



## UNIVERSITY OF CALCUTTA

Memo No. : A/S/334/GMI

Dated:17.05.2018

### MEMORANDUM

In continuation to this office Memo No. A/S/299/GMI dated 29.11.2017; 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 Premium Chart and salient features of benefits are enclosed herewith.

Those who are interested to join the scheme may submit the prescribed application form duly filled in and signed, along with two copies of stamp size photographs for self and each dependents with full name on the back side of such photographs and an attested copy of age proof before the Audit & Accounts Department, 4<sup>th</sup> Floor, Centenary Building, with effect from **1<sup>st</sup> June to 20<sup>th</sup> JUNE, 2018**

Existing members who desire to include more dependents with them as per the existing provisions may do so within the stipulated period mentioned above. However the age of every new entrant should be within sixty years. The Policy Coverage will be available from one lakh to ten lakh with provision for other slabs at intervals of Rupees fifty thousand.

All Heads of the Departments and Secretaries of the concerned Faculty Councils are requested to give wide publicity regarding the matter, so that interested persons from the above categories can deposit the premium amount within the stipulated period as mentioned above during cash hours.

A3  
17/5/18  
**Accounts Officer**  
**University of Calcutta**  
Rm  
17/5/18.

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	42401	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



*Chahal*  
Authorised Signatories

For Teacher/Officer/Employee/Pensioner



Serial No.

Forwarded by :

(Head / Secretary of F.C. Concerned)

Form for New Entrants to the Group Mediclaim Policy of University of Calcutta

Name : \_\_\_\_\_ Residential Address : \_\_\_\_\_

Father's / Husband's name : \_\_\_\_\_

Designation : \_\_\_\_\_ Salary / Pension Code No. \_\_\_\_\_

Department : \_\_\_\_\_ Phone No. (if any) \_\_\_\_\_

Fresh enrolment / Inclusion Desired

Name	Relation	Date of Birth	Sex	Sum Assured	Remarks
				Rs...../-	
				(In figure)	
				Rupees .....	
				.....	
				.....	
				(In words)	

N.B. (1) Copies of Age proof for Self and Dependants are to be furnished herewith

(2) Stamp size colour Photos (2 copies against each name) are to be submitted herewith

I do hereby authorise the University to realize the premium and service tax from my salary/pension and abide by the rules framed to be framed / from time to time

Signature of the employee / Pensioner