# ANNEXURE- II

## THE NEW INDIA ASSURANCE COMPANY LIMITED

**HAL RETIRED EMPLOYEES (Executives Retired after 01/01/2007) GROUP HEALTH INSURANCE – VOLUNTARY TOP UP COVER**

**Employee Name** :
**P B No. and Division** :
**Contact Number & Email ID** :
**Address** :

| Relationship | Name | MAID number |
|---|---|---|
| Employee | | |
| Spouse | | |

**Top Up Premium Coverage for Base Policy: (**Please tick the appropriate boxes accordingly)

| Voluntary Top Up Limit | Premium for Family Size – 1 | Tick your Option below | Premium for Family Size – 2 | Tick your Option below |
|---|---|---|---|---|
| **Option 1 – Rs.400,000** | **Rs.9,360/-** | | **Rs.14,832/-** | |
| **Option 2 – Rs.800,000** | **Rs.14,976/-** | | **Rs.23,904/-** | |
| **Option 3 – Rs.12,00,000** | **Rs. 21,881/-** | | **Rs. 34,925/-** | |
| **Option 4 – Rs.16,00,000** | **Rs. 29,539/-** | | **Rs. 47,148/-** | |
| **Option 5 – Rs.22,00,000** | **Rs. 39,877/-** | | **Rs. 63,650/-** | |

**Payment Mode:**

1. Online Payment using the NEFT/RTGS through net banking facility :

   Number: 510101002815469
   Account Type: Current – Current Account
   Name of Bank: UNION BANK OF INDIA
   Branch: Shivajinagar Branch
   IFSC Code: UBIN0901431

2. Cheque /DD / NEFT drawn in favour of **THE NEW INDIA ASSURANCE COMPANY LTD.**

The beneficiary will not be on risk until the proposal and Insured Persons details have been accepted by the Company and communication of the acceptance has been given to the proposer in writing on full payment of premium.

The scheme will be a one year cover, renewable from year to year and I agree to abide by the terms and conditions of the above Scheme and I agree to pay full annual premium for VOLUNTARY TOP UP SCHEME.

Date: Signature of the proposer

**Cheque / DD / NEFT should be drawn in favour of *THE NEW INDIA ASSURANCE COMPANY LTD.* *Please mention MAID number and mobile number behind the cheque leaf / DD / NEFT Description.***

## ANNEXURE- II

**Premium Payment Process**

Following options are available for payment of premium:-

1. **Cheque or DD-** Issued in favor of **'THE NEW INDIA ASSURANCE COMPANY LIMITED'**

(Name of Retired Employee and his Medi Assist ID Number (MAID Number) and mobile contact number should be written at the back side of cheque).

2. **Online Payment using the NEFT/RTGS through net banking facility.**

Payment can be made through net banking facility to the below mentioned account of The New India Assurance Company Limited

i. Number: 510101002815469
ii. Account Type: Current – Current Account
iii. Name of Bank: UNION BANK OF INDIA
iv. Branch: Shivajinagar Branch
v. IFSC Code: UBIN0901431

**IMPORTANT NOTE:**

1. After making the online transfer, the payee will have to send the following to the dedicated email id - hal@mediassistindia.com

    1. UTR Number / Screen Shot / Remittance Challan for the payment made at the Bank
    2. MAID Number of the Retired Employee
    3. Name of the retired employee

Duly filled and Signed Enrolment Form and Cheque to be sent by courier/speed post to the following address.

**Medi Assist Insurance TPA Private Limited, Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, Bangalore- 560 029.**