

**INDIAN MARITIME UNIVERSITY**

**APPLICATION FOR AVAILING GROUP MEDICAL INSURANCE SCHEME**

1. Name of the Employee :
2. Name of the IMU Campus / HQ :
3. Category (Strike whichever is not applicable) :
  - a. Joined on or after 14.11.2008 (Other than Deputation)
  - b. Erstwhile NMA Employee opted for joining IMU service condition under Section 49(iii) of IMU Act, 2008.
  - c. Erstwhile IIPM Employees opted for joining IMU service condition under Section 49(iii) of IMU Act, 2008.
  - d. Erstwhile NSDRC Employees opted for joining IMU service condition under Section 49(iii) of IMU Act, 2008.
  - e. Joined on or after 14.11.2008 on "Deputation" basis
4. Designation :
5. Category of Employee : Group A/B/C
6. Scale of Pay / Band Pay and Grade Pay : Present Pay:
7. Date of Joining :
8. Date of Superannuation :
9. Are you on Deputation : Yes / No  
If Yes date of likely to completion of Deputation :
10. Residential Address :
  
11. Telephone Number : (O)  
(R)  
(M)
12. E-Mail ID :

**13.Details of Family**

(Details of the Employee and members of "Family" as defined in the "Instructions" should only be filled up)

SI. No.	NAME OF THE FAMILY	RELATIONSHIP	DATE OF BIRTH	PLACE OF STAY (District / City)
01		Self		

(Please attach Proof of age in case of son(s) like copy of Birth Certificate / 10<sup>th</sup> or 12<sup>th</sup> Mark Sheet)

14. Whether the dependent parents included in Para 13 : Yes/No  
above are normally residing with you?

15. Please state the monthly total Income of the dependent :  
Parent including pension

16. (a) Whether Spouse is employed : Yes/No/NA  
(b) If yes, please provide : Designation:  
: Address of the Employee:

(c) Whether the Spouse is in receipt of free  
Medical Attendance or Medical Insurance Scheme :  
from his/her Employee?

17. If, Son(s) / Daughter(s) is / are included in Para 13 :  
above, please indicate whether employed?

18. If, daughter(s) is/are included in Para 13 above :  
Please indicate whether married?

## **DECLARATION**

1. I certify that the information furnished by me in this application is correct and that no information has been concealed or has been misrepresented and I stand by the same.
2. I undertake to intimate to IMU immediately if there are any changes in dependency or residence criteria or income of my family members included in this application form. I am aware that if I fail to intimate the change and if IMU comes to know of the same, then the Group Medical Insurance facility is liable to be withdrawn by IMU and that I am liable for disciplinary action for suppression of information.
3. I undertake to surrender the Medical Insurance Card issued to me and my family members on my leaving IMU on retirement, termination, resignation or on ceasing to be eligible for Group Medical Insurance facility.
4. I hereby agree to the terms and conditions of Group Medical Insurance Scheme and I authorize IMU to deduct 75% / 50% / 25% of Medical Insurance premium paid by IMU for the family members indicated in Para 13 from my monthly salary as explained in "Instructions".

Date :

Signature of Applicant

Name:

**(TO BE FILLED BY THE REGISTRAR / CAMPUS DIRECTOR)**

The information furnished by the applicant has been verified. Mr. / Mrs. / Ms.

\_\_\_\_\_ Designation \_\_\_\_\_  
working in \_\_\_\_\_ Campus and his / her family members is /are  
recommended for including in the Group Medical Insurance Scheme. The 75% / 50%  
/ 25% of Medical Insurance premium paid by IMU for the family members as indicated  
in Para 13 will be deducted from his/her salary every month.

Date :

Signature & Name of the Registrar / Director

## INSTRUCTIONS

### 1. Definition of "Family"

- i. Spouse - Should be non-wage earned. However, the spouse who is gainfully employed and not wholly dependent may also be covered provided he/she is not in receipt of free medical attendance in his/her own outside employment.
- ii. Children - Should be wholly dependent on the employee and will only include unemployed sons up to the age of 25, and unmarried and unemployed daughters.
- iii. Dependent Parent - Should normally reside with the employee and his/her from sources including pensions and pension-equivalent of DCRG benefits should not exceed ₹ 3,500 plus amount of DA on basic pension of ₹ 3,500 per month.

2. The employee and "Family" as defined under SI. No. 1 are only covered under the Group Medical Insurance Scheme.

3. In this case of IMU employees, there will be a recovery of the premium payable per member @ 75% Group A Employees, 50% for Group B Employees and 25% Group C Employees. The employee wise (including his / her family members) premium of Group Insurance Scheme will be obtained from the Insurance Agency for the one year and communicated to the Registrar / Campus Director to recovery of 75% / 50% / 25% of premium from the Salary of employees every month.

Date :

Signature of Applicant

Name: