

BIRLA INSTITUTE OF TECHNOLOGY

MESRA: RANCHI

DATASHEET FOR MEDI-CLAIM

Centre: _____ Employee Name: _____

Emp. Code: _____ Contact: _____ Department: _____

Marital Status: _____ D O B _____ Joining Date: _____

Sl. No.	Relationship	Name of the Family Member	Date of Birth (DD/MM/YY)	Gender (Male / Female)
1	Wife / Husband			
2	Son / Daughter			
3	Son / Daughter			

Eligibility (1) Self (2) Spouse (Wife/Husband) (3) Dependent children (Maximum two up to the age of 23 years. However, the Child / Children should be unemployed and unmarried.

In case both spouses are working in the Institute, only one will be covered under the Medclaim scheme.

I hereby confirm that all the members included in the above list fulfil the eligibility criteria as specified above. The particulars relating to their age, relationship, and gender are correct.

Date: _____ (Signature of the employee)

Request for making Changes / Corrections in the existing records.
(Due to marriage / Birth of new child, etc.)

I request that the following corrections please be made:

Sl. No.	Relationship	Name of Family Member	Date of Birth (DD/MM/YYYY)	Gender (Male / Female)
1	Wife / Husband			
2	Son / Daughter			
3	Son / Daughter			

I hereby confirm that all the members included in the above list fulfil the eligibility criteria as specified above. The particulars relating to their age, relationship, and gender are correct.

Date: _____ (Signature of the employee)