

**FORM - A**

**Data of members in excel file format for enrolment under West Bengal Police Medclaim 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 Medclaim 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 Medclaim 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.: