

NOMINATION FORM

Name of the Nominee _____ :

If Nominee is Minor, Date of Birth and Age of Minor _____ :

Specimen Signature of Nominee _____ Or _____ Guardian in case of Minor Nominee _____ :

1.

Relation with member _____ :

If nominee is Minor, Name of the person who represents the minor and his/her address _____ :

For Member/Spouse :

I do hereby declare that, for member suffering fromdisease,
for spouse suffering from disease.

At anytime no proposal for policy covering my health / life has been rejected by LIC, ULIP or Mediclaim Insurance Policy. I have withheld no information what so ever regarding application and I agree to pay the amount demanded as per the rules of the scheme. I further agree to abide by the condition laid down in the constitution approved by the State Council of Gujarat State Branch for this Scheme.

Date & Signature of member

Date & Signature of spouse

Important Information

Disease Group Covered Under The Scheme

1. **Coronary Heart Disease Group** : Angioplasty, by-pass surgery & valvular heart diseases surgery, permanent pace-maker implant.
2. **Kidney Disease Group** : Hemodialysis, Renal Transplant, Renal Angioplasty
3. **Brain Tumors Group**
4. **Cancer Group All Cancers, (except carcinoma in SITU)**
5. **Joint Replacement Group** : Surgery for total knee and total hip joints only, Member above the age of 40 years at the time of joining the scheme can get the benefit After 7 Years of joining the scheme.
6. **Brain Hemorrhage (confirmed by CT Brain or MRI.)**
7. **Organ Transplant Group**
Liver Transplant, Lung Transplant, Kidney Transplant & Heart Transplant only. The donor and Recipient Doctor member will be given benefit.

Rule.13 (2) Members have to submit original papers as well as attested photo copy of bills and receipts. **Original bills & receipts will be given back after verification.**

Rule.13 (4) Members will be given reimbursement depending upon :

(A) Approved (Recognized) Hospital : For Approved (Recognized) Hospital, Member will be given reimbursement of 75% of total amount of bill **OR** fund collection from the members contribution upto maximum Rs. 50/- per case **WHICH EVER IS LESS.**

(B) Non Approved (Non recognized) Hospital : Non Approved (Non recognized) Hospital should be within the jurisdiction of I.M.A. G.S.B. For non-approved hospital, member will be given reimbursement of 50% of total amount of bill **OR** fund collection from the members contribution up to maximum limit of Rs. 25/- per case **WHICH EVER IS LESS.**

Rule.13 (5) After availing the benefit of the scheme for any one particular disease group, the same member will not get the benefit for the same disease group for next 2 years.

*** MEMBER / SPOUSE WILL GET BENEFIT ONLY AFTER COMPLETION OF ONE YEAR OF JOINING THE SCHEME ***

Members will get the benefit from Health Scheme as well as their own Mediclaim.

SCHEDULE OF FEE

AGE GROUP	ADMISSION FEE (Rs.)	ANNUAL SUBSCRIPTION FEES (Rs.)	ANNUAL MEMBERSHIP FEE (Rs.)	TOTAL	GST 18%	ADVANCE F.A.C. (Rs.)	TOTAL (Rs.)
Below age of 35 Yrs	0	50	50	100	18	7500	7618
Between 36 – 45 Yrs	750	50	50	850	153	7500	8503
Between 46 – 55 Yrs	1250	50	50	1350	243	7500	9093