Manager  
 Landline Phone No.            022 - 22708254  
 IP No.                                    100071  
 e-mail id                                pension.ho@newindia.co.in

**PENSION CALCULATIONS - AN EXAMPLE:**

**Ex-Basic 60,000 .**

**(A) Ex-Basic divided by 2 60,000 / 2 = 30,000**

**(B) 30,000 / 3 = 10,000**

**10,000 x 9.81 (multiplier) = Commutation**

**A - B = C ; 30,000 - 20,000 = 10,000 will be your basic pension plus Dearness Relief (DR) is your monthly pension.**

## What my family should know

Ready Reference

Mobile / Phone (self) : .....

		Name	Office Address	Residence Address	Mobile/ Contact Number
A	Family Doctor				
B	Specialist Doctor				
C	Tax Consultant				
D	Insurance Agent				
E	Stock Broker				

### Document details

		Number	Expiry Date
A	Passport		
B	Driving Liscence		
C	Credit/ATM cards		
D	Club Membership Professional / others		
E	Vehicle Details		
F	Income Tax PAN no		
G	Adhar Card		

### Location of important Documents

A	Personal Will	
B	Spouse's Will	
C	Insurance Policies	
D	Investment Papers	
E	Property Records	
F	Birth Certificate	
G	Marriage Certificate	
H	Domicile Certificate	
I	Important Agreements	
J	Other Important Agreements	



**Insurance - LIC policy details**

S.No	Name Nominee	Policy No./ Issuing Office	Amt. Insured	Date of last Payment Date of Maturity	Table & Term	Premium	Remarks
A	Nominee:	Through Mr.					
B	Nominee:	Through Mr.					
C	Nominee:	Through Mr.					

**Vehicle Insurance policy details**

S.No	Name Vehicle	Policy No./ Issuing Office	Amt. Insured	Issue Date / Maturity Date	Premium	Remarks
A	Reg No., Model Name Engine No., Chasis No., Mfg yr., CC - Nominee Agent Name & Mobile No.,					
B						
C						

**Fire/Burglary Insurance details-**

S.No	Name of the Property/ Nominee	Policy No./ Issuing Office	Amt. Insured	Issue Date/ Maturity Date	Risks Covered	Premium
1.						
2.						

**Bank Accounts**

Bank Name	Branch	Type of Account	Operating Instructions	Nominees	Specimen Signatures

**Fixed Deposit / Recurring Deposit/ Company Deposit**

Bank/ company name	Type of Deposit	FDR No.	Date of Deposit	FVG Amt	Due Date	Op. Inst.,	Nominee/s	Specimen Signature	Sum (A/C) awarded

**Shares/Debentures/Bonds : Standing in our name or Jointly with**

Company	No., of shares	Demat A/C	Demat Bank details	Demat Statement Location	Held Singly/ Jointly

**Lockers**

Bank name & Branch	Locker No.,	In the Name of	Code	Rent	Rent Renewal Date	Nominee	Content

**Public Provident Fund (PPF)**

Bank Name & Branch	FVG	PPF A/C No.,	Maturity Date	Nominees

**Pension A/C**

Bank Name & Branch	Type of account & Pension A/C No.,	Operating Instructions	Pension Payment order No.,	Nominee/s	Due Date for Live Certificate	Sign



**ATM/Debit card Details**

Name	SB A/C No/ Bank &	ATM/Debit Card No.,	Issue Date	Valid Thru	CVV No.	Remarks

**Credit card Details**

Name	Bank Name	ATM/Credit Card No.,	Valid From	Valid Thru	CVV No.	Remarks/ T-Pin

**PAN card Details**

S.No	Name	Father's/Husband's Name	PANCARD No./ Issue date	Contact details

**Passport Details**

S.No	Name	Passport No	Issue Dt.,	Expiry Date	Issuing Authority	Previous Passport No.,

**Electricity Details**

S.No	Name	House Details	Meter No.,	Customer No.,	Deposit	Remarks

**Gas pipe line Details :**

S.No	Name	House Details	Meter No., Route No.,	Customer No., Khata No.,	Deposit	Remarks

**Gas cylinder agency service Details :**

S.No	Name	House Details	ConsumerNo.,	IOC Serial No.,	Deposit	Remarks

**BSNL Land line Details :**

S.No	Name	House Details	Phone No.,	Customer ID/ Account No.,	Deposit LL/Broad Band	Remarks

**Driving License Details :**

S.No	Name	Driving License No.,/ Licencing Authority	Issue Date/ CDOI	ValidDetails/ Valid From	Valid Till	Remarks/ Blood Group

**Ration Card Details :**

S.No	Name	Ration Card No/Issuing Authority	Issue Date	Remarks

**Aadhar Card - UID Details :**

S.No	Name	Aadhar Card No/Enrollment No.,	Issue	Remarks

**Election Identity Card - Details :**

S.No	Name	Father's/Husband Name	Identity card No.,	Issue Date

**House Property :**

Property detail & standing in the name of	How acquired (Inherited/ Loan) Bank Loan Detail: Loan Amt Inst Amt O/S Amt	Registration No./ Share Certificate No.	Nominee if any	Property Card No., and valid upto	House tax (Rs.,)	Next due date of House tax	Ins., policy no., amt., & Due Date	Risk/s Covered	Mortgage with Bank Name & Branch/ Place of Docs

**House Tax Details:**

S.No	Name	House Details	Census No.,	Property Identification No.,	Construction	Remarks

**Income Tax**

Permanent Account No.,	Ward No., and Office Address	Last Return filed	File No.,



**WILL :**

My will is executed on :

Copy of the will is kept at :

**POWER OF ATTORNEY :**

Power of Attorney executed for wife/son/others :

My Power of Attorney :

Deed executed on :

Details kept in File No., :

**MY DEBT / LIABILITIES :**

1. I am gurantor of Mr.,

Give complete details :

a.

b.

c.

2. I have borrowed from

(Give complete details :)

3. Other liabilities :

## WILL DEED

I ..... Son/ Daughter of .....Residing at .....make this to be my last Will and Testament.

1. I hereby revoke all wills, codicils and other testamentary documents, made by me and particularly my will dt ..... and codicil dt.....

2. I am possessed of and absolutely entitled to movable and immovable properties which are described in the **Schedules I to V** attached herein. Any mistake in the description or any omission therefrom will not affect the dispositions hereby made and this will deed will apply to all my properties of whatsoever nature and wherever situated and whether standing in my name alone and jointly with anybody else, if any name is first mentioned.

3. After my death, my wife/husband Mrs./Mr..... is entitled to the amounts lying in my Bank specifically mentioned in Schedule I attached to this will. This bequeath shall have priority over all other bequests and dispositions.

4. I bequeath my immovable property(ies) situated at ..... and ..... centres specifically mentioned as item No..... in **Schedule II** attached to this will to my ..... Shri/Smt ..... and item no ..... to my ..... Shri/Smt/Ms., ..... absolutely.

5. I bequeath the Gold/Silver ornaments and jewellery mentioned in **Schedule III** to my Shri/Smt/Ms., ..... absolutely.

6. I bequeath the Shares/ and securities, MUTUAL FUND & PPF described under **Schedule IV** to my Shri/Smt/Ms., ..... and Shri/Smt/Ms., .....

7. I hold insurance policies for self/family for life cover as also property which is spelt out in **Schedule V** to my Will.

I bequeath all my properties which are not mentioned in this WILL in favour of Shri/Smt/Ms., ..... and Shri/Smt/Ms., .....

8. I bequeath my miscellaneous assets in **Schedule VI** as per details given therein. I have made this WILL while I am in sound health and of good understanding.

In witness thereof I have put my signature hereunder in the presence of witnesses on this .....day of .....20...

Signed by the within named  
IN THE PRESENCE OF TWO WITNESSES

TESTATOR SIGNATURE  
SIGNATURE(s)

- |    |                   |       |
|----|-------------------|-------|
| 1. | Name.....R/O..... | ..... |
| 2. | Name.....R/O..... | ..... |

**ENCLOSURES / SCHEDULE TO WILL DEED DT., .....**

**SCHEDULE I (DEPOSITS)** mention here brief details e.g., name of Branch/ Bank, type of account and names of the A/C holders

.....

**SCHEDULE II (IMMOVABLE PROPERTY)** mention here details of the property, area/location, size and registration details etc.,

.....

**SCHEDULE III (JEWELLERY)** mention here details of the Gold/Diamond Jewellery/ ornaments which are already in use by my wife/Daughter more specifically the following

Bangles.....Earrings.....Necklaces.....Mangalasutra.....

Rings.....Bracelet.....

Silver Ornaments/Plates and other items weighing.....grams held in Bank's locker at ..... Branch and at Home weighing approx .....gms.

.....

**SCHEDULE IV (SHARES,DMAT,PPF AND MUTUAL FUNDS)**

Mention here details of shares held in DMAT account held with .....Branch, securities held with the company, PPF account no. held with .....Branch, Mutual fund investments, details of SIP's held etc.,

.....

**SCHEDULE V (INSURANCE POLICIES ETC.,)**

Mention here details of policies, beneficiary, sum assured, due date and name of insurances co. etc.

.....

**SCHEDULE VI (MISCELLANEOUS ASSETS ETC.,)**

Mention here details of all other movable assets including vehicles, electronic goods, furniture etc., not specifically covered in the Will deed above.

.....

Place :

Date:

SIGNATURE OF TESTATOR

IN THE PRESENCE OF TWO WITNESSES

SIGNATURE(s)

1. Name.....R/O.....

.....

2. Name.....R/O.....

.....





# NIARAS MUMBAI

The New India Assurance Retirees' Association - Mumbai

## ENROLMENT FORM OF MEMBERSHIP OF THE ASSOCIATION

Name :

Residential Address:

Affix  
Photo

Phone/Mobile :

Email Id:

Whether Pensioner/

Family Pensioner

Name of the Spouse :

Pension Annuity No. :

Date Of Birth :

Date Of Retirement/SVRS/VRS :

Name of the office from where retired :

Position held at the time of retirement :

Total number of years service :

Particulars of the children:

Status (married/employed/student)

1.

2.

Signature :

Place :

Date :

**Life membership fees Rs1500/-**

Bank of Baroda, Branch name : Fort University, Mumbai

Current Account Number 06960200002323, IFSC code BARB0FORTUN

Name of account: The New India Assurance Retirees Association Mumbai

Members who have enrolled and sent their forms are requested to deposit their subscription fees in the above account soonest.

Thanks and regards, Mahabal Poojary

niarasmumbai@gmail.com, r.venkat2808@gmail.com

**PAYMENT OF TERMINAL DUES TO AN EMPLOYEE FROM NEW INDIA  
ASSURANCE ON HIS/HER RETIREMENT (VRS OR SUPERANNUATION)**

S.No	Type of retirement	Employee opted for		
		For pension optee	For PF Optee	For those covered under N.P.S
1.	PF - Employees' Contribution	YES	YES	N.A
2.	PF - Company's Contribution	N.A	YES	N.A
3.	Voluntary PF Contribution	YES	YES	YES
4.	Gratuity as per Act or Scheme, whichever is high	YES	YES	YES
5.	Regular Pension 50% of last 10 months average of Basic (+) D.A (+) FPA	YES	N.A	N.A
6.	Commutation of Pension (Maximum 1/3 <sup>rd</sup> portion of Basic Pension)	YES	N.A	N.A
7.	Leave Encashment (Average of Last 10 months Basic Pay (+) DA (+) FPA)	YES	YES	YES
8.	Saving Portion of G.S.L.I	YES	YES	YES
9.	R.B.S from Mutual benefit society	YES	YES	YES
10.	Arrears of Salary Payable (Salary,PF, Gratuity, Leave Encashment), if any on wage revision	YES	YES	YES
11.	Revision of Pension, on wage revision, if pensioner covered during such period	YES	YES	YES

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