

To,
 Head of Personnel Department,
 National Fertilizers Limited,
 Nangal /Bathinda /Panipat /Vijaipur /Corporate Office / CMO

Sub: Request for Renewal / Membership of Medi-Claim Policy.

Dear Sir,

I, the undersigned, wish to avail the Medi-claim Policy for the year 2006-2007. It is requested that the facilities under the Medi-claim Policy, as notified by NFL, may please be made available to me/us. The desired particulars are as under: -

1. Name
 Employee No.
 Post last held.
2. Name of the Unit/Office from where retired/voluntary retired/resigned/.
3. Date of Birth of the Self
 Date of Birth of the Spouse
 Name of the spouse
4. Date of joining NFL
5. Date of retirement/VRS/ Resignation
6. Number of years of continuous service put in NFL/FCI group of companies.
7. Present address
 Telephone/Mobile No.
 Tel. No..... Mob. No.....
8. Whether member of the existing Medi-Claim Scheme.
9. Preferred location/Station from where Medical facility is to be availed.
10. Two stamp size photographs each for self and spouse, indicating their names on the reverse of the Photograph
(in respect of new members only).
10. Details of Bank Draft Bank Draft No.
 (Contribution amount is Rs.700/- for the year Dated.....For Rs.....
 2006-2007. Pre-existing members may pay (Issued by.....
 Rs.400/- net after adjusting Rs.300/- out of the in favor of NFL.
 contribution paid during 2005-2006)
11. Existing Medi-claim Card No.

I hereby declare

- a) That I have taken note of all exclusions under the Medi-claim Policy and agree that 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; however, needful support wherever deemed necessary, shall be provided by the Company.
- b) That the Management reserves the right to withdraw the Scheme at any stage, as may be considered necessary, and membership of this Scheme does not confer any right of continued membership or any benefit / compensation on discontinuation of Medi-claim Scheme.
- c) That I and my spouse shall be entitled to be a member of the Medi-claim Scheme only on payment of the requisite contribution, as may be decided by the Management.
- d) That my spouse and myself are not availing the medical facilities from any organization after retirement.
- e) That the 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.

Thanking you,

Yours faithfully,

.....
 (Signature & Name)