

पॉलिसी अनुसूची/ Policy Schedule - GroupMediclaime-Tailormade	
Policy Number: 251100502010000332	व्यवसाय स्रोत / Business Source: 251100
जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 251100 कार्यालय पता/ Office Address: MUMBAI DIVISION XI IInd Floor, National Insurance Building,, 14, Jamsheedji Tata Road,,Churchgate - 400020. State Code: 27 , Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 22 22036054 Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 251100 नाम/ Name: Mumbai Division XI Contact Number: 0 सह दलाल कोड / Co Broker Code:
	Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in

ग्राहक का नाम /Customer Name: BANK OF MAHARASHTRA - RETIREES	ग्राहक आईडी /Customer ID: 9701926991	पैन /PAN: AACCB0774B
पता/ Address: 1501,LOKMANGAL,SHIVAJI NAGAR, City: PUNE, District: PUNE, State: MAHARASHTRA, PIN: 411005. Cell: 8007022010	फोन /Phone:	ई-मेल /E-Mail:

पॉलिसी: 01/11/2020 के 00:00 से 31/10/2021 की मध्य रात्रि तक प्रभावी /Policy Effective from 00:00 hours, on 01/11/2020 to midnight of 31/10/2021			
प्रीमियम/ Premium	₹ 10,00,81,707.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	NA
CGST	₹ 90,07,354.00	प्रस्ताव संख्या और तिथि/Proposal Number and Date	8800201105482891 Dt. 05/11/2020
SGST/UTGST	₹ 90,07,354.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00	रसीद संख्या और तिथि/Receipt Number and Date	251100812010004765 Dt. 29/10/2020
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	पछिली पॉलिसी संख्या और समाप्ती तिथि / Previous Policy Number and Expiry Date	NA
कुल /Total Amount	₹ 11,80,96,414.00	(Rupees Eleven Crore Eighty Lakh Ninety Six Thousand Four Hundred Fourteen Only.)	
Co- Insurance Details: NIC 75.00%,OIC - Mumbai Division 7 5.00%,NIA - Tata Motors Auto Tie - Up Branch - 122200 10.00%,UII - LCB MUMBAI - 500100 10.00%.			

LocationAddress:

1)Bank Of Maharashtra,1501,Lokmangal,ShivajiNagar,,Pune,Pune,Maharashtra,411005.

Number of families:4587 **Number of Lives covered:** 8417

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	GMC FOR RETIRED EMPLOYEE - WITHOUT DOMICILIARY	1,56,05,00,000.00
Excess: ..			
Additional Information: NA			

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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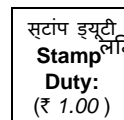
<p>टिप्पणियाँ/ Remarks: 1. Family Definition : Retired/Resigned Employee + Spouse only. OR Widow/Widower</p> <p>2. Separate rates were given for Single person i.e., either of the below mentioned cases :- a) Retiree without Spouse b) Surviving Spouse (Family Pensioner) (* If employee and spouse both are alive, family floater premium have to be paid.)</p> <p>3. Sum Insured for Group Health Insurance on Family Floater basis: 1 lac/2lacs/3lacs/4 lacs</p> <p>4. Data:-</p> <table border="1"> <thead> <tr> <th>Sum Insured</th> <th>No of families</th> <th>No. Of Dependent</th> </tr> </thead> <tbody> <tr> <td>1 Lac</td> <td>96</td> <td>73</td> </tr> <tr> <td>2 Lacs</td> <td>212</td> <td>170</td> </tr> <tr> <td>3 Lacs</td> <td>2031</td> <td>1642</td> </tr> <tr> <td>4 Lacs</td> <td>2248</td> <td>1945</td> </tr> </tbody> </table>	Sum Insured	No of families	No. Of Dependent	1 Lac	96	73	2 Lacs	212	170	3 Lacs	2031	1642	4 Lacs	2248	1945
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जारीकर्ता कार्यालय/Issuing Office कार्यालय कोड/ Office Code: 251100 कार्यालय पता/ Office Address: MUMBAI DIVISION XI IInd Floor, National Insurance Building,, 14, Jamsheedji Tata Road,,Churchgate - 400020. State Code: 27 , Maharashtra GSTIN: 27AAACN9967E1Z3 Contact Number: 22 22036054 Mobile Number: 0	विक्रय चैनल विवरण/ Sales Channel Details कोड/ Code: 251100 नाम/ Name: Mumbai Division XI Contact Number: 0 सह दलाल कोड / Co Broker Code:
	Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in

5. Room Rent: -
 For Sum Insured 1 lacs and 2 Lacs: Room Rent per day shall be payable up to 1.5% of Sum Insured and ICU charges per day shall be payable up to 2% of Sum Insured.
 For Sum Insured 3 lacs and 4 lacs: Room rent per day shall be payable up to Rs.5000/- and ICU charges upto Rs.7500/-
6. For critical illness, Hospitalization medical expenses alone is payable. No lump sum fixed benefit is payable.
7. No expenses related to domiciliary treatment shall be covered
8. No expenses related to maternity is payable. No day one cover available for new born child.
9. No corporate buffer is available.
10. Only employee & spouse are covered. Dependents are excluded from the scope of the policy.
11. After commencement of the policy if any retiree who opts out of the scheme cannot re-join the scheme.
12. At the time of renewal in case any insured person under this policy opts not to be included for the renewal, then he/she will not be allowed to join the scheme on subsequent renewals.

जसिकी गवाही में दनि/ माह /वर्ष को उपरोक्त उल्लेखित कार्यालय पते पर अधोहस्ताक्षरी को वधिवित अधकृत कयिा जा रहा है उसके हाथ नरिधारति करिे 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 रुप में एक साथ पढा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह वशिष्टि अर्थ पॉलिसी या अनुसूची के कसिी भी हसिसे में संलग्न कयिा गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लेखित हो। यह आश्वासन दयिा जाता है कि प्रीमियम चेक के अस्वीकृत के मामले में, यह दस्तावेज स्वतः प्राथमकता नरिस्त हो जाएगी। **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 05/November/2020. 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'**

इंश्योरेन्सइंडियालिमिटेड



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

अधकृत हस्ताक्षरकर्ता/ Authorized
 Signatory

TAX INVOICE

Invoice Serial No: 30154H0C00000332

Invoice Date: 05/11/2020

Details of Supplier:

National Insurance Company Limited.,
MUMBAI DIVISION XI IInd Floor, National Insurance Building,,14, Jamshedji Tata Road,,Churchgate - 400020
State : 27 , Maharashtra
GSTIN No : 27AAACN9967E1Z3

Details Of Receiver : BANK OF MAHARASHTRA - RETIREES

Address : 1501,LOKMANGAL,SHIVAJI NAGAR
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)	10,00,81,707	0%	10,00,81,707	9%	90,07,354	9%	90,07,354	0%	0	0
TOTAL		10,00,81,707		10,00,81,707		90,07,354		90,07,354		0	0

कुल इनवॉयस मूल्य (अंकों में) Total Invoice Value (In figures) :
₹ 11,80,96,414

कुल इनवॉयस मूल्य (शब्दों में) Total Invoice Value (In words) : रुपए/Rupees
Eleven Crore Eighty Lakh Ninety Six Thousand Four Hundred Fourteen
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