



VIDYASAGAR UNIVERSITY  
MIDNAPORE-721102

**MEDICLAIM CIRCULAR - 01/2019**

**CONSENT FOR JOINING THE MEDICLAIM SCHEME**

**Ref: VU/F/Medicaid/143/2019**

**Date: 10.05.2019**

All concerned are hereby requested to submit their **CONSENT FOR JOINING** the **Group Medicaid Policy** of this University with National Insurance Corporation Ltd. for the year 2019-20.

**Last date of submission of consent for joining the scheme is 20<sup>th</sup> May, 2019.**

It may be noted that the final premium including GST, etc. will be determined by the National Insurance Co. Ltd. only after receiving all the consents from the stakeholders.

A general meeting will be organised later in the presence of Insurance & TPA representatives before finalisation of contract.

It should be further noted that if an existing member wish to discontinue then please submit an application to the undersigned (Please mention your employee code in that application) stating the reason for discontinuation.

Sd/

Finance Officer

**To : All Academic and Administrative heads with a request for wide circulation among the staffs.**



VIDYASAGAR UNIVERSITY  
MIDNAPORE-721102

**CONSENT FORM FOR GROUP MEDICLAIM POLICY**

(Strike off which is not applicable)

To  
The Finance Officer,  
Vidyasagar University

Sir,

I am willing to JOIN the group mediclaim policy of this university. Details of my family members are given below for your consideration.

<b>Employee Code</b>	VU /.....		
<b>Name of the Employee (in Capital letters)</b>			
<b>Department :</b>			
<b>Contact No :</b>			
<b>Your Date of Birth</b>	<b>Your Age Group: (as on 2.6.2019)</b>	<b>Insurance cover required</b>	<b>No. of dependent Family members to be included</b>
	a) Below 26 b) 26 – 35 c) 36 – 45 d) 46 – 55 e) 56 - 65	a) Rs. 1 Lakh b) Rs. 2 Lakhs c) Rs. 3 Lakhs d) Rs. 4 Lakhs e) Rs. 5 Lakhs	a) Spouse (Yes / No) b) No. of Childs – c) No. of Parents -
Please write down the details of you & your dependent family members			
<b>Name of Family Members</b>	<b>Status</b>	<b>Date of Birth</b>	
1)	Principal Member		
2)	Spouse (Wife / Husband)		
3)	Father / Father-in-law		
4)	Mother / Mother (in law)		
5)	Son / Daughter		
6)	Son / Daughter		
7)	Son / Daughter		

**Date:**

**Signature of the Employee**

**NB:**

1. No change of insurance coverage for those who already received mediclaim benefit last year.
2. Scan copy of filled in proforma may be send to email: [FINANCE@MAIL.VIDYASAGAR.AC.IN](mailto:FINANCE@MAIL.VIDYASAGAR.AC.IN) only if it is unavoidable)