**FORM – A**

**Data of members in excel file format for enrolment under West Bengal Police Mediclaim Policy issued by National Insurance Co. & TPA Genins India TPA Lt. for the year 2018-2019.**

Maximum 4 **persons** are allowed on 1 (Self) +1 (Spouse) + 2 (Son(s) / Daughter (s) / Brother(s)/Sister(s)

1**. I want to take policy by paying premium of Rs. 5,500/-**

(Please strike out any one which is not applicable)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Last Year Genins Card ID**  | **GPF NO.** | **Rank** | **Member’s  Name** | **Relationship** | **Date of Birth** | **Age** | **Gender** | **Telephone No.** | **Remarks**  |
| **(2017-18)** |
| **1** | **GINI060** |  |  |  | **SELF** |  |  | **M/F** |  |  |
| 2 | GINI060 |  |  |  | Wife/ Husband |  |  | F/M |  |  |
| 3 | GINI060 |  |  |  | Son/ Daughter |  |  | M/F |  |  |
| 4 | GINI060 |  |  |  | Daughter/ Son  |  |  | F/M |  |  |
| 5 | GINI060 |  |  |  | Brother/ Sister  |  |  | M/F |  |  |
| 6 | GINI060 |  |  |  | Sister/ Brother  |  |  | F/M |  |  |

Signature of the Primary member

**Address:**

**FORM – B**

**Data of members in   excel file format for enrolment under West Bengal Police Mediclaim Policy issued by National Insurance Co. & TPA Genins India TPA Lt. for the year 2018-2019**

Maximum  6 persons  are  allowed  on 1 (Self ) +1 ( Spouse) + 2 (  Son(s) / Daughter (s) / Brother(s)/Sister(s)+2 Either  Parents or  In-laws

1**. I want to take policy by paying premium of   Rs. 9,500/-**

(Please strike out any one which is not applicable)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Last Year Genins Card ID**  | **GPF NO.** | **Rank** | **Member’s  Name** | **Relationship** | **Date of Birth** | **Age** | **Gender** | **Telephone No.** | **Remarks**  |
| **(2017-18)** |
| **1** | **GINI060** |  |  |  | **SELF** |  |  | **M/F** |  |  |
| 2 | GINI060 |  |  |  | Wife/ Husband |  |  | F/M |  |  |
| 3 | GINI060 |  |  |  | Son/ Daughter |  |  | M/F |  |  |
| 4 | GINI060 |  |  |  | Daughter/ Son  |  |  | F/M |  |  |
| 5 | GINI060 |  |  |  | Brother/ Sister  |  |  | M/F |  |  |
| 6 | GINI060 |  |  |  | Sister/ Brother  |  |  | F/M |  |  |
| 7 | GINI060 |  |  |  | Father |  |  | M |  |  |
| 8 | GINI060 |  |  |  | Mother |  |  | F |  |  |
| 9 | GINI060 |  |  |  | Father-in-law |  |  | M |  |  |
| 10 | GINI060 |  |  |  | Mother-in-law |  |  | F |  |  |

Signature of the Primary member

**Address:**

**FORM - C**

For Retired Police Personnel

I want  to  become  Member  of  West  Bengal  Police  Mediclaim  Policy by paying premium of  Rs. 9,500/-

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Last Year Genins Card ID No.** | **PPO NO.** | **Pension Sanctioning Authority** | **Rank** | **Member’s  Name** | **Relationship** | **Date of Birth** | **Age** | **Gender** | **Telephone No.** | **Remarks**  |
| **2017-18** |
| 1 | **GINI060** |  |  |  |  | **SELF** |  |  | **M/F** |  |  |
| 2 | **GINI060** |  |  |  |  | Wife/ Husband |  |  | F/M |  |  |
| 3 | GINI060 |  |  |  |  | Handicapped Son/ Daughter  |  |  | M/F |  |  |
| 4 | GINI060 |  |  |  |  | Handicapped Daughter/ Son  |  |  | F/M |  |  |

Signatures of the Primary member

 **Address :**