

BEL RETIRED EMPLOYEES CONTRIBUTORY HEALTH SCHEME (BERECHS)

Website: <https://belcare.in/>

User Manual for Retiree

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Role: Retiree

New User Registration:

Step 1: Open the browser

Step 2: Enter the URL <https://belcare.in/>

Click on “New User Click Here” link for new user registration.



Figure 1: New User registration link in the home page

Enter your staff Id and DOB correctly, to create a new password. The username will be same as staff id.

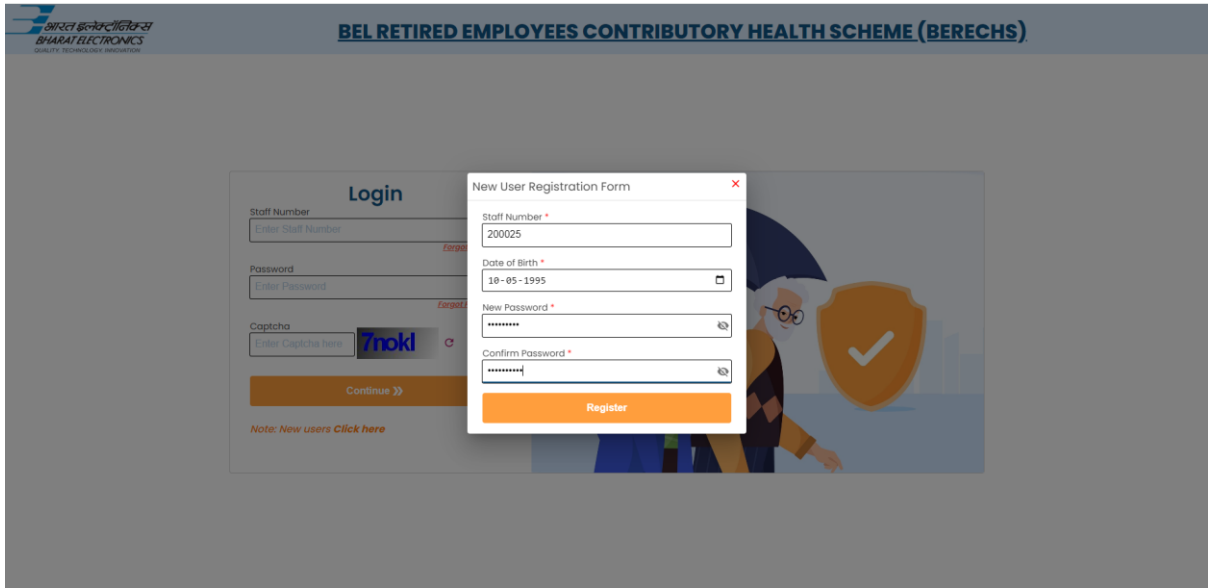


Figure 2: New User Creation / Signup

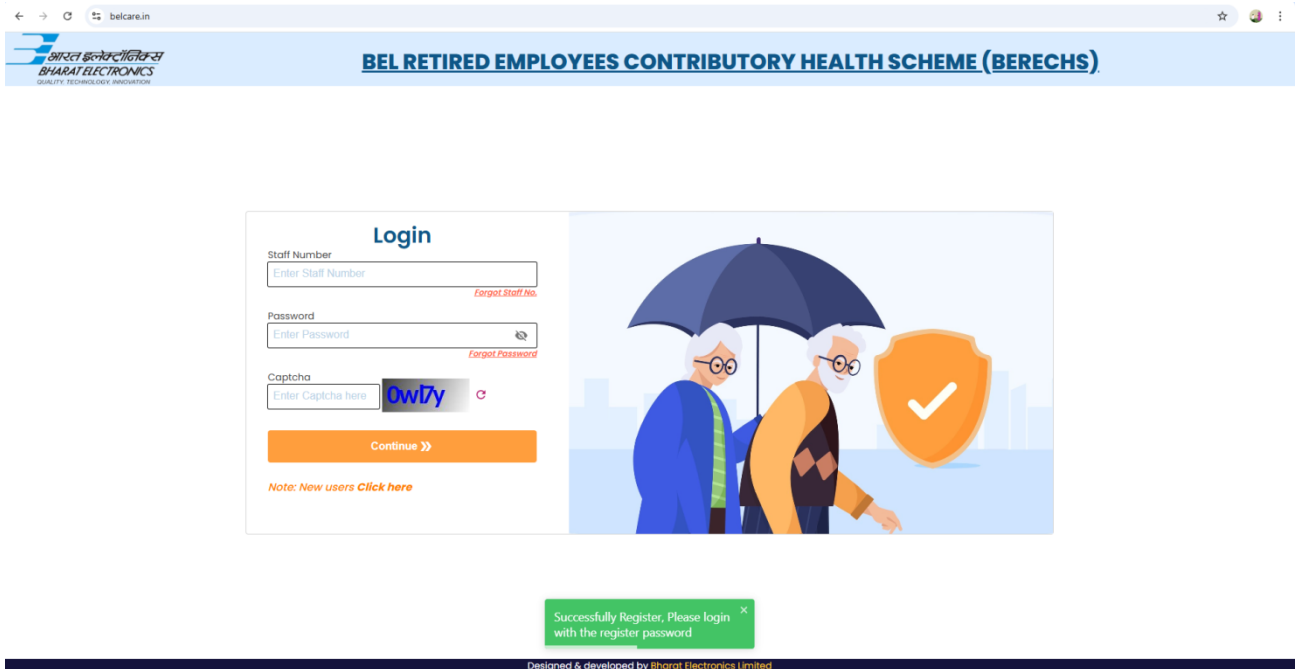


Figure 3: Success notification on sign up

User Login:

Enter the retiree Staff Number, password and captcha to login.

The screenshot shows a web browser window with the URL `belcare.in`. The page header includes the logo for Bharat Electronics Limited and the text "BEL RETIRED EMPLOYEES CONTRIBUTORY HEALTH SCHEME (BERECHS)". The main content area is titled "Login" and contains the following fields:

- Staff Number: (with a "Forgot Staff No." link)
- Password: (with a "Forgot Password" link)
- Captcha: (with a refresh icon)

Below the fields is an orange "Continue >>" button and a note: "Note: New users Click here". To the right of the form is an illustration of two elderly people under an umbrella, with a shield containing a checkmark. The footer of the page reads "Designed & developed by Bharat Electronics Limited".

Figure 4: User Login image

Renewal form:

Click the “Renewal form” to apply renewal for the year.

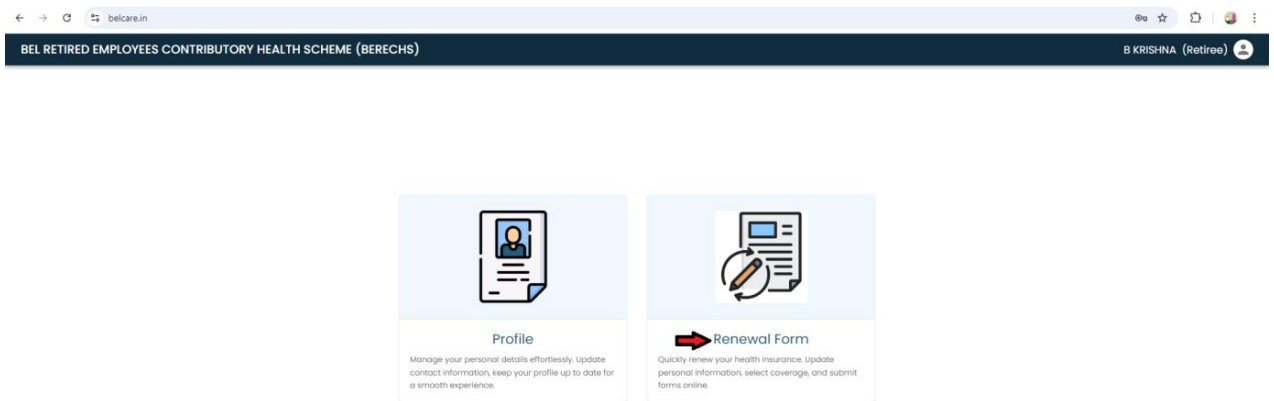


Figure 5 : renewal form page

Renewal form Instructions

Click on the “click to view instructions” and read the instructions carefully.

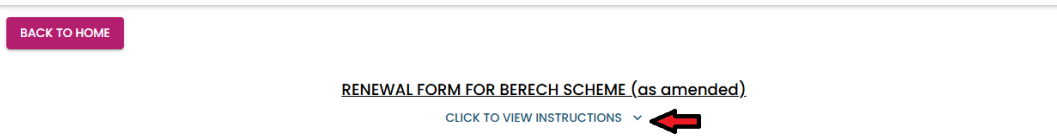


Figure 6: view instructions

BACK TO HOME

RENEWAL FORM FOR BERECH SCHEME (as amended)

CLICK TO HIDE INSTRUCTIONS ^

All BERECHS Members to take note of the following instructions with regard to RENEWAL of Membership

- 1. BERECHS members are required to submit declaration by 31st December every year to renew and continue the membership with Insurance Company.
- 2. It is mandatory that both the retired employee and his/her spouse should capture live photo in the declaration.
- 3. If the spouse of the retiree is employed and he/she is BERECHS member, it is mandatory to upload No Objection Certificate (NOC) every year in the declaration till his/her retirement.
- 4. If the declaration is not received by 31st December of that year, membership will not be renewed and the retiree / spouse will not be eligible for any medical facility under BERECH Scheme.

Declaration

Figure 7: Read Instructions

a). When Employee is Alive and Spouse is Alive

Click the “start” button to take a live photo capture, also click upload button to upload a passport size image.

BACK TO HOME

RENEWAL FORM FOR BERECH SCHEME (as amended)

CLICK TO VIEW INSTRUCTIONS v

Declaration

Employee Alive: Yes No

Spouse Alive: Yes No

To capture live photo web cam is required

Click here to upload passport size photo

Employee Name	GANGADHARA
Staff Number	200727
BERECHS Membership Number	7645/II/BC/R
Unit Name	BG
Date of Birth	19-04-1949
Age	75 years
Gender	Male
Category	II
Mobile No.*	+91 09844955575
Alternate Mobile No	+91 6758754656
Email ID *	ganja@gmail.com

Figure 8: Live Photo Capture and Photo Upload

Address as per records	
Address Line 1	#91, Budda Jyothi Layout,Chikkabidarkallu
Address Line 2	Nagasandra PO(Tumkur Road)
Country	IN
State	0
District	
City	Bangalore
Pin Code	560073
Current Address	
Address Line 1	908 Jack Locks
Address Line 2	RAJAJI NAGAR
Country	India
State	Tamil Nadu
District	Select District
Pin Code	605403
Spouse Detail	
Spouse Name	LAKSHMAMMA
Spouse BERECHS Membership Number	7645/II/BC/S
Spouse Date of Birth	28-01-1957
Spouse Mobile No *	+91 7595686586
Spouse Alt. Mobile No	+91 6786866463
Spouse Email ID	lakmsa@gmail.com

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

Figure 9: Address and Current Address

When spouse member is working and also member of BERECHS, then NOC certificate need to attached.



Click the “ATTACH NOC FILE” button to upload a NOC certificate.

Click the “View NOC FILE” to view the uploaded NOC certificate, if it is incorrect user can re-upload the correct NOC certificate.

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

Name of Employer : HAL

ATTACH NOC FILE   [View Noc File](#)
(only *.jpg, *.jpeg, *.png and *.pdf files allowed)

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

SAVE AS DRAFT **SUBMIT** **RESET**

Search...

S.No.	Financial Year	Hr Remarks	Status	Action
1	2025		Saved	

Rows per page: 15 1-1 of 1 [First](#) [Previous](#) [Next](#) [Last](#)

Figure 10: NOC UPLOAD

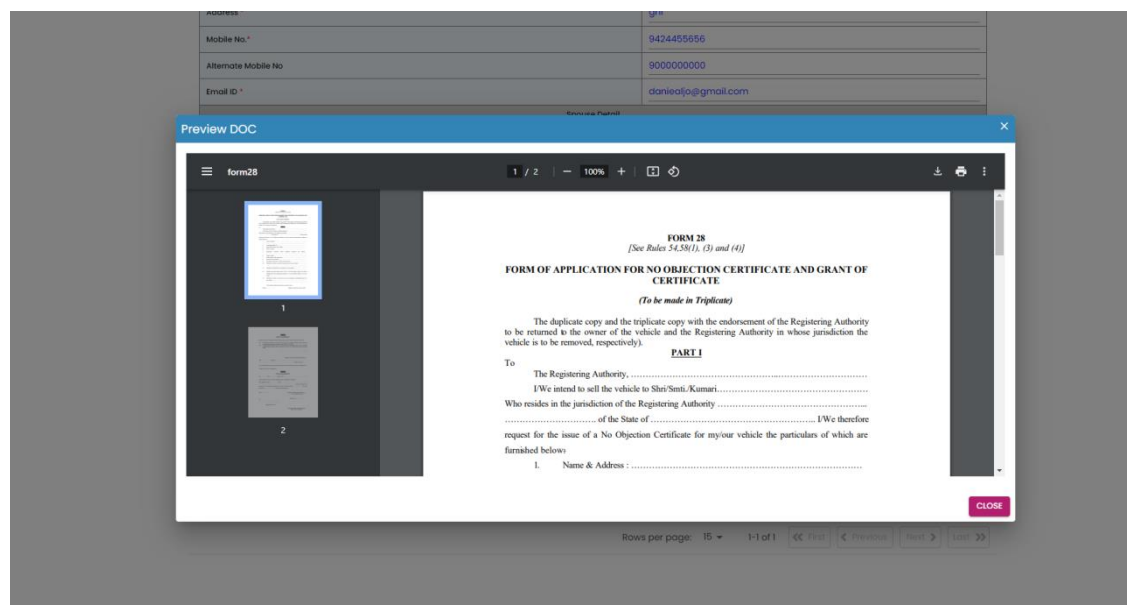


Figure 11: NOC view document

Spouse Detail	
Spouse Name	BODDU
Spouse BERECHS Membership Number	4096/III/MC/R/S
Spouse Date of Birth	01-07-1949
Spouse Mobile No *	7463729100
Spouse Alt. Mobile No	9000000000
Spouse Email ID	bdu@gmail.com

Spouse working / Employed: Yes No

Spouse is Member of BERECHS: Yes No

Name of Employer: HAL

[ATTACH NOC FILE](#)

[View Noc File](#)

(only *.jpg, *.jpeg, *.png* and *.pdf* files allowed)

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

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I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

[SAVE AS DRAFT](#) [SUBMIT](#) [RESET](#)

S.No.	Financial Year	Hr Remarks	Status	Action
1	2025		Submitted	 

Rows per page: 15 ▾ 1-1 of 1 [First](#) [Previous](#) [Next](#) [Last](#)

Form submitted successfully

Figure 12: renewal form submission

b). When Employee is Not Alive and Spouse is Alive

If employee is not alive then death certificate must be attached in the provided upload option.

BACK TO HOME

RENEWAL FORM FOR BERECH SCHEME (as amended)


[CLICK TO VIEW INSTRUCTIONS](#) ▾

Declaration

Employee Alive :* Yes No

Spouse Alive :* Yes No

Capture Live Photo



To capture Live Photo
Web cam is required

Upload Passport Size Photo



Click here to upload
passport size
photo

Employee Name	RAGHAVENDRA G
Staff Number	200001
BERECHS Membership Number	6591/III/BC/R
Unit Name	BG
Date of Birth	10-03-1946
Age	78 years
Gender	Male
Category	III
Address *	first street
Mobile No.*	8659576978
Alternate Mobile No.	7866776056

Figure 13: retiree expired and spouse alive

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

I hereby declare my husband/wife has expired on 21-05-2014 .I request for deleting his/her membership under the scheme



ATTACH DEATH CERTIFICATE

(only ".jpg", ".jpeg", ".png" and ".pdf" files allowed)

SAVE AS DRAFT

SUBMIT

RESET

Figure 14: attach death certificate

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

I hereby declare my husband/wife has expired on 21-05-2014 .I request for deleting his/her membership under the scheme

ATTACH DEATH CERTIFICATE

[View Death Certificate](#)



(only ".jpg", ".jpeg", ".png" and ".pdf" files allowed)

SAVE AS DRAFT

SUBMIT

RESET

Figure 15: view death certificate

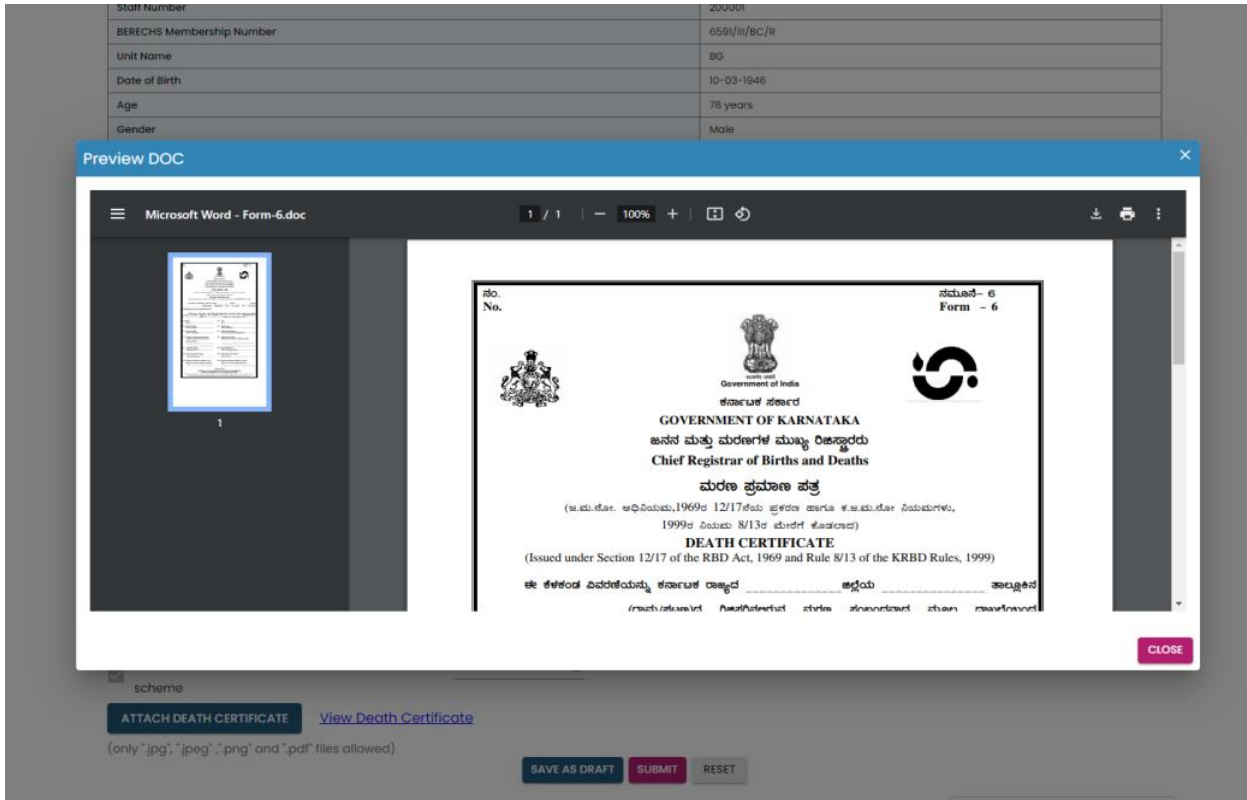


Figure 16: view uploaded death certificate

The expired date of employee should be select from given date field.

After filling all the fields user can click “SUBMIT” button to submit the renewal form.

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

I hereby declare my **husband/wife** has expired on 21-05-2014 . I request for deleting his/her membership under the scheme

scheme

[ATTACH DEATH CERTIFICATE](#) [View Death Certificate](#)

(only ".jpg", ".jpeg", ".png" and ".pdf" files allowed)

Figure 17: save as draft

Spouse Detail	
Spouse Name	LALITHA
Spouse BERECHS Membership Number	6591/III/BC/S
Spouse Date of Birth	10-03-1948
Spouse Mobile No *	8067478675
Spouse Alt. Mobile No	7585678876
Spouse Email ID	lalitha@gmail.com

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

I hereby declare my **husband/wife** has expired on 21-05-2014 . I request for deleting his/her membership under the scheme

ATTACH DEATH CERTIFICATE

[View Death Certificate](#)

(only ".jpg", ".jpeg", ".png" and ".pdf" files allowed)

Form saved successfully

SAVE AS DRAFT

SUBMIT

RESET

Figure 18: save draft success message

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

I hereby declare my **husband/wife** has expired on 21-05-2014 . I request for deleting his/her membership under the scheme

ATTACH DEATH CERTIFICATE

[View Death Certificate](#)

(only ".jpg", ".jpeg", ".png" and ".pdf" files allowed)

SAVE AS DRAFT

SUBMIT

RESET

Figure 19: submit

Spouse working / Employed : Yes No

Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

I hereby declare my **husband/wife** has expired on 20-05-2014 . I request for deleting his/her membership under the scheme

ATTACH DEATH CERTIFICATE

[View Death Certificate](#)

(only ".jpg", ".jpeg", ".png" and ".pdf" files allowed)

SAVE AS DRAFT

SUBMIT

RESET

Form submitted successfully

Search...

S.No.	Financial Year	Hr Remarks	Status	Action
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Figure 20: success message for submission

The status of the renewal form will show as “submitted” after submission, it will get status as “Approved” when it is approved by HR.

Spouse working / Employed : Yes No Spouse is Member of BERECHS : Yes No

I/We are the Members of BERECHS (BEL Retired Employees' Contributory Health Scheme) (Revised). My/our details are correct as above.

I/We have utilized the facilities provided under the Scheme for the year **2024** to **2025** (Financial Year).

I / We hereby request you to renew our Membership with Insurance Company for the year **2025** to **2026** (Financial Year).

I hereby declare my **husband/wife** has expired on 20-05-2014 .I request for deleting his/her membership under the scheme

ATTACH DEATH CERTIFICATE [View Death Certificate](#)

(only ".jpg", ".jpeg", ".png" and ".pdf" files allowed)

SAVE AS DRAFT SUBMIT RESET

S.No.	Financial Year	Hr Remarks	Status	Action
1	2025		Submitted	

Rows per page: 15 ▾ 1-1 of 1 << First < Previous Next > Last >>

Figure 21: table status submitted

Status of Application after HR Approval

S.No.	Financial Year	Hr Remarks	Status	Action
1	2025	rttrrr	Approved	
2	2025	it is approved	Approved	

Rows per page: 15 ▾ 1-2 of 2 << First < Previous Next > Last >>

Figure 22: after HR approval

PROFILE UPDATE:

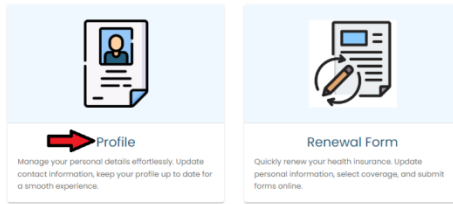


Figure 23: profile page

Here, the retirees can update their Emergency Contact details and Alternate Emergency Details. Click on “Submit” Button to update your profile.

[BACK TO HOME](#)

Employee Profile Details

Staff Number: 200000 BERECHS Membership No.: 4096/III/MC/R/S Unit Name: MC Category: III

Employee details	Spouse details
<p>Name: B KRISHNA</p> <p>Gender: Male</p> <p>DOB: 09-10-1946</p> <p>Mobile No.: +549443315432</p> <p>Email: danie4thftghaljo@gmail.com</p> <p>Passport Size Photo: </p>	<p>Name: BODDU</p> <p>Spouse BERECHS Membership No.: 4096/III/MC/R/S</p> <p>DOB: 07-01-1949</p> <p>Mobile No.: Enter 10 digit Mobile No.</p> <p>Email: bdAu@gmail.com</p> <p>Passport size Photo: </p>

Figure 24: Profile Page

Common Details (Address as per record)	
Address Line 1 #91, Budda Jyothi Layout,Chikkabidarkallu	Address Line 2 Nagasandra PO(Tumkur Road)
City Bangalore	District
State 0	Country IN
PinCode 560073	

Figure 25: Address as per record

Emergency Details (*Emergency contact person shall not be retiree/spouse)	
Primary Emergency Details	
Relation Type * mother	Contact Name * rani
Contact Number * +91 9897873242	Email * rani@gmail.com
Alternate Emergency Details	
Relation Type mother	Contact Name Ramu
Contact Number +91 9685688575	Email ramu@gmail.com
Submit >>	
Note: For any communication, Spouse details will be considered only if retired employee is not alive. For any other correction in employee profile please contact your HR.	

Figure 26: Emergency Contact Details

Change Password:

To Change the password, click on the right side corner icon, then click on "Change Password".



Figure 27: Change Password

Enter your old password and new password, after that Click on “Update Password” button.

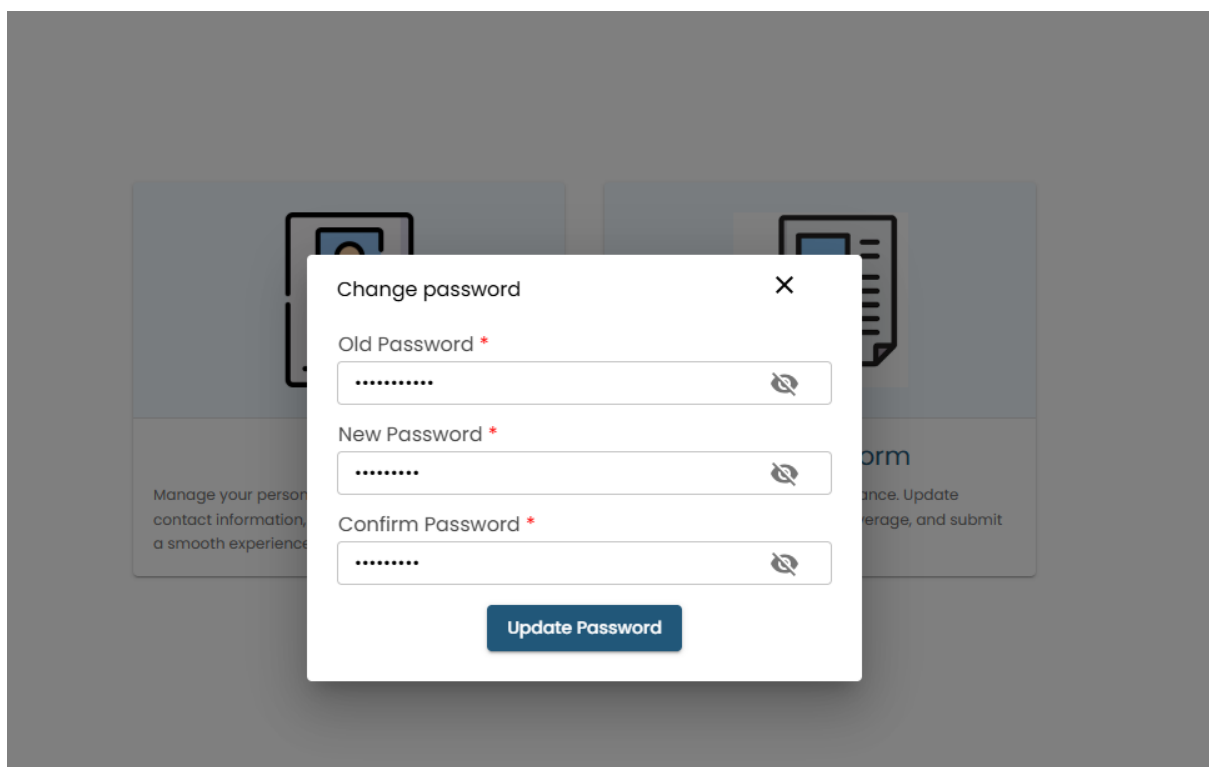


Figure 28: Update Password

Forgot Staff No:

Click on the “Forgot Staff No.” button, then Enter your Registered Email in a given field and Click on “Confirm” button. Staff Number will be send to your registered email address.



Login

Ex Employee Staff Number

Enter your staff number while in service [Forgot Staff No.](#)

Password

Enter Password [Forgot Password](#)

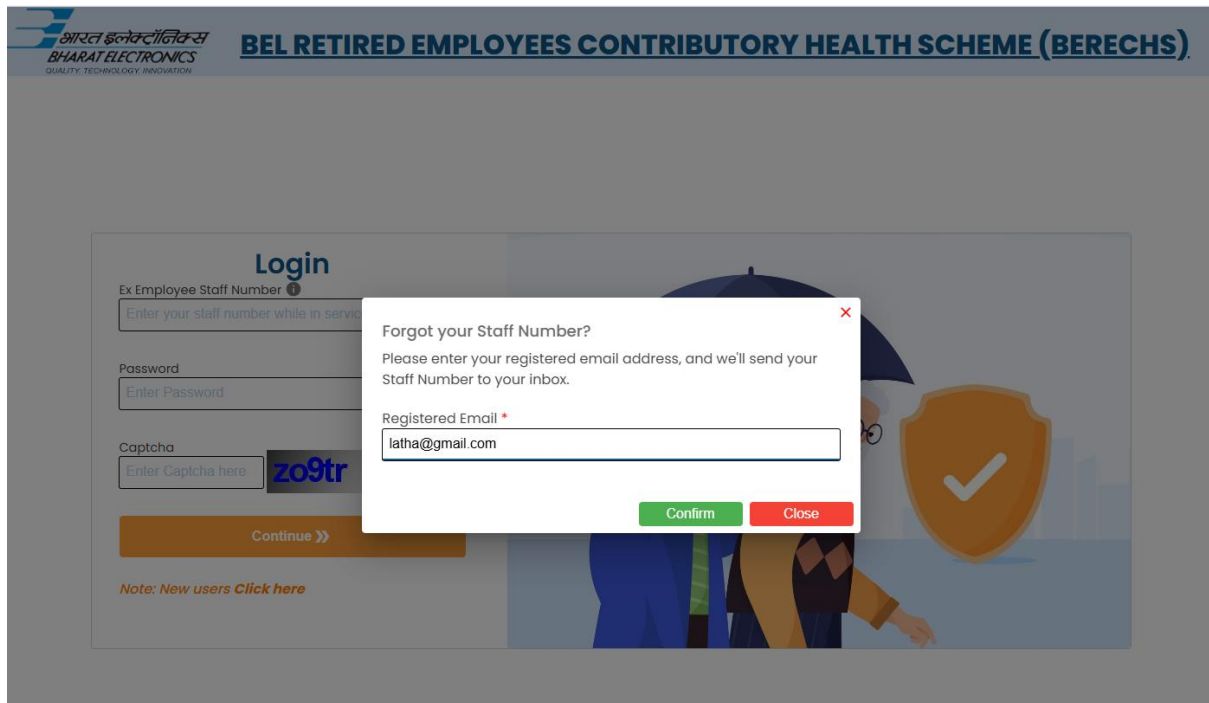
Captcha zo9tr

Enter Captcha here

[Continue >>](#)

Note: New users [Click here](#)

Figure 29: Forgot Staff Number



BEL RETIRED EMPLOYEES CONTRIBUTORY HEALTH SCHEME (BERECHS)

Login

Ex Employee Staff Number

Enter your staff number while in service

Password

Enter Password

Captcha zo9tr

Enter Captcha here

[Continue >>](#)

Note: New users [Click here](#)

Forgot your Staff Number?

Please enter your registered email address, and we'll send your Staff Number to your inbox.

Registered Email *

[Confirm](#) [Close](#)

Figure 30: Get Staff Number to registered email address.

Forgot Password:

Click on the “Forgot Password button, then Enter your Staff Number and Click on “Confirm” button. A new password will be sent to your registered email address. Please check your inbox (and spam folder).



Login

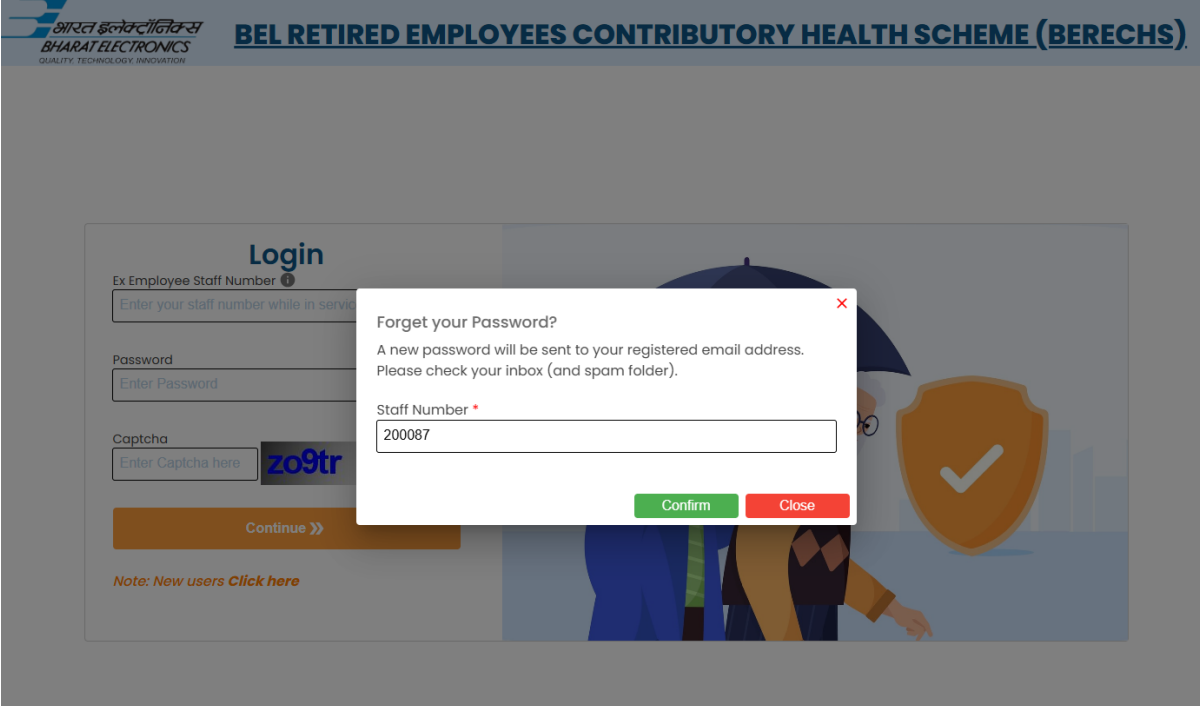
Ex Employee Staff Number
Enter your staff number while in service [Forgot Staff No.](#)

Password
Enter Password [Forgot Password](#)

Captcha zo9tr

Note: New users [Click here](#)

Figure 31: Forgot Password



BEL RETIRED EMPLOYEES CONTRIBUTORY HEALTH SCHEME (BERECHS)

Login

Ex Employee Staff Number
Enter your staff number while in service

Password
Enter Password

Captcha zo9tr

Note: New users [Click here](#)

Forget your Password?

A new password will be sent to your registered email address.
Please check your inbox (and spam folder).

Staff Number *

Figure 32: Forgot Password submit.