



**NATIONAL FERTILIZERS LTD
CORPORATE OFFICE : PERSONNEL DEPARTMENT**

**Salient Features of Medi-Claim Policy
for Ex-Employees of NFL for the year 2009-10**

1. The Policy shall be available to all existing members as on 01.04.2008 who are desirous of renewing their membership for the year 2009-2010 and to such ex-employees, who cease to be in employment of NFL during the year 2008-09 after rendering not less than 20 years of continuous service in NFL/ FCI group of Companies.
2. The dismissed/discharged employees shall not be covered under the Scheme.
3. The family floater, per family unit, consisting of self and spouse only shall be available for a sum insured of Rs.2.00 lakh per year, taking family as one Unit.
4. An extract of Clause 4 of the Policy taken from Oriental Insurance Company relating to "Exclusions" is enclosed herewith.
5. **80% of the premium will be borne by NFL, while 20% shall be borne by the members. Ex-employees, who otherwise fulfill the requisite conditions for membership, should remit an amount of Rs.700/- (for existing members) and Rs.1000/- (for new members).**
6. Spouse of deceased ex-employee will also be eligible to avail of the Medi-claim facility, in case the deceased ex-employee was otherwise eligible for the same.
7. Those ex-employees who ceased to be in employment during the 2007-08 or earlier but did not take up/renew the membership during 2008-09 will not be eligible to take up/renew the membership during 2009-10.
8. The Company does not take upon itself any liability arising out of admission/non-admission of any claim or any deficiency in service by the Insurance Company / Third Party Administrator (TPA). However, needful support, wherever deemed necessary, shall be provided by NFL. **The room rent for indoor treatment shall be determined on the basis of entitlement of the member, which is shown in enclosed annexure.**
9. The Management reserves the right to withdraw the Policy at any stage, if considered necessary. Member of the Policy does not confer any right of continued membership or any benefit/compensation on discontinuation of Medi-claim Policy.
10. The ex-employee shall be entitled for membership of the Medi-claim Policy only on payment of the requisite contribution, as mentioned above.
11. **Two stamp size photographs each of self and spouse, indicating the name on the reverse of the Photograph should be attached along with application form (for new members only).**
12. **Any claim for reimbursement of expanses should be submitted to TPA within 30 days of discharge from the hospital, failing which the same may not be entertained by TPA/ Insurance Company.**

The eligible ex-employees/spouse who wish to avail the Medi-Claim Policy are advised to submit their request for membership as per enclosed proforma, along with the Bank Draft / local cheque (of the place where the Unit/Office, from where he/she ceased to be in employment of NFL, is located) for the requisite amount. In case of ex-employees of Marketing Division, the cheque should be either drawn on a local bank of Delhi / NCR or preferably a Demand Draft should be enclosed. The filled in application along with cheque/demand draft should be sent to Personnel Deptt. of the concerned Unit/Office, from where the ex-employees ceased to be in employment **latest by 10th March, 2009**. Ex-Employees of Marketing Division should send their applications to Personnel Department, Corporate Office, NOIDA. **The applications received after 10th March, 2009 will not be entertained.**

The prescribed form along with the terms and conditions of the Medi-claim Policy can also be downloaded from NFL's website www.nationalfertilizers.com

EXTRACT OF CLAUSE 4 OF THE POLICY TAKEN FROM M/S ORIENTAL INSURANCE COMPANY

4. EXCLUSIONS:

The Company 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 :

- 4.1 Pre-existing health condition or diseases or ailment/injuries: Any ailment/disease/ injuries/health condition which are pre-existing (treated/untreated, declared/not declared in the proposal form), when the cover incepts for the first time are excluded up to 4 years of this policy being in force continuously.

This exclusion will also apply to any complications arising from pre existing ailment/disease/injuries. Such complications will be considered as a part of the pre existing health condition or disease.

Further to this if any person is suffering from hypertension or diabetes or both hypertension and diabetes at the time of taking the policy, then policy shall be subject to following exclusions.

Diabetes	Hypertension	Diabetes & Hypertension
Diabetic Retinopathy	Cerebro Vascular accident	Diabetic Retinopathy
Diabetic Nephropathy	Hypertensive Nephropathy	Diabetic Nephropathy
Diabetic Foot/wound	Internal Bleeds/Haemorrhages	Diabetic Foot
Diabetic Angiopathy	Coronary Artery Disease	Diabetic Angiopathy
Diabetic Neuropathy		Diabetic Neuropathy
Hyper/Hypoglycaemic shocks		Hyper/Hypoglycaemic shocks
		Coronary Artery Disease
		Cerebro Vascular accident
		Hypertensive Nephropathy
		Internal Bleeds/Haemorrhages

For the purpose of applying this condition, the date of inception of this Mediclaim policy taken from Oriental Insurance Company shall be considered, provided the renewals have been continuous and without any break in period.

- 4.2 Any disease other than those stated in clause 4.3 contracted by the insured person during the first 30 days from the commencement date of the policy except treatment for accidental external injuries.

- 4.3 During the period of insurance cover, the expenses on treatment of following ailment/diseases/surgeries for specified periods are not payable if contracted and/or manifested during the currency of the policy.

I	Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.	1 year
ii	Polycystic ovarian diseases	1 year
iii	Surgery of Hernia	2 years
iv	Surgery of hydrocele	2 years
V	Non infective Arthritis	2 years
Vi	Undescendent Testes	2 years
Vii	Cataract	2 years
Viii	Surgery of benign prostatic hypertrophy	2 years
Ix	Hysterectomy for menorrhagia or fibromyoma or myomectomy or prolapse of uterus	2 years
X	Fissure/Fistula in anus	2 years
Xi	Piles	2 years
Xii	Sinusitis and related disorders.	2 years
Xiii	surgery of gallbladder and bile duct excluding malignancy	2 years
Xiv	Surgery or genito urinary system excluding malignancy	2 years
Xv	Pilonidal Sinus	2 years
Xvi	Gout and Rheumatism	2 years
Xvii	Hypertension	2 years
Xviii	Diabetes	2 years
Xix	Calculus diseases	2 years
Xx	Surgery for prolapsed inter vertebral disk unless arising from accident.	2 years
Xxi	Surgery of varicose veins and varicose ulcers	2 years
Xxii	Congenital internal diseases	2 years
Xxiii	Joint Replacement due to Degenerative condition	4 years
Xxiv	Age related osteoarthritis and Osteoporosis	4 years

If the continuity of the renewal is not maintained with the Oriental Insurance Company Limited then subsequent cover will be treated as fresh policy and clauses 4.1, 4.2, 4.3 will apply unless agreed by the Company and suitable endorsement passed on the policy.

- 4.4 Injury or disease directly or indirectly caused by or arising from or attributable to war Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons/materials..
- 4.5 Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination 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.
- 4.6 Surgery for correction of eye sight, cost of spectacles and contact lenses, hearing aids etc.
- 4.7 Any dental treatment or surgery which is corrective, cosmetic or aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalization for treatment.
- 4.8 Convalescence, general debility, "run down" condition or test cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases/accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addition etc.
- 4.9 All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-Cell Lymphotropic Virus Type III (HTLD-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- 4.10 Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purpose which is not followed by active treatment for the ailment during the hospitalised period.
- 4.11 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- 4.12 Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy.
- 4.13 Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- 4.14 Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants/Surgeons fees etc.,
- 4.15 General disorders and stem cell implantation/surgery.
- 4.16 External and or durable Medical/Non Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker, crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer/Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc.
- 4.17 All non medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya/barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc., guest services and similar incidental expenses or services etc.
- 4.18 Change or treatment from one pathy ro other pathy unless being agreed/allowed and recommended by the consultant under whom the treatment is taken.
- 4.19 Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc.
- 4.20 Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
- 4.21 Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- 4.22 Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- 4.23 Out patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 4.24 Massages, Steam bathing, Shrodhara and alike treatment under Ayurvedic treatment.
- 4.25 Any kind of Service charges, Surcharges, Admission fees/Registration charges etc. levied by the hospital.
- 4.26 Doctor's home visit charges, Attendant/Nursing charges during pre and post hospitalization period.
- 4.27 Treatment which is continued before hospitalization and continued even after discharge for an ailment/disease/injury different from the one for which hospitalization was necessary.

Annexure

Room rent entitlement of ex-employees under the Medi-Claim Policy

Sr.No.	POST HELD AT THE TIME OF LEAVING THE SERVICE OF NFL ON ACCOUNT OF RETIREMENT, RESIGNATION ETC.	MAXIMUM ROOM RENT ENTITLEMENT/ DAY	GRADE
1	Functional Directors and CMD	Rs.3000.00	A
2	E-7 TO E-9	Rs.2100.00	B
3	W11, W12 and E-1 TO E-6	Rs.1850.00	C
4	W10 and E0	Rs.1450.00	D
5	W0 TO W9	Rs.975.00	E

Dated _____

To,
Head of P&A Department,
National Fertilizers Limited,
Nangal /Bathinda /Panipat /Vijaipur / Corporate Office, NOIDA

**Sub: Request for Fresh Membership / Renewal of Membership of
Medi-Claim Policy for the year 2009-2010.**

Dear Sir,

I wish to become fresh member / renew my membership of the Medi-claim Policy for the year 2009-2010. I request that the facilities under the Medi-claim Policy, as per terms & conditions, of the said Policy, may please be made available to me and / or my spouse. The desired particulars are as under :-

1. Name
Employee No.
Designation at Cessation of Service
Last Drawn Basic & Scale of Pay
Entitlement of Room Rent.
2. Name of the Unit/Office from where
ceased to be in employment of NFL.
3. Date of Birth of Self
Name of the Spouse
Date of Birth of Spouse
4. Date of joining NFL / FCI
5. Date of cessation of service
6. No. of years of continuous service put in
NFL/FCI group of companies.
7. Present address
.....
Telephone/Mobile No.
Tel. No..... Mob. No.....
E.mail ID
8. Whether presently member of the Medi-
Claim Policy
9. Preferred location/Station from where
Medical facility is to be availed.
10. Details of Bank Draft / cheque
Bank Draft / cheque No.
Dated.....For Rs.....
(issued by.....
in favour of NFL.
11. Existing Medi-claim Card No.

I hereby declare that -

- a) **I have read the Salient Features of the Policy and noted all exclusions under the Medi-claim Policy and agree that NFL does not take upon itself any liability arising out of admission/non-admission of any claim or any deficiency in service by the TPA/ Insurance Company.**
- b) **Management of NFL reserves the right to withdraw the Scheme at any stage, as may be considered necessary, and membership of this Scheme does not confer upon me any right of continued membership or any benefit / compensation on discontinuation of the Policy.**
- c) **I and my spouse shall be entitled to membership of the Medi-claim Policy only on payment of the requisite contribution, subject meeting the other requisite conditions.**
- d) **I and my spouse are not availing the medical facilities from any organization after cessation of service from NFL.**
- e) **Particulars submitted by me are correct and I have rendered the requisite length of service to make me eligible for the membership under the Medi-claim Policy, and I am not otherwise ineligible for membership of the Policy.**
- f) **I have enclosed two stamp size photographs each of self and spouse, indicating the name on reverse of the Photograph (for new members only).**

Thanking you,

Yours faithfully,

(Signature & Name)