

पॉलिसी अनुसूची/ Policy Schedule - GroupMediclaim-Tailormade	
Policy Number: 27150050211000031	व्यवसाय स्रोत / Business Source: 271500
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/ Office Code: 271500 कार्यालय पता/ Office Address: PUNE DIVISION III Asmani Plaza, 1248-A, Shivajinagar, Deccan Gymkhana, - 411004. State Code: 27, Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 020 25536149 Mobile Number:	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 271500 नाम/ Name: Pune Division III Contact Number: सह दलाल कोड / Co Broker Code:
	कस्टमर केयर टॉल फ्री नंबर/ Customer Care Toll Free Number: 1800 345 0330 ईमेल/ email:customer.support@nic.co.in

ग्राहक का नाम /Customer Name: BANK OF MAHARASHTRA	ग्राहक आईडी /Customer ID: 9701809066	पैन /PAN: AACCB0774B
पता/ Address: 1501, LOKMANGAL, SHIVAJINAGAR, PUNE, City: PUNE, District: PUNE, State: MAHARASHTRA, PIN: 411005. Cell: 9999999999	फोन /Phone:	ई-मेल /E-Mail: agmcs@mahabank.co.in

पॉलिसी: 02/04/2021 के 00:00 से 01/04/2022 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 02/04/2021 to midnight of 01/04/2022			
प्रीमियम/ Premium	₹ 2,85,31,735.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 25,67,856.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800210401632323 Dt. 01/04/2021
SGST/UTGST	₹ 25,67,856.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00		
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	271500812010007628,271500812010007557, 271500812010007558 Dt. 31/03/2021,26/03/2021,26/03/2021
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00		
कुल /Total Amount	₹ 3,36,67,448.00	पछिली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	लागू नहीं/NA

(Rupees Three Crore Thirty Six Lakh Sixty Seven Thousand Four Hundred Forty Eight Only.)

LocationAddress:

1)PUNE,,Pune,Pune,Maharashtra,411001.

Number of families:2863 Number of Lives covered: 6264

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	TOTAL LIVES COVERED 6264	1,48,13,00,000.00
Excess:			
Additional Information: SELF- 2863 PLUS DEPENDENTS- 3401 TOTAL LIVES COVERED 6264 FOR VARIOUS SI DETAILS AS PER LIST ATTACHED			

TPA Details: VIDAL HEALTH TPA PVT LTD - MUMBAI, Fourth Floor, B Wing, 413-422, Chintamani Plaza, Andheri Kurl Road, Andheri East, Mumbai - 400099
Contact No : 22 - 29214700 Email : Nationalfeereceipts@vidalhealthtpa.com.

Clauses	As per Annexure I
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टिप्पणियां/ Remarks: 1. Policy covers hospitalization expenses for medical surgical treatment arising out of any disease/ailment/illness/accident.
2. Pre and Post hospitalization expenses up to 30 days prior to hospitalization and upto 60 days after discharge from the hospital.
3. No restrictions on expenses towards pre and post hospitalization and major illness i.e. covered up to overall sum insured.
4. No capping under any head including Room rent/ICU rent.
5. No Co-Pay clause.
6. Sum Insured is on family floater basis i.e. anyone member or all the members put together can avail hospitalization benefit during the policy period up to the available sum insured.
7. All the pre-existing diseases are covered.
8. For new entrants the age criteria shall be upto 70 years wherein the existing premium will be loaded by 20%.
9. First 30 days waiting period shall be applicable for new entrants.
10. Diseases that are normally not covered during the first year and first two years under the standard Mediclaim Insurance policy shall be

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covered.

11. Maternity benefit provided - Normal delivery upto Rs.35000/- and Cesarean section upto Rs.50000/-
12. Spouse of deceased employee shall be continued to be covered up to the age of 80years provided the deceased employee and spouse were insured under the existing policy for 2020-21
13. Cover dependent children up to 25 years of age or marriage or getting employed whichever is earlier, crippled and/or physically challenged children without age restrictions.
14. Coverage for dependent parents up to 80 years
15. Provision to claim excess amount after exhausting sum insured and or Corporate Buffer under the IBA Policy if the employee is a member of such policy and has preferred to claim thereunder subject to terms and conditions of this Group Policy. In this event, communication of hospitalization of insured must be made to the TPA within 48 hours of such hospitalization. To avail this, employee need to submit Declaration in Annexure 1 and other documents as per Clause 21A of the attached terms, conditions. The Declaration is to be duly certified countersigned by Zonal Head/Executive of HR Dept of the Bank's Head Office in case of serving employee and Branch Manager or any other Officer of the Bank in case of retired employee.
16. Option open for employee to claim under this Group Policy up to the sum insured selected subject to its terms and conditions and provided no claim has been or would be preferred to under the IBA Policy. In this event, communication of hospitalization of insured must be made to TPA within 48 hours of such hospitalization and claim documents in original to be submitted to the TPA within 30 days from discharge.
17. Cashless facility through TPA.
18. Submission of completed Annexure 1 is mandatory irrespective of whether or not claim is preferred to under the Group Policy of after exhausting claim under the IBA Policy. .
19. For the purpose of brevity, this Group Mediclaim policy is hereinafter referred to as "Group Policy" while the Group Mediclaim Policy taken by Indian Banks Association for its member banks as a result of the Bipartite Agreement is hereinafter referred to as IBA Policy.
20. The Policy covers Employee and Family
a. 1 or 1+1 or 1+3 or 1+5 basis i.e. Employee (1) or Employee + Spouse (1+1) or Employee + Spouse + 2 dependent children (1+3) or Employee + Spouse + 2 dependent children + Parents (1+5)
b. Spouse of deceased employee up to the age of 80 years subject to such spouse is/was covered under the Policy for 2020-21
c. Retired employee (1) or Retired employee + Spouse (1+1) or Spouse of deceased employee up to the age of 80 years who had got covered in this Group Policy for 2019-20 shall continue to get covered up to the age of 80 years during policy for 2020-21.

21. Policy Mid term Addition/ inclusion:
Mid term addition of new employee is permissible on payment of full annual premium. Mid term addition of members of family of employee on account of marriage and new born

जिसकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत किया जा रहा है उसके हाथ नरिधारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्रथमकिता नरिस्त हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 01/April/2021. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

इंश्योरेन्स इंडियल मिटिड

स्टाम्प ड्यूटी मिटिड/
Stamp Duty:
(₹ 1.00)

कृते नेशनल इन्श्योरेन्स कंपनी
For and on behalf of National Insurance Company Limited

अधकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

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TAX INVOICE

Invoice Serial No: 30741H1P00000031

Invoice Date: 01/04/2021

Details of Supplier:

National Insurance Company Limited.,
PUNE DIVISION III Asmani Plaza,1248-A, Shivajinagar,Deccan Gymkhana, - 411004
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : BANK OF MAHARASHTRA

Address : 1501, LOKMANGAL, SHIVAJINAGAR, PUNE
City : PUNE,
District: PUNE,
State: MAHARASHTRA,
PIN: 411005.

Place Of Supply State : Maharashtra
State Code : 27
GSTIN No : 27AACCB0774B1Z4

सैक कोड/ SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	2,85,31,735	0%	2,85,31,735	9%	25,67,856	9%	25,67,856	0%	0	0
TOTAL		2,85,31,735		2,85,31,735		25,67,856		25,67,856		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 3,36,67,448

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रूपए/Rupees
Three Crore Thirty Six Lakh Sixty Seven Thousand Four Hundred Forty Eight
केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि Amount of Tax Subject to Reverse Charge : No

E.&.O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/ For
and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory