Application for Membership - Retired Employee's MECL Mediclaim Scheme

Name of Member:															
Employee Details: a) Emp Code: b) EPF No: c) Date of Retirement:															
Date of birth	D	D	M	M	Y	Y	Y	Y	MIN. No.	Gender (M/F)		Please affix recent photograph of member		Please affix recent photograph of spouse	
Name of Spouse															
Date of birth	D	D	M	M	Y	Y	Y	Y	MIN. No.	Gender (M/F)					
Permanent Residential Address															
Mobile No.					Email ID										
Nominee of Employee												Relation with employee			
ECS Details	**Employee**											**Spouse**			
KYC Details Aadhar card no / Pan card no															
Name of Account Holder															
Name of Bank															
Branch Address															
Member Account No.												IFSC Code member			
Spouse Account No.												IFSC Code spouse			
Mode of Payment :-												Date of Payment:-			
Payment reference No												Amount (Rs)			

Intimation: 1) Pre-planned hospitalization – 48 hours in advance: 2) Emergency – within 24 hrs from the time of admission.
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
Capping/Ceiling: Members to apprise themselves regarding Capping/Ceiling before availing Mediclaim facility, from the MECL.

Undertaking:

1) I am hereby giving consent for accepting lock in period of 2 years. Discontinuation in the second year will debar me from enrolling in the future.

2) I hereby certify that me and my spouse will not Claim same IPD Medical bill/ Expenses from any other policy of CPSEs/ Govt. Department or from any other organization.

Signature of Member	Signature of Spouse