

कार्यालय वरिष्ठ अतिरिक्त निदेशक राज्य बीमा एवं प्रावधानी निधि विभाग  
(साधारण बीमा निधि)

डी- ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, विधानसभा के पास, जयपुर-302005

दूरभाष - 2740252, 2740219, 2740292 (फैक्स)

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**मेडिकलेम बीमा पॉलिसी शिड्यूल**  
(विशेष निर्मित पॉलिसी)

**नगरपालिका मण्डल, टोडारायसिंह, टोंक**

पॉलिसी नं.  
बीमा अवधि  
बीमित का नाम

जी.आई.एफ. / 81 / मेडि. / 2019-20 / 05  
03.04.2019 से 02.04.2020 (मध्य रात्रि)  
दिनांक 01.01.2004 व उसके पश्चात नगरपालिका मण्डल, टोडारायसिंह, टोंक के 10 कर्मिक एवं उन पर  
आश्रित परिजन।

जारी की तारीख : 16.05.2019

कुल बीमा राशि : रुपये 3 लाख

(प्रति कर्मचारी एवं उनके नियमानुसार आश्रित परिजन)

प्रीमियम : 7500/- +30 Category -A / B / C जी.एस.टी.-Nil

कुल कर्मचारी (जिनके लिए प्रीमियम प्राप्त): 10

शुद्ध प्रीमियम मय विविध व्यय रु. 75,300/-

जी.एस.टी. : Nil/-

कुल प्रीमियम रु. 75,300/-

ई-ग्रास GRN सं 0029451855 दिनांक 03.04.2019 राशि रु.75,300/- (चालान सं 67574 समाशोधन दिनांक 03.04.2019)

**जोखिम का विवरण**

जोखिम आवरण

पॉलिसी-बीमा राशि

नगरपालिका मण्डल, टोडारायसिंह, टोंक के कर्मिक व परिजनों हेतु ग्रुप मेडिकलेम, विशेष रूप से निर्मित  
3 लाख प्रति कर्मिक परिवार  
पॉलिसी क्लॉज के अन्वयेन नगरपालिका मण्डल, टोडारायसिंह, टोंक के कर्मिक के परिवार में निम्न शामिल

हैं:

- नगरपालिका मण्डल, टोडारायसिंह, टोंक कर्मिक (स्वयं),
- उसका/उसकी पति/पत्नी
- 2 आश्रित बच्चे जिनकी आयु 21 वर्ष से अधिक नहीं हों।
- आश्रित माता-पिता नगरपालिका मण्डल, टोडारायसिंह, टोंक के कर्मिक पर आश्रित माने जायेंगे जबकि वे सामान्यतया नगरपालिका मण्डल, टोडारायसिंह, टोंक के कर्मिक के साथ, उसके तैनाती स्थल पर रहते हों एवं उनकी मासिक आय सभी स्रोतों से रुपये 2000/-से अधिक नहीं हो।

वर्ष 2019-20 की पॉलिसी के संचालन के लिए एमडी इंडिया हेल्थ इंश्योरेंस टीपीए प्रा. लि। नियुक्त है। टोल फ्री नं.- 1800-123-171-171

टीपीए डेस्क, एमडी इंडिया हेल्थ इंश्योरेंस टीपीए प्रा. लि.

932, किसान मार्ग, बरकत नगर,

जयपुर - 302015 (राजस्थान) फोन नं.-7219631003

ई-मेल: jaipur@mdindia.com

आपातकालीन परिस्थिति में सम्पर्क करें +91 8956325949

(श्री अभिलाषा सिंह, सहायक प्रबन्धक, टीपीए)

इस पॉलिसी से संबंधित दावों/दस्तावेजों को साधारण बीमा निधि/टीपीए के कार्यालय में जमा करावें।

[उपरोक्त में यदि कोई परिवर्तन होता है तो उसकी सूचना तृथक से जारी की जावेगी, जिसे विभागीय वेबसाइट (www.sipf.rajasthan.gov.in) पर देखा जा सकता है।]

साधारण बीमा निधि की मेडिकलेम पॉलिसी की सामान्य शर्तों के अन्वयेन नगरपालिका मण्डल, टोडारायसिंह, टोंक कर्मिक को बीमा आवरण प्रदान किया जायेगा।

उप निदेशक (मेडि)  
राज्य बीमा एवं प्रा.नि. विभाग  
सा.बी.नि. राजस्थान, जयपुर



अति. निदेशक (मेडि)  
राज्य बीमा एवं प्रा.नि. विभाग  
सा.बी.नि. राजस्थान, जयपुर

o/c म.नि.वि.

# **COVERAGE [ILLUSTRATIVE]**

1. The policy holder **Nagar Palika Mandal, Todaraisingh Employees** shall be entitled to indoor treatment in all Government hospitals, Government Approved private Hospitals outside the State of Rajasthan, Government approved private hospitals within the State of Rajasthan.
2. The policy holder **Nagar Palika Mandal, Todaraisingh Employees** and his family members shall be entitled to reimbursement of cost of medicines, tests/investigations, (carried out in Government hospital and/or in a private institution on the recommendation of the treating doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/concerned Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.
3. For the indoor treatment taken in approved private hospital within the State and approved hospitals outside the State Rajasthan; the policy holder **Nagar Palika Mandal, Todaraisingh Employees** and his family members shall be entitled to reimbursement of following expenses:-
  - A) Room, Boarding, Expenses charged by the Hospital/nursing home
  - B) Nursing Expenses.
  - C) Surgeon, Anaesthetist, Medical Practitioners, Consultants and Specialists fees
  - D) Anaesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and cost of organs and similar expenses.
4. In case of death of insured during policy period the names of family members to be continued till expiry of the policy.

## **Entitlement category for boarding/accommodation in the Hospital :-**

Category	Pay Scale*	Entitlement in Govt. Hospital	Entitlement in Approved Private Hospital	Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates
A	Rs. 64000/- & above	Deluxe	Private Ward	Rs. 3000/- per day
B	Rs. 36000/- and above but less than Rs. 64000/-	Cottage	Semi Private Ward	Rs. 2000/- per day
C	Below Rs. 36000/-	General Ward	General Ward	Rs. 1000/- per day

\* Pay scale means basic pay (including grade pay) /fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be limited to his category as prevalent in the hospital.

## **EXCLUSION :**

The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:

1. Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
2. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
3. Cost of Spectacles and contact lenses, hearing aids
4. Dental treatment or surgery of any kind unless requiring hospitalization due to an incident.
5. Convalescence, general debility; run-down condition or rest cure, congenital external disease or defects or anomalies, intentional self injury and use of intoxication drugs/alcohol/poisonous substances/addictions.
6. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Muntz Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
7. Charges incurred at Hospital or Nursing Home primarily for diagnosis X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
8. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
10. Pre existing disease of Employees and his/her dependents (as per section 3.10) shall be covered under this scheme.
11. In such situations in which there are no urgency of hospitalization and treatment can be given at home.

## **CONDITIONS :**

1. Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF office.
2. Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA immediately and in case of emergency Hospitalization within a period of 24 hours from the time of Hospitalization.
3. All supporting documents relating to the claim must be filed with TPA/GIF within a period of 90 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 45 days), all claim documents should be submitted within 90 days after completion of such treatment.  
 Note : Waiver of this conditions may be considered in extreme cases of hardship where it is proved to the satisfaction of the GIF that under the circumstance in which the insured was placed it was not possible for him or any other person to give such notice or file claim with the prescribed time limit. In such cases Assistant/Deputy/Joint Director can waive up to 6 month delay and Additional Director can waive 6 to 12 month delay, while the delay of 12 to 24 month can be waived by Sr. Additional Director. In any condition no such claim shall be entertained after 2 years.
4. The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the TPA/GIF/TPA/GIF may require in dealing with the claim.
5. Any medical practitioner authorized by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalization when and so often as the same may reasonably be required on behalf of the TPA/GIF.
6. The GIF shall not be liable to make any payment(s) under this policy in respect of any claim(s) if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
7. If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with India Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GIF shall not be liable to pay or contribute more than its ratable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
8. **The Policy may be renewed annually by mutual consent.** The GIF shall not however be bound to give notice that it is due for renewal and the GIF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured's last known address and in such event the GIF shall refund to the insured a pro-rata premium for unexpired Period of Insurance. The GIF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GIF shall allow refund of premium at GIF's short period rate only provided no claim has occurred up to the date of cancellation.
9. If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
10. Cash less facility would be extended to the insured as per terms & conditions of the policy.
11. Insured(s) Person shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at the reception counter of all empanelled hospitals (Appendix-5). If an insured does not show identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases GIF shall reimburse only on CGHS rates/ packages, difference amount shall be borne by the insured.





GOVERNMENT OF RAJASTHAN  
**STATE INSURANCE AND PROVIDENT FUND DEPARTMENT**  
(GENERAL INSURANCE FUND)

'D' BLOCK, VITTA BHAWAN, JANPATH, JAIPUR

email: add.medi.sipf@rajasthan.gov.in  
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**GROUP MEDICLAIM INSURANCE POLICY**  
(Nagar Palika Mandal, Todaraisingh)  
(03.04-2019 -02.04.2020)

WHEREAS the insured designed in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated has applied to GENERAL INSURANCE FUND (herein-after called the GIF) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON ) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed herein the GIF undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident(hereinafter called INJURY) and if such disease(s) or injury/injuries shall be required. Any such insured person, upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon(hereinafter called SURGEON) to incur hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in Rajasthan as herein defined (hereinafter called HOSPITAL) as an inpatient, the GIF will pay through TPA/GIF to the Hospital/Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1. In the event of any claim/s becoming admissible under this scheme, the GIF shall make payment(s) through TPA to the Hospital/Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the **Sum Insured in aggregate** mentioned in the schedule hereto.
- (A) Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per entitlement of the employee mentioned in the Schedule.
  - (B) Surgeon, Anaesthetist, Medical Practitioner, Consultants and Specialists Fees.
  - (C) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs implanted in the body & Cost of organs and similar expenses. (N.B.: GIF's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per family as mentioned in the schedule)

2. **DEFINITIONS :**

- 2.1 **HOSPITAL** means any registered institution in or outside the state Rajasthan established for indoor care and treatment of diseases and injuries and which are :-
- (a) All the Government hospitals in the State of Rajasthan "**Including Ayush Treatment**".





- (b) The Hospitals outside the state of Rajasthan which have been approved by the Govt. of Rajasthan (**Appendix -1**)
- (c) Private Hospitals with in Rajasthan duly approved by Govt. of Rajasthan under the Rajasthan Civil Services Medical Attendance Rules 2013 and also given the acceptance to work with GIF on CGHS Package Rates (**Appendix-2**). Those private hospitals which are added in approved list from time to time by the Government of Rajasthan and give acceptance to work with GIF on CGHS Package Rates, shall also be automatically empanelled under the scheme.
- (d) If a private hospital, which is approved for treatment of State Government employees under Rajasthan Civil Services Medical Attendance Rules 2013, has not given acceptance to GIS  
Office to provide it's services on CGHS packages/rates and an insured has taken treatment in such hospital, then he/she shall be paid on CGHS package , difference amount shall be borne by him/herself (i.e. insured).
- 2.2 **'Surgical Operation' means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.**
- 2.3 Expenses on hospitalisation for minimum period of 24 hours are only admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery in case of accidents, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy, **Hysterectomy, Coronary Angioplasty, Coronary Angiography, Surgery of Gall Bladder, Pancreas & Bile duct, Genital Surgery, Surgery of Nose, Surgery of Throat, Surgery of Appendices, Surgery of Urinary System, Arthroscopic Knee Surgery, Laparoscopic, Therapeutic Surgeries. Any surgery under Anesthesia, Treatment of Fractures/ Dislocation excluding hairline fracture, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization** taken in the approved Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided Explanation the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals and due to technological advancement hospitalisation is required for less than 24 hours only. It would be certified by concerning Doctor under whom treatment is given and weighted by TPA.
- 2.4 CGHS packages shall be applicable in Rajasthan, as laid down by CGHS for Jaipur City and it shall be applicable (exclusive of policy clause 6.3, 9.1 and 9.2) as laid down by CGHS for various places in India. The bed charges shall be paid according to the category of employee. the diseases/ Investigation for which no Packages rate is mentioned in CGHS packages rate then it will be paid according to The "Civil Services medical attendance rules 2013" of Government of Rajasthan..

### 3. **ANYONE ILLNESS :-**

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

#### 3.1 **PRE-HOSPITALISATION :-**

Relevant medical expenses incurred during period up to 30 days prior to hospitalisation on disease/illness/injury sustained will be considered as part of claim.

#### 3.2 **POST HOSPITALISATION :-**

Relevant medical expenses incurred during period up to 45 days after hospitalisation on disease/illness/injury sustained will be considered as part of claims.





- 3.3 **MEDICAL PRACTITIONER** means a person who holds a degree/diploma of a recognized institution and is registered Medical Council of respective State and stream. The Medical Practitioner would include physician, specialist and surgeon.
- 3.4 **QUALIFIED NURSE** means a person who holds a certificate of a recognized Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
- 3.5 **MATERNITY EXPENSES BENEFIT** means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy. Childbirth including normal Caesarean Section.
- 3.6 **TPA** means a Third Party Administrator who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the GIF, for the provision of health services.
- 3.7 **CASHLESS FACILITY** – Cashless facility would be extended to the Insured in the private networking Hospitals for the critical ailments (Means:- i. Coronary Artery Surgery ii. Cancer iii. Renal Failure i.e. failure of both the kidneys iv. Stroke v. Multiple Sclerosis vi. Meningitis vii. Major Organ transplants like Heart, Kidney, Liver, Lung, Pancreas or Bone marrow Transplantation) . However, The TPA would decide the merit of the case and it will not be claimed as a matter of right by the insured. The denial of cashless facility does not mean the denial of treatment from concerned hospital & reimbursement thereof.
- 3.8 **CLAIM INTIMATION TO TPA** - It is required by the employees that the claims arising in private hospitals should be intimated by cashless request form/ claim intimation form, available in the hospital, to the TPA positively. If the claim intimation does not reach the TPA the same day when the patient is admitted to the hospital, then the employee shall not be entitled for re-imbursement.
- 3.9.1 **Claim Intimation to TPA in case of Government Hospitals** – It is not required by the employees that the claim(s) arising in Govt. Hospitals should be intimated in writing to the concerned TPA/GIF, on the same day patient is admitted in the hospital.
- 3.10 **DEPENDENT FAMILY** – The 'family' of the employee shall include the employee, his/her spouse, not more than two dependent children upto 21 years of age and dependent parents. The parents shall be regarded as wholly dependent upon the Nagar Palika Mandal, Khairthal Employee, if-
- they normally reside with the Nagar Palika Mandal, Khairthal Employee at the place of his/her duty, and
  - their total monthly income from all sources does not exceed Rs.2000/- per month.
- 3.11 **FAMILY DETAIL** – Every newly recruited employee shall have to provide details of the family & photographs for preparing the database & for issuing identity cards in the prescribed form(Appendix 3) immediately after joining the service otherwise his salary bill of the designated month will not be passed by the Treasury Officer.  
Explanation – Details of the family means : Name, Designation, DDO, Date of joining Government Service, Names of Family members, Age, Pay/ Pay Scale/Stipend.

4. **SCHEDULE** : The Schedule enclosed will be deemed to be a part of the policy.

5 **EXCLUSIONS** :

The GIF shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of:

- 5.1 Diagnostics/ Investigations unless followed by indoor treatment of 24 Hours.
- 5.2 Injury/disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 5.3 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 5.4 Cost of Spectacles and contact lenses, hearing aids





- 5.5 Dental treatment or surgery of any kind unless requiring hospitalisation due to an incident.
- 5.6 Convalescence, general debility, run-down condition or rest cure, congenital external disease or defects or anomalies, intentional Self injury and use of intoxication drugs/alcohol/poisonous substances/ Addictions.
- 5.7 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 5.8 Charges incurred at Hospital or Nursing Home primarily for diagnosis, X- ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 5.9 Expenses on vitamins, proteins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- 5.10 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.
- 5.11 Pre existing disease of employee and his/her dependents will be covered under this scheme.
- 5.12 In such situations in which there are no urgency of hospitalisation and treatment can be given at home and which is not pertain to section 2.3.

6. **CONDITIONS :**

- 6.1 Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF office.
- 6.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the GIF signed by a duly authorized official of the GIF. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the GIF to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the GIF.
- 6.3 In case of grave emergency viz. life threatening (Means:-Coronary Artery Surgery, Vascular Surgery, Hodgkins Disease, Acute Retention of urine more than 24 hrs, Acute Myocardial infarction, Acute Pharyngitis, Acute Respiratory Distress, Cancer, Renal Failure i.e. failure of both the Kidneys, Stroke, Multiple Sclerosis, Meningitis. Major Organ Transplants like Kidney, Lung, Pancreas, Heart, Liver, or Bone Marrow, Accidents, Delivery, Tubal Pregnancy and Related Complication, Swine Flu, Dengue Fever, Burst Appendicitis, Pancreatitis) in which Employee has taken treatment as indoor patient in a non empanelled private hospital, at the time of claim submission the emergent nature of hospitalization has to be established by an affidavit (Appendix-6) of the employee supported by a certificate of the treating doctor. Claim shall be paid as per CGHS package Rates of general ward upto the limit of sum assured.
- 6.4 Insured shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at reception counters of all empanelled hospitals (Appendix-5). If an insured person(s) do/does not show his/her identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases, GIF shall reimburse only on CGHS rates/ packages, difference amount shall be borne by the insured.
- 6.5 All supporting documents relating to the claim must be filed with TPA/GIF within 90 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 45 days), all claim documents should be submitted within 90 days after completion of such treatment.
- 6.6 The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts verifications and other documents upon which a claim is based and shall also give such additional information and assistance as the TPA/GIF may require in dealing with the claim.





- 6.7 Any medical practitioner or an officer authorised by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/GIF.
- 6.8 The GIF shall not be liable to make any payment(s) under this policy in respect of any claim(s) if such claim be found in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 6.9 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the GIF shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 6.10 If and when the Employee has submitted his/her family details to the concerned TPA/GIF and identity cards have been issued to the insurer, then only he/she shall be entitled for cashless facility.
- 6.11 The Policy may be renewed by mutual consent. The GIF shall not however be bound to give notice that it is due for renewal and the GIF may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the insured's last known address and in such event the GIF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIF shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the GIF shall allow refund of premium at GIF's short period rate only (Table given here below) provided no claim has occurred up to the date of cancellation.

**PERIOD ON RISK**

**RATE OF PREMIUM TO BE CHARGED**

Upto one month	1/4 <sup>th</sup> of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate

- 6.12 In case if any dispute or difference arises as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the GIF has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

- 6.13 If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

- 6.14 All medical/surgical treatments under this policy shall have to be taken in approved hospitals in and outside the state of Rajasthan and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA/GIF to the Hospital/Nursing Home or the Insured Person as the case may be. The list of approved hospitals is available at (Appendix 2).





6.15 In case of death of Insured during policy period then the names of family members to be continued till expiry of the policy.

6.16 Entitlement category for boarding/accommodation in the Hospital :-

Category	Pay Scale*	Entitlement in Govt. Hospital	Entitlement in Approved Private Hospital	Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates
A	Rs. 64000/- & above	Deluxe	Private Ward	Rs. 3000/- per day
B	Rs. 36000/- and above but less than Rs. 64000/-	Cottage	Semi Private Ward	Rs. 2000/- per day
	Below Rs. 36000/-	General Ward	General Ward	Rs. 1000/- per day

\* Pay scale means basic pay /fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than entitlement, the reimbursement of cost of treatment will be made according to category as prevalent in the hospital.

6.17 Pre-existing disease of employee and his/her dependents (as per section 3.10) will be covered under this scheme.

6.18 Medical examination of the Nagar Palika Mandal, Todaraisingh Employee or any member of his family shall not be a condition for issue of Mediclaim Policy.

6.19 A female employee can get the Mediclaim coverage either for her parents or Parents in law in case they are dependent on her and their monthly income is less than Rs. 2000/- and they are residing with her generally.

6.20 The policy has been issued to D.D.O., Nagar Palika Mandal, Todaraisingh. It is required from D.D.O. of Nagar Palika Mandal, Todaraisingh that they would brought into notice of all the newly recruited employees regarding terms & conditions of the policy. It is also expected that every newly recruited employee must have gone through the terms & conditions of the policy.

6.21 This Policy is available at website : [www.sipf.rajasthan.gov.in](http://www.sipf.rajasthan.gov.in)

7 **HIGH CLAIMS RATIO LOADING (MALUS)**

The total premium payable at the time of renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal, where the Group Mediclaim Policy has not been in force for the three completed years, such shorter periods of completed years, excluding the year immediately preceding the date of renewal will be taken in to account.

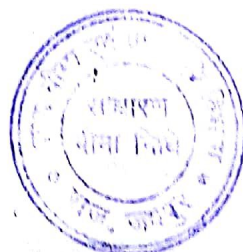
8 **Incurred Claim ratio under the group policy**

	<u>Loading</u>
Between 70% and 100%	25%
Between 101% and 125%	55%
Between 126% and 150%	90%
Between 151% and 175%	120%
Between 176 and 200	150%
Over 200%	

Cover to be reviewed

Note:

- 1 High Claim loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims Ratio for the entire Group Insured.





2 Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

9 **MATERNITY EXPENSES BENEFIT EXTENSION** : (Wherever applicable)

9.1 The maximum benefit allowable under this clause will be up to Rs. 50,000/- per family per year restricted to two living children. This amount is including sum-assured of Rs. 3,00,000 per family per annum.

9.2 The Maternity benefits under this policy are categorized into three :

I Maximum limit under normal delivery : Rs. 10000/-

II Maximum limit under caesarean delivery : Rs. 20000/-

III Maximum limit under delivery related complications (Including child care) : Rs. 50000/-

9.3 Special conditions applicable to Maternity expenses Benefit Extension :

I These Benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in empanelled Hospital.

II A waiting period of 9 months is not applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.

III Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.

IV Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.

V Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

VI Mother and newly born child would be single unit for 3 days from the date of delivery.

VII Indoor Treatment of Sterility/ Infertility shall be payable up to the limit of 20,000/- in a policy year

10 **PAYMENT OF CLAIM**

10.1 The insured shall submit the claim form through DDO to the TPA in the prescribed Performa (Appendix 4).

10.2 For Re-imbursement photo will be pasted by the concerned employee (if he doesn't possess the identity card) which will be duly verified by the treating doctor/ DDO so as to confirm the identity of the Patient.

10.3 Cashless facility will not be provided if the identity cards have not been obtained by the policy holder.

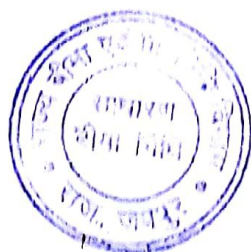
10.4 Payment of claim shall be made through TPA/GIF to the Hospital or to the Insured Person as the case may be normally within 30 days from the date of receipt of completed claim proposals by the TPA.

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**List of Referral Hospitals approved by the State Government for  
treatment outside Rajasthan**

1. All India Institute of Medical Sciences, New Delhi.
2. Bombay Hospital, Bombay.
3. Christian Medical College & Hospital, Vellore.
4. Fortis Hospital, New Delhi.
5. Gujarat State Cancer & Research Institute (M.P. Shah Cancer Hospital), Ahmadabad.
6. Post Graduate Institute and Research Centre, Chandigarh.
7. Rajeev Gandhi Cancer/Institute and Research Centre, Delhi.
8. Tata Memorial Hospital, Bombay.
9. The Gujarat Research & Medical Institute (Rajasthan Hospital), Ahmadabad.
10. Institute of Liver and Biliary Science, New Delhi (For Liver disease only)
11. Medanta, the Medcity, Gurgaon (For Cardiology, CT Surgery, Joint Replacements and Liver transplant)
12. Shalby Hospital, Ahmedabad, (For Joint Replacements only).
13. Indraprastha Apollo Hospital, New Delhi (Liver Transplant).
14. Global Hospital, Chennai (Liver Transplant).
15. Sterling Hospital, Ahmedabad.





(Updated on 08-05-2019)

## Public Private Partnership Hospital

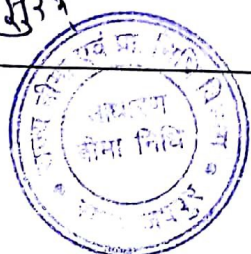
page 11 of 14

A circular purple ink stamp from the National Bureau of Standards. The outer ring contains the text "NATIONAL BUREAU OF STANDARDS" at the top and "GAITHERSBURG, MD." at the bottom. The center of the stamp features a stylized graphic of a building or monument.



44	Solanki Hospital, Alwar	F.6(2)FD(Rules)/2016PT-II	21-09-16	20-09-21
45	Soni Hospital, Jaipur	F.6(2)FD(Rules)/2013-Pt-II	07-08-14	06-08-19
46	Soni Manipal Hospital, Jaipur	F.6(2)FD(Rules)/2016PT-II	06-10-16	05-10-21
47	Sudha Hospital & Medical Research Centre, Kota	F.6(2)FD(Rules)/2013Pt-II	09-09-14	09-09-19
48	Tagore Hospital & Research Institute, Jaipur	F.6(2)FD(Rules)/2013Pt-II	09-09-14	09-09-19
<b>Cardiology and CT Surgery Specialty Hospital</b>				
S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Heart & General Hospital, Jaipur.	F.6(2)FD/RULES/2013PT-I	23-04-15	22-04-20
2	Jaipur Heart Institute, Jaipur	F.6(2)FD/RULES/2013 PT-II	10-02-15	09-02-20
3	Krishna Heart and General Hospital, Jaipur	F.6(2)FD(Rules)/2016	27-02-17	26-02-22
<b>ENT Specialty Hospital</b>				
S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Jain ENT Hospital, Jaipur	F.6(2)FD(Rules)/2016PT-II	21-09-16	20-09-21
<b>Neurosurgery Specialty Hospital</b>				
S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Indowestern Brain & Spine Hospital, Jaipur	F.6(2)FD/RULES/2013 PT-II	10-02-15	09-02-20
<b>Oncology Specialty Hospital</b>				
S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Bhagwan Mahaveer Cancer Hospital and Research Centre, Jaipur	F.6(2)FD(Rules)/2013Pt-II	09-09-14	09-09-19
<b>Ophthalmology Specialty Hospital</b>				
S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Alakh Nayan Mandir Eye Hospital, Udaipur	F.6(2)FD/Rules/2016 Part-III	13-10-17	12-10-22
2	Anand Hospital and Eye Centre, Jaipur	F.6(2)FD(Rules)/2016PT-II	21-09-16	20-09-21
3	Anita Eye Hospital and Retinal Centre, Kota	F.6(2)FD/Rules/2016	13-06-16	12-06-21
4	Anupam Eye Hospital & Research Centre Pvt. Ltd., Lalkothi, Jaipur	F.6(2)FD/Rules/2016 Pt-III	26-09-17	25-09-22
5	ASG Hospital Pvt. Ltd. Banipark, Jaipur	F.6(2)FD(Rules)/2013 Pt-II	25-08-15	24-08-20
6	ASG Hospital Pvt. Ltd., Udaipur	F.6(2)FD/Rules/2016 Part III	06-10-17	05-10-22
7	Birla Eye and Child Hospital, Kota	F.6(2)FD/Rules/2018	01-08-19	01-07-24
8	D.D. Eye Institute, Dadabari, Kota	F.6(2)FD/Rules/2016 Part III	05-06-18	04-06-23
9	Dr. Kotharis Eye Hospital, Udaipur	F.6(2)FD/Rules/2016	13-06-16	12-06-21
10	Dr. Virendra Laser & Phaco Surgery Centre, Jaipur	F.6(2)FD(RULES)2013 PT-II	27-01-16	26-01-21
11	I Max Eye Care Hospital, Sikar	F.6(2)FD/Rules/2016 Part III	06-10-17	05-10-22
12	J P Eye Hospital, Tonk Road, Jaipur	F.6(2)FD/Rules/2016 Part-III	13-10-17	12-10-22
13	K.C. Memorial Eye Hospital, Jaipur	F.6(2)FD(RULES)2013 PT-II	27-01-16	26-01-21
14	Kabra Eye Hospital, Jaipur	F.6(2)FD(Rules)/2013 Pt-II	25-08-15	24-08-20
15	Kapoor Hospital and Eye Centre. Jaipur	F.6(2)FD/Rules/2016 Part III	06-10-17	05-10-22
16	Kota Eye Hospital and Research Foundation, Kota	F.6(2)FD/Rules/2016 Part-III	13-10-17	12-10-22
17	Kshetrapal Eye Hospital and Lasic Laser Center, Ajmer	F.6(2)FD(Rules)/2013Pt-I	30-07-15	29-07-20
18	New Delhi Centre for Sight Ltd., Malviya Nagar, Jaipur	F.6(2)FD/Rules/2016	13-06-16	12-06-21
19	Sahai Hospital and Research Centre, Jaipur	F.6(2)FD(Rules)/2016	27-02-17	26-02-22
20	Tibra Eye Hospital and Retina Centre, Sikar	F.6(2)FD/Rules/2016	13-06-16	12-06-21
<b>Orthopedics Specialty Hospital</b>				
S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Kota Trauma Hospital, Kota	F.6(2)FD/Rules/2016	13-06-16	12-06-21
2	Mewar Hospital Pvt. Ltd., Udaipur	F.6(2)FD/RULES/2013PT-I	23-04-15	22-04-20
3	The Royal Orthopaedic Hospital and Sports Injury Centre, Lalkothi Scheme, Jaipur	F.6(2)FD(Rules)/2016	27-02-17	26-02-22
<b>Gastroenterology Category</b>				
S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Gaestro Care Center, Kota	F.6(7)FD(Rules)/2018	08-01-19	07-01-24

नोट: राज्य सरकार के वित्त विभाग द्वारा अनुमोदित अस्पतालों की सूची में किए गए परिवर्तन विभाग द्वारा जारी मेडिकल पॉलिसी पर भी लागू होंगे।





निजी अस्पतालों की सूची जो राज्य सरकार द्वारा अनुमोदित हैं परन्तु विभाग द्वारा संचालित मेडिकलेम पॉलिसी में अनुमोदित नहीं है। इन निजी चिकित्सालयों में ईलाज करवाये जाने पर सीजीएचएस दर से ही पुनर्भरण किया जाएगा। अन्तर राशि बीमित द्वारा स्वयं वहन की जाएगी। (updated on 08-05-2019)

### Multispecialty Hospital

S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Ananta Institute of Medical Sciences and Research Centre, Kalibas, Rajsamand	F.6(2)FD(Rules)/2016	27-02-17	26-02-22
2	Aravali Hospital, Udaipur	F.6(2)FD(Rules)/2013 Pt-II	16-10-15	15-10-20
3	Arihant Hospital and Research Sansthan, Bhilwara	F.6(2)FD(RULES)2013 PT-II	27-01-16	26-01-21
4	CKS Hospital, Jaipur	F.6(7)FD/Rules/2018	01-08-19	01-07-24
5	Eternal Heart Care Centre and Research Institute Pvt Ltd. Jaipur	F.6(2)FD/Rules/2016	13-06-16	12-06-21
6	Fortis Escorts Hospital, Jaipur	F.6(2)FD(Rules)/2013 Pt-II	09-09-14	09-09-19
7	Gangauri Hospital, Sawai Madhopur	F.6(2)FD/Rules/2016 Part-III	15-01-18	14-01-23
8	Global Heart and General Hospital, Jaipur	F.6(2)FD(Rules)/2016PT-III	02-12-16	01-12-21
9	Guru Kripa Hospitals, Sikar	F.6(2)FD(RULES)2013 PT-II	27-01-16	26-01-21
10	Imperial Hospital & Research Centre, Shastri Nagar, Jaipur	F.6(2)FD/Rules/2016 Part-III	06-05-18	06-04-23
11	Jeevan Rekha Critical Care & Trauma Hospital, Jagatpura, Jaipur	F.6(2)FD/Rules/2016 Part-III	22-12-17	21-12-22
12	Kothari Hospital and Research Institute, Bikaner	F.6(2)FD/RULES/2013 PT-II	10-02-15	09-02-20
13	Kshetrapal Eye Hospital and Lasic Laser Center, Ajmer	F.6(2)FD(Rules)/2013Pt-I	21-05-18	20-05-23
14	Nirogdham Hospital and Research Center, Aklera, Jhalawar	F.6(7)FD/Rules/2018	08-01-19	07-01-24
15	Opera Hospital Medical and Research Centre Pvt. Ltd., Kota	F.6(2)FD/Rules/2016 Part-III	13-10-17	12-10-22
16	Rukmini Birla Hospital, Jaipur	F.6(7)FD/Rules/2018	08-01-19	14-11-20
17	Rungta Hospital, Jaipur	F.6(2)FD(RULES)2013 PT-II	27-01-16	26-01-21
18	S.N. Pareek Memorial Hospital and Reasearch Centre, Kota	F.6(2)FD/Rules/2016 Part-III	13-10-17	12-10-22
19	Santokba Durlabji Memorial Hospital cum Research Institute, Jaipur	F.6(2)FD/Rules/2016 Pt-III	26-09-17	25-09-22
20	Star Hospital, Bhiwari, Alwar	F.6(2)FD/Rules/2016 Pt-III	21-05-18	20-05-23

### Neurosurgery Specialty Hospital

S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Neuro Care Hospital and Research Centre Pvt. Ltd., Vidyadhar Nagar	F.6(7)FD/Rules/2018	01-08-19	01-07-24

### Ophthalmology Specialty Hospital

S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	ASG Hospital Pvt. Ltd., Jodhpur	F.6(2)FD/Rules/2016 Part III	21-05-18	20-05-23
2	Dr. Khungar Eye Care and Research Center Pvt. Ltd., Ajmer	F.6(2)FD/Rules/2013 Part I	23-04-15	22-04-20

### Orthopedics Specialty Hospital

S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Chandni Hospital, Talwandi, Kota	F.6(2)FD/Rules/2016 Part III	06-10-17	05-10-22
2	Jyoti Nursing Home Pvt. Ltd., Jaipur	F.6(2)FD(Rules)/2016	27-02-17	26-02-22

### Nephrology Specialty Hospital

S No.	Name of Hospital	Order Number	Order Date	Valid UpTo
1	Maxwell Hospital, Jaipur	F.6(2)FD(Rules)/2016	27-02-17	26-02-22



**प्रस्ताव-पत्र**  
**राजस्थान सरकार**  
**राज्य बीमा एवं प्राक्छाया निधि विभाग (साधारण बीमा निधि)**  
**डी-ब्लॉक, वित्त भवन, जनपथ, ज्योति नगर, जयपुर (राजस्थान)**  
**दूरभाष - 2740219, 2740292 (फैक्स)**  
**मेडिकलेम पॉलिसी के लिए डेटाबेस हेतु परिवार विवरण**  
**Family Detail for Mediclaim Policy Database**

कर्मचारी द्वारा सभी कॉलम हिन्दी व अंग्रेजी में भरे जाने अनिवार्य हैं। कोई भी कॉलम खाली होने पर प्रस्ताव पत्र निरस्त कर दिया जावेगा।

1. कर्मचारी का पूरा नाम .....  
Name of Employee .....
2. पिता/पति का नाम .....  
Name of Father/Husband .....
3. कर्मचारी की कार्यग्रहण तिथि .....  
.....
4. वर्तमान वेतन/रेमूनरेशन(Pay/Remuneration) ..... वेतन श्रृंखला / Payscale.....
5. न्यू पेंशन योजना नम्बर .....
6. बीमा विभाग द्वारा जारी यूआईडी. नम्बर .....
7. वर्तमान पद ..... जन्म तिथि / DOB .....
- Present Designation .....
8. वर्तमान आहरण वितरण अधिकारी का पद (हिन्दी में) .....  
(In English) .....
9. आवासीय पता (हिन्दी में).....  
Home Address (In English) .....
10. फोन नम्बर- कार्यालय ..... निवास ..... मो.नं.-.....

कर्मचारी के परिवार के सदस्यों का विवरण (कृपया सदस्यों का विवरण अंग्रेजी में भरें)

क्र.सं.	नाम	कर्मचारी से सम्बन्ध	उम्र	जन्म तिथि	लिंग M/F
1.		स्वयं			
2.					
3.					
4.					
5.					
6.					

नोट-

1. परिवार सदस्यों में 21 वर्ष की उम्र तक के 2 बच्चों का ही उल्लेख किया जावे।
2. यदि माता-पिता की सम्मिलित आय दो हजार रुपये प्रति माह से कम है एवं कर्मचारी के पदस्थापन स्थान पर सामान्यतया साथ रहते हों तभी उनका उल्लेख किया जावे।
3. परिवार सदस्यों के स्टाम्प साईज के फोटो चिपका कर कर्मचारी उस पर हस्ताक्षर करें तथा सबके एक अतिरिक्त फोटो परिचय पत्र हेतु उपलब्ध कराएं।

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नाम .....

**घोषणा पत्र**

मैं ..... पुत्र/पुत्री/पत्नी श्री..... पद ..... आयु ..... यह घोषणा करता हूँ कि ऊपर दिया गया विवरण पूर्णतया सत्य है और कोई तथ्य छिपाया नहीं गया है। मैंने पॉलिसी के नियम व शर्तों का अध्ययन कर लिया है जो कि विभागीय वेबसाईट (www.sipf.rajasthan.gov.in) पर है एवं उन पर अपनी सहमति प्रदान करता हूँ। ईश्वर मेरी सहायता करें।

दिनांक:

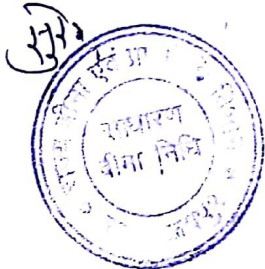
हस्ताक्षर अधिकारी/कर्मचारी

उपरोक्त विवरण कार्यालय रिकॉर्ड से जाँच कर लिया गया है एवं बीमा जिला कार्यालय को आवश्यक कार्यवाही हेतु अग्रेषित किया जाता है।

दिनांक:

आहरण एवं वितरण अधिकारी  
मय सील

अतिरिक्त/संयुक्त/उप/सहायक निदेशक,  
राज्य बीमा एवं प्रा0 नि0 विभाग  
जिला .....





राजस्थान सरकार  
राज्य बीमा एवं प्राक्घाती निधि विभाग  
(साधारण बीमा निधि)  
"डी"-ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, जयपुर।  
फोन : 2740219, 2740292  
मेडिकलेम बीमा पॉलिसी दावा प्रपत्र

1. बीमाधारक का नाम : ..... उपनाम प्रथम नाम

केवल कार्यालय प्रयोग के लिए

एम्प्लॉई आई.डी. नं. ....  
(जिसके नाम से पॉलिसी जारी की गई है) दावा संख्या.....

2. पॉलिसी संख्या ..... अवधि ..... से ..... तक

3. रोगी व्यक्ति का विवरण

क. नाम और बीमाधारक के साथ संबंध

ख. वर्तमान पूर्ण आयु

0

ग. घर का पता

घ. दूरभाष नं०

मोबाईल नं०

4. संसर्गाजन्य रोग/बीमारी या लगी हुई चोट का प्रकार

5. वह दिनांक जिस दिन चोट लगने या रोग/बीमार होने का पहली बार पता चला

6. अस्पताल का नाम और पता.....

7. (क) भर्ती होने का दिनांक

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दिनांक

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माह

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वर्ष

(ख) छोड़े जाने का दिनांक

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दिनांक

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माह

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वर्ष

8. यदि दावा अधिवासी अस्पताल भर्ती के लिए है तो कृपया बताएं

क. उपचार के प्रारम्भ का दिनांक

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दिनांक

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माह

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वर्ष

ख. उपचार समाप्त होने का दिनांक

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दिनांक

--	--

माह

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वर्ष

ग. उपचार करने वाले चिकित्सक का नाम और पता -

9. संपूर्ण खर्च का मदवार विवरण :-

(अ) कमरा किराया(परिचर्या, भोजन आदि पर व्यय) :

(ब) चिकित्सक/विशेषज्ञ/सर्जन शुल्क :

(स) जांच/परीक्षण व्यय

(द) दवाईयों पर व्यय :

(य) आपरेशन थियेटर का व्यय

कुल

10. बैंक खाता सं० (salary a/c number) बैंक का एमआईसीआर, आईएफसी कोड एवं बैंक/ब्रांच का नाम, जिला

(दावा राशि बैंक खाते में जमा करवाने के लिये बैंक पास बुक की छायाप्रति एवं निरस्त चेक अथवा चेक की छायाप्रति संलग्न करें)

11. संलग्न दस्तावेज :-

I. मेडिकलेम बीमा परिचय पत्र की संबंधित चिकित्सा अधिकारी प्रभारी से प्रमाणित फोटो प्रति।  
(परिचय पत्र प्राप्त नहीं होने की स्थिति में रोगी का फोटो चिपकाया जाये।)

II. अस्पताल के बिल, रसीद और छोड़े जाने का प्रमाण पत्र/कार्ड।

III. उचित प्रिस्क्रिप्शन के साथ अस्पताल एवं दवाईयों के मूल प्रमाणित बिल/के मीमो

IV. सभी प्रकार के रोगों से संबंधित जांच रिपोर्ट के साथ एवं रोग के बारे में प्रमाण-पत्र

V. अधिवासी अस्पताल भर्ती के संबंध में मरीज के घर में उसकी देखभाल करने वाली प्रशिक्षित नर्स से प्राप्त रसीद जिसके साथ उपचार करने वाले चिकित्सक का प्रमाण-पत्र।

VI. उपचार करने वाले चिकित्सक से प्राप्त-पत्र जिसमें पॉलिसी के अधिवासी अस्पताल भर्ती क्लॉज के अंतर्गत उपचार करने के लिए कारण दिए गए हों।

VII. उपचार करने वाले चिकित्सक/सर्जन से यह प्रमाण-पत्र कि मरीज रोगमुक्त हुआ है। (डिस्चार्ज टिकट)



## घोषणा

मैं एतद् द्वारा घोषणा करता हूँ कि उपर्युक्त विवरण सही प्रकार से सत्य है और रोगी जिस पर चिकित्सा व्यवस्था किया गया है वह पूर्णतया मुझ पर आश्रित है। मैं आगे घोषणा करता हूँ कि उपर्युक्त इलाज के संबंध में कोई भी लाभ किसी अन्य चिकित्सा योजना या बीमा के अन्तर्गत प्राप्त नहीं किया गया है।

20 ..... के आज ..... दिन पर ..... में दिनांकित

रोगी का  
हस्ताक्षरित फोटो  
जो चिकित्सक  
द्वारा प्रमाणित हो।

दावाकर्ता के हस्ताक्षर  
मय पद नाम व पता

प्राधिकृत चिकित्सक/मेडिकल सुपरिटेण्डेंट के हस्ताक्षर

क्रमांक:-

दिनांक:-

### सत्यापन

प्रमाणित किया जाता है कि उपरोक्तानुसार विवरण सही है।

प्रमाणित किया जाता है कि श्री/श्रीमति/कु0/सुश्री.....पद..... वर्तमान में इस कार्यालय में पदस्थापित है एवं इनका वेतनमान..... है। कृपया भुगतान की व्यवस्था करवायें।

हस्ताक्षर आहरण वितरण अधिकारी मय सील





(1.1.2004 से इसके अधीन नियुक्त नगरपालिका मण्डल, टोदारासिंह, टोंक कर्मचारी द्वारा करा जाये)  
(शायद बीमा एवं प्रत्यक्षी निधि विभाग द्वारा संचालित मेडिकल पॉलिसी के अन्तर्गत अस्पताल द्वारा सौंजोएच  
एल. दर्जे पर उपचार किया जाता है।)

1. रोगी का नाम \_\_\_\_\_  
(Name of Patient)
2. रोगी कर्मचारी का नाम \_\_\_\_\_  
(Rogati Nagar Palika Mandal Karmchari)
3. रोगी का कर्मचारी से सम्बन्ध \_\_\_\_\_  
(Relation of Patient with insured)
4. हॉस्पिटल में भर्ती होने का दिनांक \_\_\_\_\_  
(Date of Admission in Hospital)
5. कर्मचारी की मण्डल में नियुक्ति तिथि \_\_\_\_\_  
(Date of appointment in Nagar Palika Mandal Karmchari)
6. कर्मचारी का विभाग \_\_\_\_\_  
(Department of Employees)
7. कर्मचारी का वेतनमान \_\_\_\_\_  
(Pay scale of Employees)
8. कर्मचारी का एनपीएस नं० \_\_\_\_\_  
(NPS No. of Employees)
9. बीमा विभाग द्वारा जारी आई.डी. नं० \_\_\_\_\_  
(ID No. issued by SI & PF dept.)
10. कर्मचारी का टेली. / मोबाइल नं० \_\_\_\_\_  
(Tel. Mobile No. of Employees)
11. कर्मचारी ई-मेल एड्रेस \_\_\_\_\_  
(E-mail address of Employees)
12. कर्मचारी का स्थायी पता \_\_\_\_\_  
(Permanent address of the Employees)



हस्ताक्षर कर्मचारी मय  
विभाग का नाम

आपातकालीन परिस्थिति में गैर अनुमोदित चिकित्सालय में ईलाज करवाये जाने पर

शपथ पत्र

मैं ..... पुत्र/पुत्री/पत्नि श्री .....  
निवासी ..... शपथ पूर्वक  
घोषणा करता/करती हूँ कि:-

1. बीमित ..... (नाम) ..... का गंभीर स्थिति में दिनांक .....  
से ..... तक ..... (नाम चिकित्सालय) .....  
चिकित्सालय में ईलाज करवाया।

2. मरीज ..... रोग से पीडित था और उसको तुरन्त चिकित्सा सुविधा प्रदान  
किया  
जाना आवश्यक था। यदि मरीज को तुरन्त चिकित्सा सुविधा प्रदान नहीं की जाती तो उसके जीवन को खतरा  
हो  
सकता था। अतः जीवन रक्षा के लिए आपातकालीन परिस्थिति में गैर अनुमोदित चिकित्सालय में ईलाज करवाया  
गया।

उपरोक्त शपथ पत्र में उल्लेखित की गई समस्त जानकारी सही एवं सत्य है और कोई भी तथ्य छुपाया  
नहीं गया है। मैं पॉलिसी के नियमों एवं शर्तों के अनुसार सीजीएचएस (C.G.H.S.) पैकेज दरों पर पुनर्भरण दावा  
राशि प्राप्त करने हेतु अपनी सहमति प्रदान करता/करती हूँ। भविष्य में कोई भी तथ्य गलत पाये जाने पर  
भुगतान की गई समस्त राशि मेरे द्वारा राजकोष में जमा करवा दी जावेगी।

(शपथकर्ता के हस्ताक्षर)

नाम .....

पद .....

विभाग .....

ईलाज करने वाले चिकित्सक  
द्वारा सत्यापन  
(नाम, पद मय सील)

आहरण एवं वितरण अधिकारी  
द्वारा सत्यापन  
(नाम, पद मय सील)

