



नेशनल इन्श्योरेंस कम्पनी लिमिटेड  
(भारत सरकार का एक उपक्रम)  
'National Insurance Company Limited'  
(A Govt. Of India undertaking)

## National Insurance Company Limited

HEAD OFFICE: 3 MIDDLETON STREET, KOLKATA - 700071

OPTION CUM ENROLLMENT FORM

STAFF GROUP MEDICLAIM POLICY

1. Name of the Employee	<input type="text"/>	2. Employee Number	<input type="text"/>
3. Father's Name	<input type="text"/>	4. Designation	<input type="text"/>
5. Date of Confirmation	<input type="text"/>	6. Basic Salary (as on )	<input type="text"/>
7. Residential Address	<input type="text"/>	8. Place of Posting	<input type="text"/>
9. Department	<input type="text"/>	10. Sum Insured Opted Rs.	<input type="text"/>

Employee Status:

For Office Use Only

Cover Effective From :

Entitled Sum Insured: Rs

Opted Sum Insured Rs

Name of employee/ family member(s)	Date of Birth	Sex	Age (as on 1st April)	Occupation	Relation to the employee	Monthly Income	Employee Premium	Employee Service Tax	Company Premium	Company Service Tax

Statements made above on my behalf and on behalf of the family members are wholly true and correct to the best of my knowledge and belief. It is hereby understood and agreed that the statements are the basis on which the Insurance is being granted. If, after the insurance is effected, it is found that the statements are incorrect or untrue in any respect, the Company shall have no liability under this Insurance in respect of myself and my family members proposed for Insurance. I also confirm that I have read the terms relating to eligibility of family to join the scheme. I shall keep informed for additions to and deletions from the list of dependents mentioned above. This could include deletions due to their ceasing to be eligible under the scheme for any reasons.

For Personnel Dept's use only

APPROVED BY:

Signature  
Designation  
Office Seal

SIGNATURE OF THE EMPLOYEE

Place  
Date  
Mobile