

BHARAT ELECTRONICS LIMITED CORPORATE OFFICE OUTER RING ROAD, NAGAWARA, BENGALURU

No. 17556/821/CO-HR

Date: 18.06.2025

Sub: BERECHS – Voluntary top-up facility reg. Ref: Circular No. 17556/821/CO-HR dated 21.06.2024 -000-

- 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 upto 30.06.2025.
- 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. 01.07.2025. Accordingly, members who wish to avail the top-up facility for In-patient treatment shall enrol themselves within 30.06.2025 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 <u>rajesh.k@mediassist.in</u>. The policy will commence from <u>01.07.2025</u> for those members who have successfully paid the premium and enrolled themselves. In case of any assistance, members can call 8197416211 between 10:00 am to 5:00 pm on working days.
- All Units / Offices may note the above and widely disseminate the same to the Retired Employees Association / Members of the scheme.

DGM (HR-P&ER)

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

CMD D(F) D(HR) D(MKTG) D(BC) D(R&D) D(OU) 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 (y) 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.

ZUIICL500400XXXXXXXBEL

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	ZUIICL500400XXXXXXXBEL

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 30/06/2025. The policy will commence from 01/07/2025. 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 2025-26

Name of the Retiree New Staff Number Grade Mobile Number Email ID				Category			
Grade Mobile Number				Category			
Mobile Number				Category			
				outogo.,			
Email ID							
Address for Communication							2
Please provide the details of per-		enrolled under					
SI Name		Relationship Retiree		Gender		Tick if Covered	
1							
2			Spo	use			
Diagonal Majordha ann Barakii 112 11		0 4 - 4 5				,	
Please tick the applicable Limit a	s per your	HOSPI	TALISATION (IN TOP UP	I for In-Patient T	ор Uр		
Grade C	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 & CMD	IA	4,00,000	60900		300000	42351	
E – VII & E –IX	I	4,00,000	60900		300000	42351	
E –V to E – VI A	IIA	3,25,000	58155		243750	40447	
E – I to E – IV & All Technical cadre Personnel	11	2,50,000	46763		187500	31489	
All Non - Executives	III	1,75,000	36655		131250	19495	
Please provide the premium paid Online Payment can be done by N Enrollment Process Brochure' Amount Paid Name of the Bank from which pr	EFT/ RTGS		s of United India	Insurance is prov	rided in the attac	hed 'Voluntary To	р Up
UTR Number							16

- 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 call 9740654239