

Application for Fresh Enrolment under SAIL Mediclaim Scheme (w.e.f. 11th July, 2025 – 10th July, 2026)

Employee Details																															
Name of Employee																		SAIL Personnel No.													
Unit from where retired										Place of Last Posting						Designation and grade last held															
Date of Separation										Claim Centre (only for Enrolment)		KOLKATA ROURKELA		CHENNAI BOKARO		DELHI SALEM		BHILAI ASANSOL		DURGAPUR											
		D	D	M	M	Y	Y	Y	Y																						
Name of Member																															
Date of Birth										Gender (M/F)																					
		D	D	M	M	Y	Y	Y	Y																						
Name of Spouse																															
Date of Birth										Gender (M/F)																					
		D	D	M	M	Y	Y	Y	Y																						
Address																															
Pin Code										Phone				Cell																	
Email ID																															
Aadhar No. (Self)												Aadhar No.(Spouse)																			
Date of Enrolment (for fresh enrolments only)										Number of Members																					
		D	D	M	M	Y	Y	Y	Y																						
Premium for base policy Employee (Rs.)								Premium for base Policy Spouse (Rs.)								Total Premium (Rs.)															
Whether opting for higher room rent* (Yes/No):								Premium for higher room rent Self								Premium for higher room rent Spouse															
Whether Super Top Up Required (Yes/No):		If yes, Threshold Rs. (in lakhs)												Sum Insured Rs. (in lakhs)																	
Premium for Super Top Up Sum Employee (Rs.)								Premium for Super Top Up Sum Spouse (Rs.)								Premium for Super Top Up Sum Both (Rs.)															
Grand Total Premium (Including premium of Base policy, Higher room rent and Super Top up)																		(Rs.)													
Nominee of Employee																		Relation with Employee													
Nominee of Spouse																		Relation with Spouse													
ECS Details				Employee												Spouse															
Name of Account Holder																															
Name of Bank																															
Branch Name																															
Branch Address																															
Type of Account (tick)				Savings Bank												Current Deposit															
Member Account No.																															
Spouse Account No.																															
IFSC Code Member																															
IFSC Code Spouse																															
Signature of Member														Signature of Spouse																	
Payment Details																															
Cheque / DD / Challan No														Amount (Rs.)																	
														Drawee Bank																	
Members to Note																															
<p>*In case of members (including Spouse) separated in E-8 & above grade, such members shall have an option to opt for room rent subject to fulfillment of other conditions. However, additional premium to be charged by insurer for said benefit shall be borne completely by the member as an optional facility.</p> <p>Enclosures: (1) One copy of Aadhar Card each for the member & spouse; (2) Copy of separation order of SAIL's ex-employee;</p> <p>(3) One cancelled cheque with Name & MIN No./ P.No. at the back.</p> <p>Intimation : (1) Pre-planned hospitalization - <u>48 hours</u> in advance; (2) Emergency - within <u>24 hrs</u> from the time of admission.</p> <p>Claim Submission : (1) IPD - Within 30 days from the date of discharge; (2) Post-Hospitalization – within 30 days after completion of treatment period of 60 days; (3) OPD - When expenses exceed Rs.2000/- per person per policy period or within 90 days from the date of treatment, whichever is earlier.</p> <p>Cappings/Ceilings : Members to apprise themselves regarding Cappings/Ceilings before availing mediclaim facility, from the SAIL Website/ Mediclaim portal.</p>																															
THE ABOVE TIME LIMITS TO BE STRICTLY ADHERED TO, SO THAT THE CLAIMS ARE NOT REJECTED.																															