No. DSIIIDC/ Insurance Backed Medical scheme /Estt. Dated: 07-06-2022

CIRCULAR

Subject: Request for submission of life certificates by ex-employees, and updation/verification of the medical policy beneficiary details of ex-employees and their dependants

This relates to the beneficiary details of the Insurance Backed Cashless medical scheme for the employees (including retired employees who have opted for this scheme). All the Ex-employees are requested to submit/despatch life certificates to the Personnel Division, DSIIIDC or email the duly filled and scanned copy of life certificate at dsiidcmedicalhelpdesk@gmail.com positively by 30th June 2022 (format enclosed).

Since the Cashless medical scheme is due for renewal on 29-7-2022 and is based on computerized operation, any error in beneficiary details would cause inconvenience to the employees and their dependent family members. Accordingly, it is in the interest of policy beneficiaries that they furnish accurate details in respect of self and dependants for the smooth processing and to avoid denial of cashless medical facility.

It may kindly be noted that the policy restricts mid-term inclusion of ex-employees and their dependants. Hence, it is reiterated that in case life certificate is not received by the stipulated date i.e. 30th June 2022, it will be presumed that the retired employee is not willing to be a beneficiary of the cashless scheme.

For clarifications/queries etc., the Personnel Division, Medical desk can be reached during office hours at:

Telephone No.: 011-23314231- Ext 162,163
Sh. Sunil (M): 9013741213
E-mail: dsiidcmedicalhelpdesk@gmail.com

(Sanjiv Kumar)
Chief Manager (Pers.)

Copy to:
1. All Notice Boards at HQ and site offices
2. Website of DSIIIDC

Encl: Performa for life certificate
LIFE CERTIFICATE TO BE SUBMITTED BY RETIREES
(Opting for the Insurance Backed Cashless Medical Scheme)
Tel. No. 23314231-33Extn- 163,162
Email: dsiidcmedicalhelpdesk@gmail.com

Dated: __________

Certified that I have seen Mr./Mrs./Miss. _______________________

Son/ Daughter/Wife/Husband of ________________________________

And he / she is alive on this date.

Ex. Employee file No.: __________________

Designation: __________________

Date of Birth _______________________

Dependent Name and Date of Birth ______________________________

_____________________________

Latest Address: ______________________

_____________________________

Latest Telephone No.: ______________________

Email: _______________________

Signature of Gazetted Officer/ DSIIIDC Officer

Signature of Ex. Employee

Date :-