

## SAIL Mediclaim Scheme 2025-26 : Member's premium payment manual

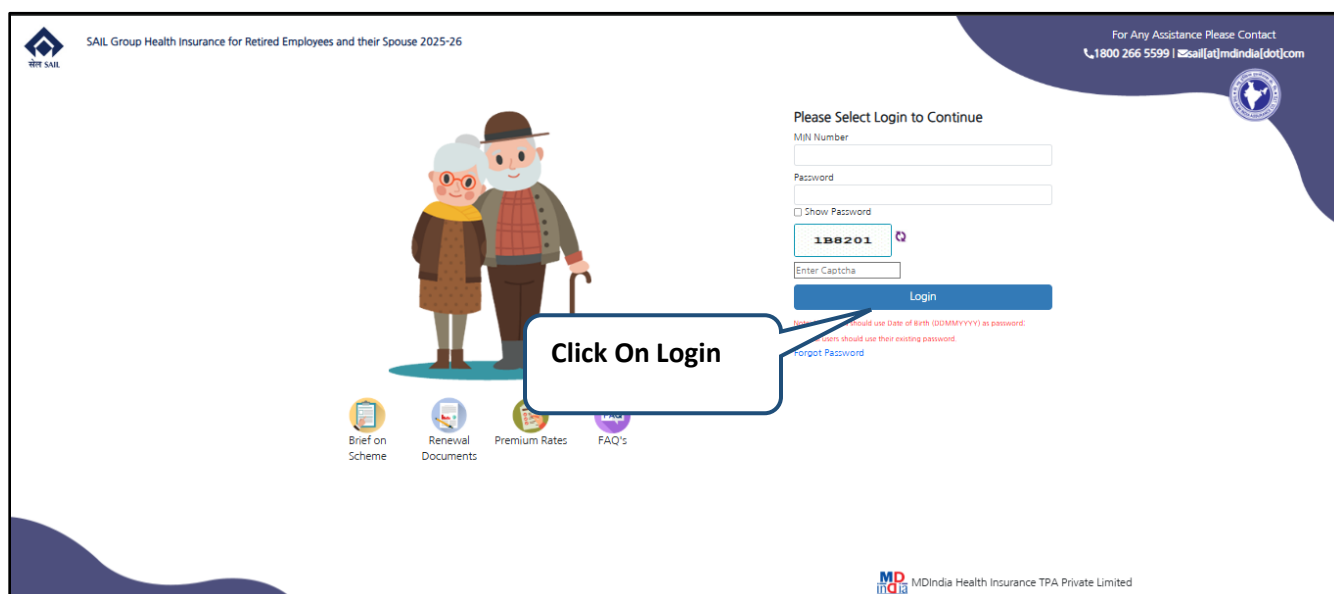
### Login Page:

Please enter this URL <https://sailenrollment.mdindia.com/> in web browser. As seen in Figure 1, this will redirect the members to the Login Page.

Enter valid user name and password and click on “Login” tab.

For the first time login, password by default will be in **DDMMYYYY** format.

For Renewal users should use their existing password.



SAIL Group Health Insurance for Retired Employees and their Spouse 2025-26

For Any Assistance Please Contact  
1800 266 5599 | [sail\[at\]mdindia\[dot\]com](mailto:sail[at]mdindia[dot]com)

Please Select Login to Continue

MIN Number

Password

☐ Show Password

188201

Enter Captcha

Login

Click On Login

Brief on Scheme | Renewal Documents | Premium Rates | FAQ's

MDIndia Health Insurance TPA Private Limited

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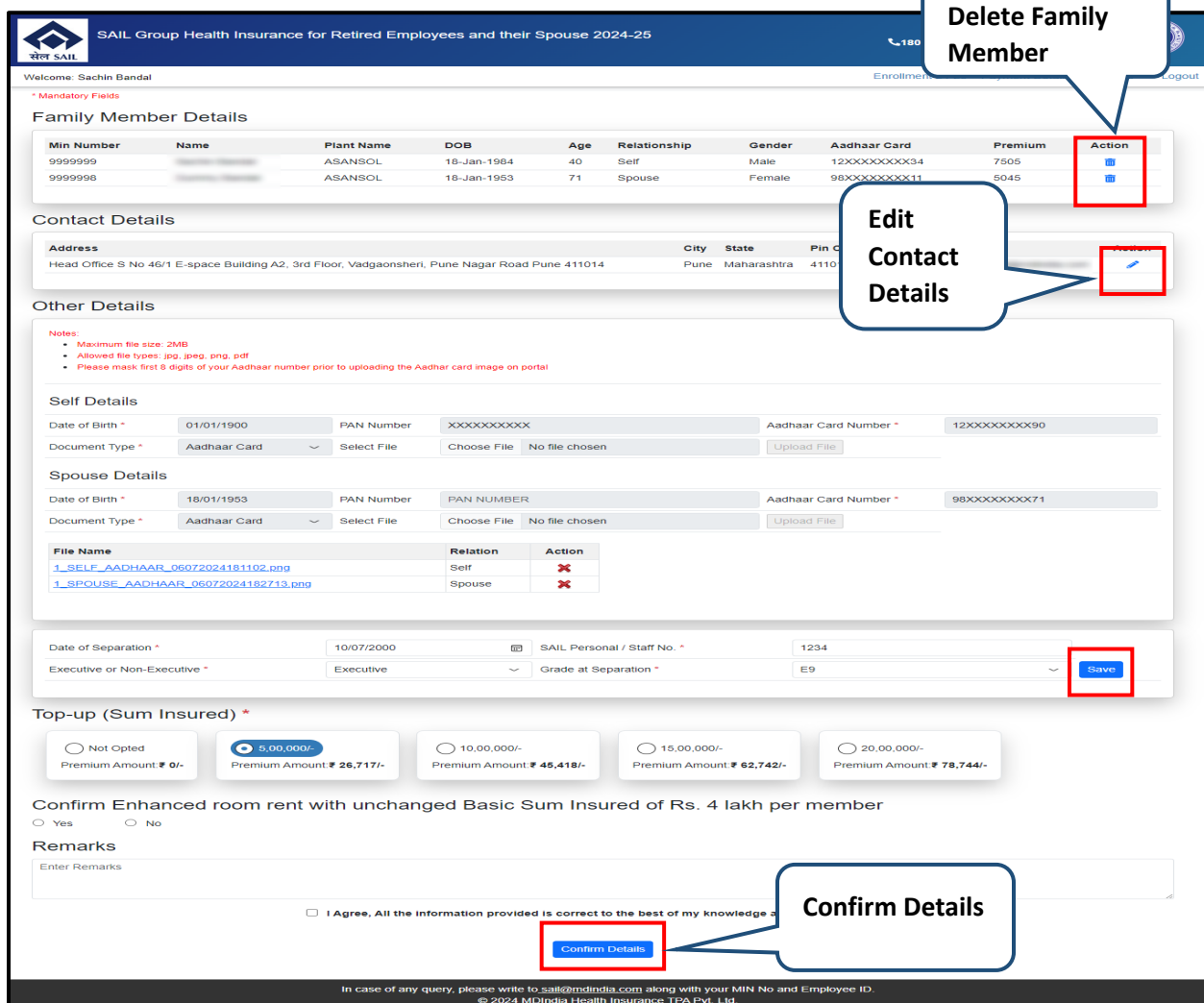
Members will be redirected to the enrollment page, as seen in figure below. The member can view his enrolment details.

- **Delete Family Members:**

Here member have an option to delete one of the member by clicking on action button as highlighted below. Please proceed cautiously before deleting any member as the same cannot be reversed at a later stage.

- **Edit Contact Details:**





Please update your contact details below. Only the mobile number and email address can be edited. Fields marked with a red asterisk (\*) are mandatory.



**SAIL Group Health Insurance for Retired Employees and their Spouse 2024-25**

Welcome: Sachin Bandal

**Family Member Details**

Min Number	Name	Plant Name	DOB	Age	Relationship	Gender	Aadhaar Card	Premium	Action
9999999		ASANSOL	18-Jan-1984	40	Self	Male	12XXXXXXXXX34	7505	 
9999998		ASANSOL	18-Jan-1953	71	Spouse	Female	96XXXXXXXXX11	5045	 

**Contact Details**

Address: Head Office S No 46/1 E-space Building A2, 3rd Floor, Vadgaonsheri, Pune Nagar Road Pune 411014

City: Pune State: Maharashtra Pin Code: 411014

**Other Details**

**Self Details**

Date of Birth \*: 01/01/1900 PAN Number: XXXXXXXXXX Aadhaar Card Number \*: 12XXXXXXXXX90



Document Type \*: Aadhaar Card Select File Choose File No file chosen Upload File

**Spouse Details**

Date of Birth \*: 18/01/1953 PAN Number: PAN NUMBER Aadhaar Card Number \*: 98XXXXXXXXX71

Document Type \*: Aadhaar Card Select File Choose File No file chosen Upload File

**File Name**

File Name	Relation	Action
1_SELF_AADHAAR_06072024181102.png	Self	
1_SPOUSE_AADHAAR_06072024182713.png	Spouse	

Date of Separation \*: 10/07/2000 SAIL Personal / Staff No. \*: 1234

Executive or Non-Executive \*: Executive Grade at Separation \*: E9

**Top-up (Sum Insured) \***

☐ Not Opted Premium Amount ₹ 0/-

☒ 5,00,000/- Premium Amount ₹ 26,717/-

☐ 10,00,000/- Premium Amount ₹ 45,418/-

☐ 15,00,000/- Premium Amount ₹ 62,742/-

☐ 20,00,000/- Premium Amount ₹ 78,744/-

Confirm Enhanced room rent with unchanged Basic Sum Insured of Rs. 4 lakh per member

☐ Yes ☐ No

**Remarks**

Enter Remarks

☐ I Agree, All the information provided is correct to the best of my knowledge

**Confirm Details**

In case of any query, please write to [sail@mdindia.com](mailto:sail@mdindia.com) along with your MIN No and Employee ID.

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## SAIL Mediclaim Scheme 2025-26 : Member's premium payment manual

- **Other Details:**

Only such members, who had uploaded wrong Aadhar / PAN document last year, shall be required to upload correct document this year. Other members shall not be required to upload any document.

To upload the document the document size should not exceed 2mb and should be in jpg/jpeg/png/pdf format.

Here member is required to fill self and spouse details by filling all the mandatory details marked in red asterisk.

Details such as Date of Separation, SAIL Personnel/Staff No., Executive or Non-executive and Grade at Separation members shall be auto populated based on the details filled last year.

Members can opt for the desired top-up (sum insured).

Please note: If the members is executive with E8 and above grade then he is eligible for the enhanced room rent with unchanged basic sum insured.

If the members wants to opt for the same, he/ she is required to select the "Yes" radio button and click the check box and hit "Submit" button.

## SAIL Mediclaim Scheme 2025-26 : Member's premium payment manual

Member is required to cross-check all the details and confirm by clicking on “Confirm” tab.

### Information

Date of Birth	Date of Seperation	PAN Number	SAIL Personal / Staff No.
01/01/1900	10/07/2000		

Min Number	Name	Relation	Premium
99999999	Member - Member	Self	7,505
99999998	Member - Member	Spouse	5,045

Top-up	Top-up Premium	Payable A
5,00,000	26,717	26,717

Remarks



**Total Payable Amount: 39,267**

Note: Verify the PAN Number, Personal number, Retirement/Seperation Date and Amount you need to pay.

CONFIRM


CANCEL

Next step is to click on “Pay Now”


There's a little bit of SAIL in everybody's life


#### Payment Info



Member - Member

Min No.: 9999999

Total Payment

₹ 39,267

Pay Now

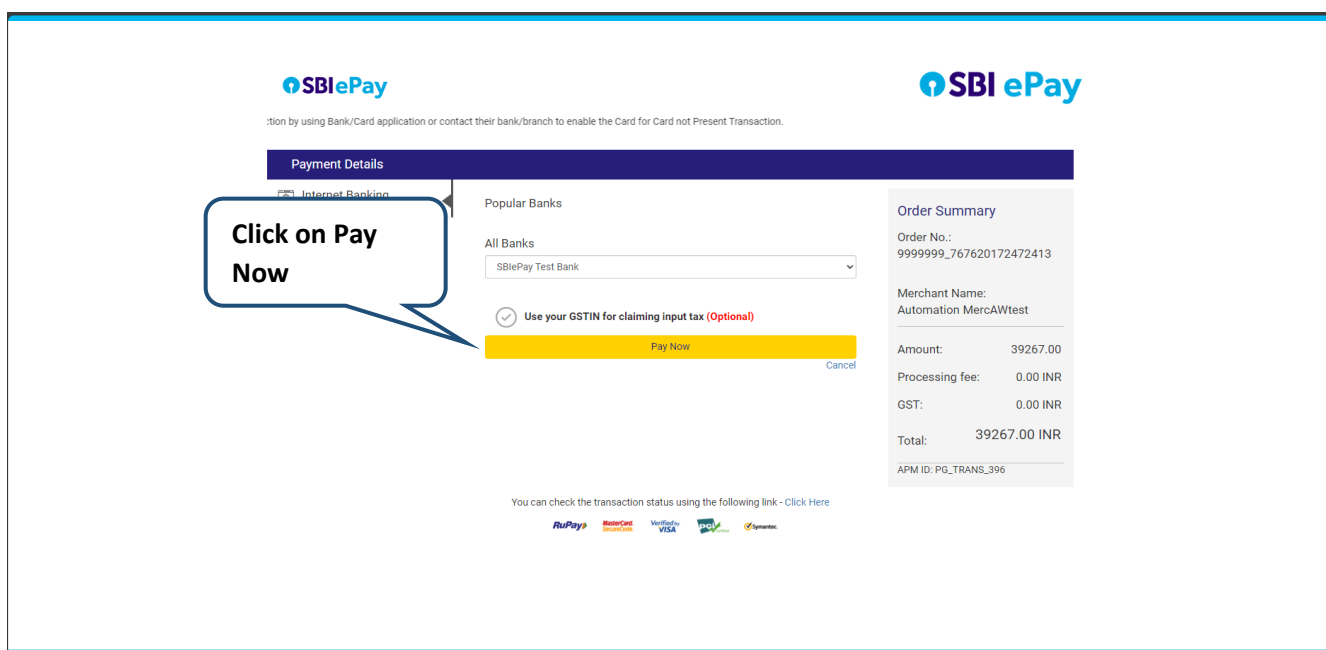
Click On Pay Now

In case of any query, please write to [sail@mdindia.com](mailto:sail@mdindia.com) along with your MIN No and Employee ID.

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## SAIL Mediclaim Scheme 2025-26 : Member's premium payment manual

Members to choose mode of payment (Credit Card/ Internet Banking/Debit Card, UPI/Challan, etc.) and then click on “Pay Now”.



**SBI ePay**

tion by using Bank/Card application or contact their bank/branch to enable the Card for Card not Present Transaction.

**Payment Details**

Internet Banking

Popular Banks

All Banks

SBIPay Test Bank

☒ Use your GSTIN for claiming input tax (Optional)

**Pay Now**

Cancel

**Order Summary**

Order No.: 9999999\_767620172472413

Merchant Name: Automation MercAWtest

Amount: 39267.00





Processing fee: 0.00 INR

GST: 0.00 INR

Total: 39267.00 INR


APM ID: PG\_TRANS\_396

You can check the transaction status using the following link - [Click Here](#)

## SAIL Mediclaim Scheme 2025-26 : Member's premium payment manual

Members can view the payment details as below. Here members can download the receipt.

**SAIL Group Health Insurance for Retired Employees and their Spouse 2025-26**

For Any Assistance Please Contact  
1800 266 5393 | [sail@indiafdu.com](mailto:sail@indiafdu.com)

Enrollment 25-26 | [Payment Details](#) | [Contacts](#) | [Logout](#)

Welcome: Mr. C

**Payment Details**

You will be able to view the payment receipt and e-card after 4 hours

Order Number	Transaction Number	Transaction Status	Transaction Date	Download Receipt
9999982			2025-04-01 13:00	<a href="#">Download Receipt</a>

	Min Number	Name	Age	Gender
<a href="#">ECard</a>	9999982	Mr. C	80	Male

**Refund Policy:**

- Refunds will be returned using the original method of payment – for example if a donation has been made by credit card, the refund will be credited by same mode of Channel to same credit card by the Merchant and this goes for all Pay Modes from which the customer will make the Payment.
- Also, If the required product is not as per the selection done by the customer, then customer can get back to us within 10 working days and refund would take place as per Banks TAT/norms.

**Cancellation Policy:**

- Once the product is dispatched then cancellation policy won't be entertained before that within 5 to 8 days Customer can cancel the product before it gets delivered.
- Or Else tell Merchant to update Disclaimer on the Website.
- Refund/Cancellation won't be entertained once Customer makes the payment.

As seen below, members can view the payment receipt.



Members can download E-card after the completion of payment.

SAIL Group Health Insurance for Retired Employees and their Spouse 2025-26

Welcome: Mr. C

**Payment Details**

Order Number

0000082\_7777130125725

[ECard](#)

**Refund Policy:**

- Refunds will be returned in the same mode of Channel.
- Also, If the required product would take place as per the policy.

**Cancellation Policy:**

- Once the product is delivered.
- Or Else then Merchant will refund.
- Refund/Cancellation will be as per the policy.

SAIL Card2526 - Google Chrome

sailenrollment.mindia.com/ViewEcard.aspx

**SAIL GROUP MEDICLAIM SCHEME**  
THE NEW INDIA ASSURANCE CO. LTD

Name : Mr. C

MIN NO : 9999982

Address : Pune

Mindia Health Insurance TPA Private Limited  
15th, 40/1 E, 1st Floor, Pune Nagar Road,  
Vandevanagar, Pune - 411004, website: www.mindiahealth.com  
CONTACT: 020-2665599, 020-2334449, 020-2334449

THIS CARD IS FOR IDENTIFICATION PURPOSE ONLY.  
THIS IS NOT A GUARANTEE FOR PAYMENT OR TREATMENT.  
AUTHORIZATION SHALL BE SUBJECT TO T&C OF POLICY.

**Issued for the policy-period 2025-26**

**GENERAL & CASHLESS ENQUIRY HELPLINE**

TOLL FREE : 1800-266-5599

FAX NO. : 1800-233-4449

E-MAIL : [sail@mindia.com](mailto:sail@mindia.com)

WEBSITE : <https://sail.mindia.com>

SAIL Mobile App Link : <https://bit.ly/2Og9W76>

Cashless Hospitalization in Network Hospitals can be availed in conjunction with this card, an authorization letter issued by the TPA & photo identification such as voters ID, Driving License, Passport etc.