

**Indian Institute of Technology Delhi
Industrial Research & Development Unit**

No. IITD/IRD/M-81/

7502

Date:

7/9/11

Subject: Medical Insurance Scheme for Sponsored Research Project Staff working on yearly contract basis

The Institute is planning to explore the possibility to provide medical insurance which will allow cashless hospitalization upto Rs. 2 lacs for employees working in Sponsored Research Projects on yearly contract basis. The medical insurance will cover themselves and their dependent family members (as per rules). The cost will be shared in the ratio of 1:2 between the concerned employee and the IRD Unit.

Please find enclosed herewith the form (Annexure B) alongwith the applicable premium rates (Annexure A). In case, you are interested, please fill up the attached form and send it to the IRD Unit for further necessary action **latest by 15th September, 2011** positively.

This issues with the concurrence of the Competent Authority.


(V.K. Vashistha)

Assistant Registrar (IRD)

Distribution:

- | | | |
|--|---|---|
| <ol style="list-style-type: none">1. All HoDs/HoCs2. All PIs/CIs3. Dean, IRD4. A.R. (Cdn)5. Sh. K. K. Bhattacharjee, A.R. (Stores)6. A.R. (IRD A/c) | } | <p>The above contents may be circulated amongst the concerned project staff working in your Dept./Centre for information and necessary action.</p> |
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ANNEXURE – A

PREMIUM RATES FOR IIT, DELHI , MEDICAL INSURANCE

PREMIUM FOR RS. 2,00,000/- ON FAMILY FLOATER BASIS

AGE BAND	PREMIUM PER SERVING/ RETIRED PER EMPLOYEE (in Rs.)	PREMIUM PER DEPENDENT OF SERVING/ RETIRED EMPLOYEE (in Rs.)
0-18 YRS.	2832	283
19 Yrs	2832	283
20 Yrs	2832	283
21-35	3249	325
36-45 Yrs	4876	488
46-55 Yrs	8208	821
56-60 Yrs	10840	1084
61-65 Yrs	10840	1084
66-80 Yrs	15986	1599
>80 Yrs	21277	2128

ADDITIONAL PREMIUM FOR TOP-UP OF INSURANCE COVER FOR EVERY RS. 50,000/- PREMIUM SHALL BE AS UNDER AND WILL BE PAYABLE BY THE INDIVIDUAL MEMBER maximum Up to Rs. 8,00,000/-

Age Band	Serving/ Retired employee	Dependents
0-25	720	72
26-35	944	94
36-45	1271	127
46-55	2175	218
56-65	2870	287
66-70	3575	358
71-75	3832	383
76-80	4728	473
>80	5201	520

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**ENROLLMENT FORM
NATIONAL INSURANCE CO. LTD.**

NAME & ADDRESS OF PROPOSER: INDIAN INSTITUTE OF TECHNOLOGY, DELHI

EMPLOYEE'S DETAILS:-

1. NAME OF THE EMPLOYEE: NAME _____ SURNAME _____ EMP. ID NO. _____
 2. ADDRESS: _____

3. TOTAL NO. OF MEMBERS TO BE COVERED: _____ PH. NO. _____
 (in figures) _____ (in words) _____

4. SUM INSURED OPTED FOR TOP UP _____

5. FAMILY DETAILS:-

S.NO.	NAME	DOB MM/DD/YY	SEX	RELATION	EMPLOYEE'S SIGNATURE
				SELF	
				SPOUSE	
				CHILD 1	
				CHILD 2	
				CHILD 3	
				CHILD 4	
				* FATHER	
				* MOTHER	

PHOTOGRAPHS OF EMPLOYEE & HIS/HER FAMILY MEMBERS:

EMPLOYEE	SPOUSE	CHILD 1	CHILD 2
NAME _____	NAME _____	NAME _____	NAME _____

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CHILD 3	CHILD 4	* FATHER	* MOTHER
NAME _____	NAME _____	NAME _____	NAME _____

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*Father/Mother in case of married female employees, she can opt either her own parents or parents- in-laws to be covered under mediclaim scheme of company

Verified by IIT, Delhi