**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 Ltd. for the year 2020-2021**

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** | **Remarks (Renewal/ New )** |
| **(2019-2020)** |
| 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 & Contact No.:**

**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 Ltd. for the year 2020-2021**

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** | **Remarks (Renewal/ New)** |
| **(2019-2020)** |
| 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 & Contact No.:**

**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** | **PPO NO.** | **Pension Sanctioning Authority** | **Rank** | **Member's Name** | **Relationship** | **Date of Birth** | **Age** | **Gender** | **Telephone No** | **Remarks (Renewal/ New )** |
| **(2019-2020)** |
| 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 |  |  |

Signature of the Primary member

**Address & Contact No.:**