पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater



Policy Number: 251100502310000288	व्यवसाय स्त्रोत / Business Source: 251100		
	विक्रय चैनल विवरण/		
	Sales Channel Details		
जारीकर्ता कार्यालय/Issuing Office	कोड/ Code: 251100		
कार्यालय कोड/ Office Code: 251100	नाम/Name: Mumbai Division XI		
कार्यालय पता/ Office Address: MUMBAI	Contact Number: 0		
DIVISION XI IInd Floor, National Insurance	सह दलाल कोड / Co Broker Code:		
Building,,14, Jamshedji Tata Road.,Churchgate - 400020.			
State Code: 27 , Maharashtra			
GSTIN : 27AAACN9967E1Z3	कस्टमर केयर टॉल फ्री नंबर/Customer		
Contact Number: 22 22036054	Care Toll Free Number:		
Mobile Number: 0	1800 345 0330		
	ईमेल/		
	email:customer.support@nic.co.in		

ग्राहक का नाम /Customer Name: CANARA BANK - RETIREES	ग्राहक आईडी /Customer ID: 9701926969	पैन /PAN: AAACC6106G	
पता/ Address: IR SECTION HEAD OFFICE, J C ROAD, City: BENGALURU, District: BENGALURU, State: KARNATAKA, PIN: 560002. Cell: 9739642745	फोन /Phone:		
	ई-मेल /E-Mail:		

प्रीमयिम/ Premium	₹ 38,78,896.00	कवर नोट संख्या और तथि 7 Cover Note Number and Date	लागू नहीं/NA		
CGST	₹ 0.00		8800221110633041 Dt. 17/11/2023		
SGST/UTGST	₹ 0.00				
IGST	₹ 6,98,201.00	प्रस्ताव संख्या और तथि। Proposal			
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	Number and Date			
नर्प्राप्ति योग्य स्टाम्प इ्यूटी Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तथिि Receipt Number and Date	251100812310002649 Dt. 01/11/2023		
कुल /Total Amount	₹ 45,77,097.00	पछिली पॉलिसी संख्या और समाप्ती तथि7ि Previous Policy Number and Expiry Date	251100502210000285 and Dt.31/10/2023 251100502010000377 and Dt.31/10/2021		

LocationAddress:

1) BENGALURU,, Bengaluru, Bengaluru, Karnataka, 560002.

Number of families:109 Number of Lives covered: 170

SL. No	Coverage	Sum Insured		
	Standard Cover	Base With Domiciliary	` 2,18,00,000.00	
1	अधिकि/Excess:			
	Additional Information: NA			

TPA Details: RAKSHA TPA PVT LTD - MUMBAI BALLARD ESTATE, 7, Kumtha Street, Opposite: Hotel Maharaja, Ballard Estate, Mumbai - 400001 Contact No : 22 - 67876666 Fax : 22 - 39167411 Email : crcm@rakshatpa.com.

Clauses	As per Annexure I

पॉलिसी अन्सूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater



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	ईमेल/
	email:customer.support@nic.co.in

जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलब्ध है, को एक अनुबंध के रुप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभवियक्त जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमिकता निर्म्त हो जाएगी। /IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 17/November/2023. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website https://nationalinsurance.nic.co.in shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

(₹ 1.00)

इंश्योरेन्सइंडयालिमिटिड

कृते नेशनल इन्श्योरेन्स कंपनी सटांप इय्**लै**मिटिड/ For and on behalf of National Insurance Stamp Company Limited Duty:

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made with Floater



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कार्यालय कोड/ Office Code: 251100	नाम/ Name: Mumbai Division XI
कार्यालय पता/ Office Address: MUMBAI	Contact Number: 0
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	ईमेल/
	email:customer.support@nic.co.in

अनुलग्नक I / ANNEXURE I– लागू खंडों की सूची/ List of Applicable Clauses

- TERMS AND CONDITIONS: Base With Domiciliary Policy
 - 1. Family Definition: Retired/Resigned Employee + Spouse only or Widow/Widower.
 - 2. Sum Insured for Group Health Insurance on Family Floater basis: 2 Lakhs
 - 3. Data: As per annexure attached.
 - 4. Base with domiciliary policy will be based on the following MoU dated 19.07.2023
 - i. Bed charge/room rent/Boarding expenses per day:

Metro/Urban centres-----: Rs.3000 per day Other centres-----: Rs.2500 per day

ii. ICU charges per day:

Metro/Urban centres-----: Rs. 6000 per day Other centres -----: Rs.5000 per day

iii. Standalone ceiling/cap on treatments: -

Treatment	Max. Reimbursement
High fever, typhoid, jaundice, other ailments etc. requiring hospitalization	Rs.40,000 max
Temporary Pacemaker implantation	

Permanent Pacemaker implantation------Rs.40,000 Cost of stent------ Rs.30,000

In case the patient is to be moved to a hospital/nursing home outside the urban agglomeration/municipal limits, then the expenses incurred on conveyance may be reimbursed at the following rates:

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State Code: 27, Maharashtra	
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Contact Number: 22 22036054	Care Toll Free Number:
Mobile Number: 0	1800 345 0330
	ईमेल/
Autologic	email:customer.support@nic.co.in

Other charges:-

Physician consultation charges per visit:-

Registration charges------Rs.200 Consultation/routine visit------Rs.400 Night visit/emergency visit-------Rs.600

Specialist consultation charges per visit:-

Consultation/Routine day visit------Rs.500 Consultation with ECG/Night visit/Emergency visit------Rs.700 Physiotherapy charges-------Rs.300 per day

Charges for Operations (maximum):-

Туре	Surgeons Fee	Anaesthesia	Theatre Charges
Minor operation under LA		Rs.5,000	
Minor operation under GA	Rs.5,500	Rs.2,500	Rs.3,000 (fixed)
Major operations	Rs.17,000	Rs.7,000	Rs.7,000 (fixed)
Supra Major operations	Rs.26,000	Rs.9,000	Rs.10,000 (per hour)

Standalone ceilings will not affect claims payable in other procedures covered under the policy.

- 5. Domiciliary treatment shall be covered up to 10% of Sum Insured of the policy, subject to policy clause no. 3.1 of coverage. The total sum insured of the policy is including the domiciliary limit as stated above.
- 6. No expenses related to maternity are payable.
- 7. No corporate buffer is available.
- 8. For critical illness, hospitalization medical expenses alone are payable. No lump sum fixed benefit is payable.

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

TAX INVOICE

Invoice Serial No: 30154H3CE0000288 Invoice Date: 17/11/2023

Details of Supplier:

National Insurance Company Limited.,

MUMBAI DIVISION XI IInd Floor, National Insurance Building,,14, Jamshedji Tata Road,,Churchgate - 400020

27, Maharashtra State: GSTIN No: 27AAACN9967E1Z3

Details Of Receiver: CANARA BANK - RETIREES Address: IR SECTION HEAD OFFICE, J C ROAD

BENGALURU, City: District: BENGALURU, State: KARNATAKA, PIN: 560002.

Place Of Supply State : State Code : Karnataka

29

29AAACC6106G1ZX GSTIN No:

सैक कोड/ SAC Code	सैक कोड/ वावरण/ कुल/Total(Discour मुनुग/Tayah	,	Discou	टैक्स योग्य/ मूल्य/Taxable	iscou मूल्य/Taxable	सीजीएसटी CG	ं की राशा/ि ST	एसजीएसटी/ SGST/	यूटीजीएसटी/ UTGST	आईजीएर	ਸਟੀ/ IGST	केरला बाढ़ उपकर/Kerala Flood Cess
		Value(₹)	दर/Rate	राशा∕ि Amount(₹)	दर/Rate	राशि Amount(₹)	दर/Rate	राशा∕ि Amount(₹)	राशा⁄/Amount(₹)			
997139	Other non- life insurance services (excluding reinsuranc e services)	38,78,89 6	0%	38,78,896	0%	0	0%	0	18%	6,98,20 1	0	
TOTAL	,	38,78,89 6		38,78,896		0		0		6,98,20 1	0	

कुल इनवॉयस मूल्य (अंकों में)Total Invoice Value (In figures) :

₹ 45,77,097

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees

Fourty Five Lakh Seventy Seven Thousand Ninety Seven

रविर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इनुश्योरेन्स कंपनी लमिटिड/ For and on behalf of National Insurance Company Limited

अधिकृत हस्तात्क्षरकर्ता/ Authorized Signatory

