

**Application for Gap Case under SAIL Mediclaim Scheme
(w.e.f. 11th July, 2024 – 10th July, 2025)**

Employee Details																													
Name of Employee												SAIL Personnel No.																	
Unit from where retired						Place of Last Posting						Designation and Grade last held																	
Date of Separation								Claim Centre (only for Enrolment)				KOLKATA		CHENNAI		DELHI		BHILAI		DURGAPUR									
												ROURKELA		BOKARO		SALEM		ASANSOL											
Date of Separation																													
D				D				M				M		Y		Y		Y		Y									
Name of Member																													
Date of Birth								Old MIN No.				Gender (M/F)				Please affix recent photograph of member						Please affix recent photograph of spouse							
Name of Spouse																													
Date of Birth								Old MIN No.				Gender (M/F)																	
Address																													
Pin Code								Phone								Cell													
Email ID												Number of Members																	
Aadhar No. (Self)												Aadhar No. (Spouse)																	
Premium for base policy Employee (Rs.)								Premium for base Policy Spouse (Rs.)								Total Premium (Rs.)													
Whether Super Top Up Required (Yes/No):				If yes, Threshold Rs. (in lakhs)								Sum Insured Rs. (in lakhs)																	
Premium for Super Top Up Sum Employee (Rs.)								Premium for Super Top Up Sum Spouse (Rs.)								Premium for Super Top Up Sum Both (Rs.)													
Grand Total Premium (Including premium of base policy and Super Top up)												(Rs.)																	
Nominee of Employee												Relation with Employee																	
Nominee of Spouse												Relation with Spouse																	
ECS Details				Employee									Spouse																
Name of Account Holder																													
Name of Bank																													
Branch Name																													
Branch Address																													
Type of Account (<i>tick</i>)				Savings Bank									Current Deposit																
Member Account No.												MICR Code																	
Spouse Account No.												MICR Code																	
IFSC Code Member																MIN No. Member													
IFSC Code Spouse																MIN No. Spouse													
Signature of Member									Signature of Spouse																				
Payment Details																													
Cheque / DD / Challan No						Amount (Rs.)																							
						Drawee Bank																							
Members to Note																													
Enclosures: (1) One copy of Aadhar Card each for the member & spouse; (2) One cancelled cheque with Name & MIN No./ P.No. at the back. Intimation : (1) Pre-planned hospitalization - <u>48 hours</u> in advance; (2) Emergency - within <u>24 hrs</u> 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; (3) OPD - When expenses exceed Rs.2000/- per person per policy period or within 90 days from the date of treatment, whichever is earlier. Cappings/Ceilings : Members to apprise themselves regarding Cappings/Ceilings before availing mediclaim facility, from the SAIL Website / Mediclaim Booklet.																													
THE ABOVE TIME LIMITS TO BE STRICTLY ADHERED TO, SO THAT THE CLAIMS ARE NOT REJECTED.																													