

# RITES LTD.

## Self & Dependent Details for Group Medi-claim Insurance Policy for the Calendar year 2017

<b>Employee Name</b>		<b>Employee No</b>	
<b>Designation &amp; Grade</b>		<b>Division</b>	
<b>Mobile No</b>		<b>Controlling Officer/SBU Head</b>	
<b>Class of Entitlement</b>		<b>E-Mail Id</b>	
<b>Place of Posting</b>		<b>Date of Joining</b>	

Sr. No.	Name (including self)	DOB	Age	Gender	Relation	Image	Whether working/not working **
1							
2							
3							
4							

5							
6							

**\*\*\* Whether the dependent was working/not working in Central/State/PSU/Autonomous body.**

I undertake to notify the changes in the dependency. If any, as and when the same arises and to make claims accordingly i.e. only for the dependent family member(s) whose income from all sources put together does not exceed the minimum family pension prescribed by the central government, from time to time.

I will not avail the Medi-claim/Medical facility form Parent Organisation **(in case of Deputationists)**

**Encl: Photocopy of the Employee Identity Card.**

**Date:** \_\_\_\_\_ **Signature of Employee:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signature of Controlling Officer** \_\_\_\_\_

**Signature of SBU Head** \_\_\_\_\_