

FOGSI –Family Mediclaim Policy
With
United India Insurance Co. Ltd. D. O. – 4

Category	Sum Insured	Premium
A	Rs. 5,00,000/-	Rs. 6,325/- per person
B	Rs. 10,00,000/-	Rs. 12,652/- per person

New Mediclaim Policy :- Salient Features

1. Policy will be provided on Floater basis covering 1 + 5 members in the family. Family means Self, Spouse, 2 Dependent Childrens and Parents or Parents in Laws. No siblings to be covered.
2. Upper Age limit shall be 80 years at the inception of the Policy.
3. Sum Insured shall be Rs. 5 Lacs and Rs. 10 Lacs on family Floater basis.
4. **For new members 6 months waiting period applicable for pre-existing diseases.**
5. **9 months waiting period under Maternity benefits available for new members.**
6. **New born babies shall be covered from day 1 to 3 months.**
7. Maternity benefit shall be restricted to Rs. 50,000/- & Rs. 1,00,000/- for sum insured for Rs. 5 Lacs & Rs. 10 Lacs.
8. First year exclusion and 30 days waiting waived off.
9. Ayurvedic treatment in Government recognized hospital as an in-patient shall be covered.
10. Emergency ambulance charges upto Rs. 1500/- per case is admissible.
11. Accidental dental treatment shall be covered.
12. **Room Rent per day is restricted to 0.5 % of the sum insured for normal rooms and 1 % for ICU.**
13. **Diseases capping's as per GMC applicable as under :-**
 - a) **Cataract** :- Actual Expenses or 25% of the sum insured whichever is less.
 - b) **Hernia** :- Actual Expenses or 25% of the sum insured whichever is less.
 - c) **Hysterectomy** : Actual Expenses or 25% of the sum insured whichever is less.
 - d) **Major Surgeries** : Actual Expenses or 70% of the sum insured whichever is less.
Major surgeries include Cardiac Surgeries, Brain Tumor Surgeries, Pace Maker implementation for sick sinus syndrome , Cancer Surgeries , Kidney Transplant & Renal Surgeries, Hip, Knee , Joint replacement surgeries.
14. **For new joinees 10% Co-payment shall be applicable in all the claims.**
15. Dependents will be allowed only with the primary members except spouse & new born baby, if any for the new joinees. Incurred loss ratio for existing primary members & also their dependents will be monitored on regular basis. If this exceeds 100% appropriate additional premium will be paid by the primary members. In case of non-payment of additional premium by the specific primary members, the cover will be seized for him & dependents.
16. **Cashless facilities shall be provided through M/s. E-Meditek Pvt. Ltd. for the new members.**

Mode of Payment

The payments is to be made by **Local Cheque** or **Draft** payable in Mumbai , drawn in favour of "**FOGSI-Family Mediclaim Policy**".

Address:FOGSI ,Model Residency CHS.-605, Ground Floor, Bapurao Jagtap Marg, Mahalaxmi (E), Mumbai-400 011.

Tel:91-22-32954564 / 23021648 / 23021654 / 23021343 Fax-91-22-23031383

Email: fogsi@bom7.vsnl.net.in / fogsi2007@gmail.com / <http://www.fogsi.org>

If a member furnishes any wrongful information in the application form or at any time during The membership term, the Managing Committee of this scheme shall have the right to Terminate the membership of the member concerned without any benefit.



The Federation of Obstetric & Gynaecological Societies of India

Model Residency CHS.-605, Ground Floor, Bapurao Jagtap Marg, Jacob Circle, Mahalaxmi(E), Mumbai-400 011.
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Membership Form

Date : _____

Personal Details:-(in Capital letters)

Name: _____

Address: _____

_____ PIN Code: _____

Tel. No: _____ Mobile No: _____ Email: _____

Name of the Society: _____

Name of the Member and Dependents (1+5)(in Capital letters):-

Sr. No.	Names	Male / Female (M/F)	Date of Birth	Age	Relationship
1					
2					
3					
4					
5					
6					

Signature of Proposer

Total Amount Paid:- Rs. _____

Cheque / Draft No: _____ Date: _____ Bank: _____

For Office Use Only :

Membership No:

Verification of Membership of Constituent Society:- _____

Office Superintendent

Convenor