



**Circular No. 2148/FA43/2021-22**

**Dated 29.07.2021**

## **CIRCULAR**

Sub: Anna University Regular Employee's Group Personal Accident and Group Mediclaim Insurance Policy – Implementation of the Scheme for the year 2021-2022 – Reg.

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The Anna University Group Personal Accident & Group Mediclaim Policy has been entrusted to **M/s. New India Assurance Company Ltd**, Chennai for a period of one year from 15.08.2021 to 14.08.2022.

### **The benefits offered by the Company are listed as follows:**

- Self , Spouse, dependent unmarried & unemployed sons and daughters (up to the age of 25 years) & dependent parents (or) parent –in-Laws are eligible.
- Ambulance Service is fixed as Rs.2000/- or 1% of the sum insured whichever is less.
- The facility of Maternity benefit can be availed upto Rs.1,00,000/- with a waiver of 9 months waiting period.
- Domiciliary cover is payable up to 20% of the sum insured where the patient treated at home itself and cannot be moved to the hospital in a condition or due to lack of accommodation in any hospital in that city / Town / Village
- Pre-existing diseases are covered
- Minimum 24 hours hospitalization is Compulsory
- However, the requirement of minimum 24 hours hospitalization is not compulsory for diseases such as Dental Surgery following an accident , Coronary Angioplasty, Angiography, Surgery of Gall Bladder, Hernia, Hydrocele, Prostrate, Genital Surgery and Cataract.
- Pre-hospitalization expenses up to 30 days and post-hospitalization upto 60 days are eligible.
- Ayurvedic, Homeopathic and Unani treatment are also covered under this policy, provided treatment is taken in Registered Government Hospital as in-patient.
- Group Personal Accident Policy coverage upto Rs.1.00 lakh to each employee only.
- Room rent is fixed as 1% of sum insured or Rs.5000/- per day whichever is less and for I.C.U, 2% of the sum insured or Rs.10,000/- per day whichever is less.
- New Born baby covered from day 1.
- Cataract operation maximum Rs.50,000/- (per eye) .

1. **No automatic renewal shall be considered** and all the **Regular** staff members who are willing to join the Scheme which is purely an **optional one** are requested to submit **fresh filled-in Application forms (as enclosed)** to enable us to enroll you in the policy & issue fresh Identity cards.
2. In addition to the cashless facility with the network hospitals, the staff members can also avail re-imburement facility with the non-network hospitals(which has to be applied within 30 days of discharge from the Hospital)
3. **No second batch** would be entertained under any circumstances. Therefore, the staff members are requested to kindly co-operate and submit their details in google form link on or before **04.08.2021** **extended till 06.08.2021**  
<https://forms.gle/VsCwwCkVaJ7jVS1i9>
4. Stipulated time for the receipt of the hardcopy of the Application form (**single sheet enclosed along with this circular**) by FA 40 section is as follows:  
 For staff members **who have filled the google forms shall send the filled and signed enclosed application on or before 09.08.2021**  
 For staff members **who have NOT filled the google forms** shall send the filled and signed enclosed application **on or before 04.08.2021** itself to enable us to process your application.
5. The premium amount shall be recovered from the salary of the regular staff members in 12 monthly installments commencing from the month of August 2021.

**Encl: Application Form**

**-sd/-  
REGISTRARI/c**

**To**

All the Dean of Campuses  
 All the Head of Departments / Divisions  
 All the Director of Centres  
 The Controller of Examination/ACOE  
 All the Unit Officer  
 All the Section Head

With a request to circulate the same to all the staff members under their control.

**Copy to**

“ : D.R. (F) / D.R.(S).  
 “ : D.R. (P).  
 “ : P.S to Vice Chancellor / P.A to Registrar.  
 “ : Steno to Finance Officer.  
 “ : Notice Board & Spare for file.

**Application for the Membership in Anna University Group Personal Accident  
& Group Mediclaim Scheme for the year 2021-2022**

**Service Provider: M/s. New India Assurance Company Ltd.,**

**Eligibility : Employees, Spouse and dependant Children (upto the age of 25 years) and  
Dependant Parents (or) Parent-in-Laws**

**Please en-circle the sum insured and respective annual premium**

<b>TABLE – I Premium rates for the year 2021 – 2022</b>							
<b>SUM INSURED</b>	<b>Self only</b>	<b>Self + (Spouse (or) One child)</b>	<b>Self + Spouse + One dependant child</b>	<b>Self + Spouse + Two dependant children</b>	<b>For every additional dependant child</b>	<b>Dependant Father / Mother / Father-in-Law / Mother-in-Law ( UPTO THE AGE OF 60 YEARS )</b>	<b>Dependant Father &amp; Mother (or) Father-in-Law &amp; Mother-in-Law ( UPTO THE AGE OF 60 YEARS )</b>
<b>Rs.</b>	<b>Rs.</b>	<b>Rs.</b>	<b>Rs.</b>	<b>Rs.</b>	<b>Rs.</b>	<b>Rs.</b>	<b>Rs.</b>
<b>50000</b>	1967	2864	3149	3434	197	295	590
<b>100000</b>	4293	5701	6273	6844	429	644	1288
<b>200000</b>	7112	8029	8756	9482	711	1067	2134
<b>300000</b>	8300	11809	12876	13942	830	1245	2490
<b>400000</b>	9309	13662	14892	16123	931	1396	2793
<b>500000</b>	10908	16914	18443	19956	1091	1636	3272
<b>600000</b>	11811	18665	20343	22030	1181	1772	3543
<b>700000</b>	12631	20589	22435	24281	1263	1895	3789
<b>800000</b>	13382	22329	24333	26337	1338	2007	4015
<b>900000</b>	14076	24069	26233	28395	1408	2111	4223
<b>1000000</b>	14630	25637	27942	30248	1463	2195	4389
<b>1100000</b>	17387	27383	29689	31995	1739	2608	5216
<b>1200000</b>	19133	29129	31435	33741	1913	2870	5740

**TABLE – II (Optional)**

**Dependant Parent / Parent-in-Law ABOVE the Age of 60 years sum insured is restricted to Rs.2.00 lakhs only**

<b>Age Band</b>	<b>Sum Insured</b>			
	<b>1 Lakh</b>		<b>2 Lakhs</b>	
	<b>Father / Mother / Father-in-Law / Mother-in-Law</b>	<b>Father &amp; Mother (or) Father-in-Law &amp; Mother-in-Law</b>	<b>Father / Mother / Father-in-Law / Mother-in-Law</b>	<b>Father &amp; Mother (or) Father-in-Law &amp; Mother-in-Law</b>
<b>61 – 70 yrs</b>	10500	13700	19000	24000
<b>Above 70 yrs</b>	11645	15100	22600	29500

<b>Name of the Employee (in Block Letters)</b>	<b>Sex</b>	<b>Employee I.D.No</b>	<b>Designation and Department with Extn.No &amp; Mobile No.</b>	<b>Age as on 01.08.2021</b>	<b>Date of Birth</b>	<b>Date of Retirement</b>
	<b>MALE</b>					
	<b>FEMALE</b>					

<b>Seat No. as per Pay slip</b>	<b>Table</b>	<b>Sum to be insured (Rs)</b>	<b>Premium Amount (Rs)</b>
<b>FA.....</b>	<b>I</b>		
	<b>II</b>		
	<b>Total</b>		

Email id if any:

Employee ID.No.....

Sl.No	Name of the Employee and Dependants (in Block Letters)	Sex	Date of Birth	Age as on 01.08.2021	Relationship	Stamp size photo *
01					Employee	
02					Spouse	
03					Child 1 (Son/Daughter)	
04					Child 2 (Son/Daughter)	
05					Addl.Child if any (Son / Daughter)	
06					Parent: Father / Mother/ Father-in-Law / Mother-in-Law	
07					Parent: Father / Mother (or) Father-in-Law / Mother-in-Law	

I, the undersigned hereby declare that all the information given by me in this Application form is true and correct to the best of my knowledge. I also declare, to abide by the terms and conditions governing the Anna University Employees Group Personal Accident & Group Medclaim Insurance Policy.

DATE

SIGNATURE

**\*Photo not required for existing members in the expiring Medclaim Scheme.**