

**BHARAT ELECTRONICS LIMITED
CORPORATE OFFICE
HUMAN RESOURCES AND EMPLOYEE RELATIONS**

No. 17556/821/CO-HR

Date: 21.06.2024

**Sub: BERECHS - Voluntary top-up facility reg.
Ref: Circular No 17556/821/CO-HR dated 16.06.2023**

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- 1.0 The provision for Top-up facility under BERECH Scheme i.e., additional coverage to the extent of 50% of sum insured towards In-patient treatment by paying the additional premium directly to the Insurer was notified vide Circular referred to above which is valid up to **30.06.2024**.
- 2.0 The matter of renewal of Top-up facility was taken up with the Insurer i.e., M/s. United India Insurance Co. Ltd. (UIICL). M/s. UIICL have agreed to provide Top-up facility w.e.f. 01.07.2024. Accordingly, members who wish to avail the top-up facility for In-Patient treatment shall enrol themselves within **30.06.2024** as per the enrolment process.
- 3.0 The Enrolment process and Enrolment form for availing the top-up facility is enclosed for reference. The premium to be paid is indicated in the Enrolment form and the member has to pay the premium directly to the Insurer i.e., M/s. UIICL.
- 4.0 The completely filled-in Enrolment form should be sent to rajesh.k@mediassist.in. The policy will commence from **01.07.2024** for those members who have successfully paid the premium and enrolled themselves. In case of any assistance, members can call **8197416211** between **10:00 a.m to 5:00 p.m** on working days.
- 5.0 All Units / Offices may note the above and widely disseminate the same to the Retired Employees Association / Members of the scheme.


GENERAL MANAGER (HR)
21.06.24

**EDs / GMs / CTOs / CS
UNIT / SBU HR / FINANCE HEADS
RO / MC HEADS**

CMD D(OU) D(F) D(HR) D(MKTG) D(BC) D(R&D) CVO

UNITED INDIA INSURANCE CO. LTD.

(A Government Of India Enterprise)

LARGE CORPORATE AND BROKERS CELL

(Third Floor, Indian Mutual Building, N R Square, BANGALORE 560002)

BEL RETIRED EMPLOYEES GROUP HEALTH INSURANCE VOLUNTARY TOP UP POLICY

ENROLLMENT PROCESS

This document is to assist the Retirees of BEL to opt for the Voluntary Top Up Policies. This is a Top Up Policy for Hospitalization (In-patient). The Top up Policies are available only to Retirees covered under the BEL Group Health Policy for Retirees.

The cover under the Top Up policies shall be the same as in the BEL Group Health Policy for Retirees. The claim under the Top Up Policies shall trigger only after the exhaustion of the sum insured limits under the Primary policies.

Enrollment Form: The Sum Insured limits and their corresponding premium for various category of Retirees is given in the Enrollment Form. The enrollment form should be completed in all respects. Incomplete forms and illegible forms may be rejected. The completed Enrollment Form shall be emailed to rajesh.k@mediassist.in and in case of assistance, members can contact 8197416211 between 10:00 AM to 5:00 PM on working days.

Acknowledgement: On receipt of the Enrollment Form and the Premium an email confirming coverage will be sent to the Retiree. Separate TPA ID cards will be issued within 15 days of commencement of the policy. Further, a certificate under Sec 80D of the Income Tax Act 1961 shall be issued within 30 days of commencement of the policy.

Hospitalization Top Up Policy: Retirees opting for the Hospitalization Top Up policy should put a tick (V) against the eligible sum insured limit in para 3.

Premium: The retiree shall remit the applicable premium including GST as per the amount arrived at in para 4 to the Bank Account whose details are given below by IMPS/ NEFT/ RTGS. Please note that this is a Virtual Bank Account number. It is in the following format and has space for 22 characters.

ZUIICL500400XXXXXXXXBEL

The first 12 digits are fixed and should not be changed. The Next 7 digits which is shown as **XXXXXXX** represents the Retiree's New Staff Number provided by BEL. The Retiree shall fill in his / her New 7-digit Staff Number here. Retirees having only 6-digit New Staff Number can enter only those 6 digits. The next 3 digits is fixed and should not be changed.

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Please ensure that the account number is entered in the above format only and New Staff Number is correctly entered. If the format is changed or the New Staff Number is incorrectly entered, then the premium paid by the Retiree will not be traceable and may lead to denial of cover.

As explained above, the premium should be transferred to this bank account.

Beneficiary Name	United India Insurance Co. Ltd.
IFSC	INDB0000007
MICR CODE	600234002
Bank Name	IndusInd Bank
Branch	Nungambakkam, Chennai
Account Type	Current
Account Number	ZUIICL500400XXXXXXXXBEL

Important: After making the premium payment to the above bank account the details of your bank, UTR number and date of payment should be filled in para 6 of the enrollment form.

Last Date: The last date for making the premium payment is 30/06/2024. The policy will commence from 01/07/2024. Premium received after the last date shall be accepted and will be refunded.

Email: The completely filled in enrollment form should be then **scanned** and emailed to rajesh.k@mediassist.in. There is no need to send physical form to us.

Assistance: For any clarifications or assistance in filling up the form or in transferring the premium amount, please call 8197416211 between 10 AM and 5 PM on working days.

United India Wishes You Good Health



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BEL RETIRED EMPLOYEES GROUP HEALTH INSURANCE VOLUNTARY TOP UP POLICY ENROLLMENT FORM 2024-25

1 Please provide complete details of the Retiree of BEL. Please write legibly.

Name of the Retiree			
New Staff Number			
Grade		Category	
Mobile Number			
Email ID			
Address for Communication			

2 Please provide the details of persons to be enrolled under the Voluntary Top Up Policy

Sl	Name	Relationship	Gender	Age	Tick if Covered
1		Retiree			
2		Spouse			

3 Please tick the applicable Limit as per your Grade and Family Size, if Opted for In-Patient Top Up

HOSPITALISATION (IN-PATIENT) TOP UP							
Grade	Category	Floater Sum Insured for Family Size 2	Premium (including GST)	Tick, if Opted	Individual Sum Insured for a Single Person	Premium (including GST)	Tick, if Opted
Directors and CMD	1A	4,00,000	52809		300000	36724	
E – VII & E – IX	I	4,00,000	52809		300000	36724	
E-V to E-VI A	IIA	3,25,000	50429		243750	35073	
EI to EIV & TC personnel	II	2,50,000	40550		187500	27305	
Non Executives	III	1,75,000	31785		131250	16905	

4 Please provide the premium paid details

Online Payment can be done by NEFT/ RTGS. The bank details of United India Insurance is provided in the attached 'Voluntary Top Up Enrollment Process Brochure'	
Amount Paid	
Name of the Bank from which premium paid	
UTR Number	
Date of Payment	

5 The Top Up Policy will be effective from 01/07/2024. Cover will be available only to those persons from whom the full premium has been received by the Insurer and coverage confirmation has been sent.

6 I hereby declare that the above information given by me are true to the best of my knowledge and I understand that the policy will be for a period of one year and that no withdrawal from the policy is allowed during the policy period.

Place:

Date:

Name & Signature of the Retiree / Spouse

Note: For any clarification or assistance please write to rajesh.k@mediassist.in or call 8197416211