

UNIVERSITY OF CALCUTTA

Memo No. : A/S/287/GMI

Dated:04.01.2018



MEMORANDUM

In continuation to this office Memo No. A/S/247/GMI dated 12.05.2016; it is notified for general information of the Teachers, Officers and Non-teaching Employees of the University, that the Group Medclaim Insurance Scheme is being continued with The Oriental Insurance Co. Ltd., Corporate Business Unit, Kolkata for the year 2018. The new Premium Chart with a loading of 60.02% is applicable for this year onwards which is enclosed herewith.

For this year the loading amount was paid by the University of Calcutta but for the coming year, i.e. for the year 2019, the premium is to be collected as per the new Premium Chart 2018 from the members of the GMI Policy of C.U.

This is as per order Pro. V.C.(F) dated 04/01/2018, **However, option will be available to concerned unwilling employees to opt out from the scheme, Form of which is enclosed herewith.**

Those who are unwilling to remain in the scheme may submit the prescribed Option form duly filled in and signed, before the Audit & Accounts Department, 4th Floor, Centenary Building, with effect from 10th January **to 09th February, 2018.**

This Memorandum is also available in the University website www.caluniv.ac.in

All Heads of the Departments and Secretaries of the concerned Faculty Councils are requested to give wide publicity regarding the matter, so that unwilling persons from the above categories can opt out from the scheme within the stipulated period as mentioned above.

A3/1/2018.

Accounts Officer
University of Calcutta

OPTION FORM

To
The Accounts Officer,
University of Calcutta,
Kolkata-700073

**Sub: Prayer for withdrawal of my membership from
CUGMI Policy.**

Sir,

I, Sri/Smt....., am a member
of CUGMI Policy, having a family coverage of Rs....., hereby pray to
your kind self to allow me to quit from the CUGMI Policy. Hope you will grant my
prayer and do the needful and oblige.

Thanking you,

Yours faithfully,

Date: Name

Place: Designation

Department

Employee's code/ Pensioner Code No.

Sl. No.....

OPTION FORM

To
The Accounts Officer,
University of Calcutta,
Kolkata-700073

Sub: Prayer for enhancement of the amount of family coverage
of my Mediclaim Benefit under CUGMI Policy.

Sir,

I, Sri/Smt....., am a member
of CUGMI Policy, having a family coverage of Rs....., hereby pray to
your kind self to allow me to enhance the same to Rs. Hope you will
grant my prayer and do the needful and oblige.

Thanking you,

Yours faithfully,

Date: Name

Place: Designation

Department

Employee's code/ Pensioner Code No.

Sl. No.....

Mobile No.

दि ओरिएण्टल इश्योरेंस कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

पंजीकृत एवं मुख्य कार्यालय :

ए-25/27, आसफ अली रोड, नई दिल्ली-110 002

वेबसाइट : www.orientalinsurance.org.in देखें

कृपया अपनी पत्राचार पॉलिसी जारी कर्ता कार्यालय से करें



THE ORIENTAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

Regd. & Head Office :

A-25/27, Asaf Ali Road, New Delhi - 110 002

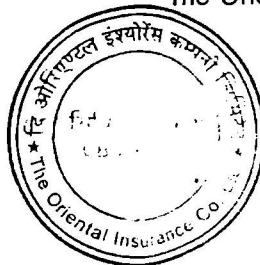
Visit us at : www.orientalinsurance.org.in

Address all communication to Policy Insuring Office

Premium Chart - C U -2018 with GST @18%

Coverage	P	P+1	P+2	P+3	P+4	P+5
50000	3805	4281	4757	5233	5709	6185
100000	7365	8284	9205	10126	11046	11967
150000	10863	12220	13578	14937	16294	17652
200000	14107	15870	17631	19394	21158	22921
250000	17098	19235	21372	23511	25648	27785
300000	20092	22602	25113	27626	30136	32647
350000	22828	25681	28535	31388	34241	37094
400000	25570	28765	31964	35160	38356	41551
450000	28306	31845	35383	38922	42460	45999
500000	31045	34926	38808	42689	46570	50449
600000	37689	42404	47113	51824	56536	61245
700000	45754	51474	57195	62915	68635	74352
800000	55546	62490	69434	76379	83323	90263
900000	67433	75863	84293	92724	101154	109579
1000000	81863	92098	102332	112566	122801	133029

For & on behalf of
The Oriental Insurance Company Limited



Authorised Signatories