



ADDITIONAL ENDORSEMENT DOCUMENT NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY

Insured Name	:	UNITED FORUM OF BANK RETIREES	Insurer Office Code	:	VIRUDHUNAGAR D.O. (730400)
Address	:	SWAGAT CHINAR, B BLOCK CHINAR PARK, KOLKATA 700157, W.BENGAL KOLKATA ,WEST BENGAL, 700157	Address	:	105/1, IST FLOOR,MADURAI ROAD, VIRUDHUNAGAR 626001 ,626001
Telephone	:	//XXXXXX2284	Telephone	:	04562244600 / 04562266700
Fax	:		Fax	:	
Email	:	indrajitsanyal60@gmail.com	Email	:	nia.730400@newindia.co.in
GSTIN	:	NA	GSTIN	:	33AAACN4165C4ZV
UIN	:	NA	SAC	:	997133 (Accident and health insurance services)

Endorsement attached to forming part of Policy Number				:	73040034210400000055
Department	:	Health Insurance	Cover	:	NA
Period of Insurance		From 01/11/2021 12:00:01 AM To 31/10/2022 11:59:59 PM	Endorsement No		73040034210483000102
	:		Effective Date	:	27 November 2021
Date Signed	:	28/11/2021	Sum Insured₹	:	12,200,000.00
Additional Premium ₹	:	91,985.00	Additional ST/GST ₹	:	16557
Refund Premium ₹	:	N/A	Refund ST/GST ₹	:	N/A
Policy Duration	:				

Number of Members Added	:	8
Number of Members Deleted	:	0

It is hereby understood and agreed that the endorsement on policy 73040034210400000055 will be in effect from 27 November 2021.

Reason

It is hereby declared and agreed that with effect from 15/11/2021, Lot 2 Members mentioned below are covered under the withinmentiioned Policy

TOTAL NO.OF LIVES:8 NO.OF RETD EMPLOYEES:6 NO.OF SPOUSE:2

INSURED NAME/EMP ID/RELATION; Mrs Poolla Indira Devi/124908/EMP; Vemu Franklin/131328/EMP; Vemu Suvarna/131328/SP; Ajit Ganesh Chitnis/124885/EMP; Vengala Kotnis/147267/EMP; Vengala Rajakumari/147267/SP;

Vengala Rajakumari/147267/SP; Pusarla Venkata Bangaru Chetty/135116/EMP; Kezia Mani Kumari Kunchenapalli/157554/EMP;

Hence, an additional premium of ₹108542./- incl GST is collected

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 91,985.00
SGST	0	0
CGST	0	0
IGST	18	16557

TOTAL PAYABLE : 108542

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



TOTAL PAYABLE (In words)	: RUPEES ONE LAC EIGH	IT THOUSAND FIVE HUNDRED FORTY-TWO ONLY
IN WITNESS WHEREOF THIS POLICY	has been signed at	_ this 28-Nov-21.
Place : , ,626001 Date :28-Nov-21		For and on behalf of The New India Assurance Company Limited
		Authorized Signatory
	Tax Invoice No : 73040021E001	2435
	IRDA Registration Number: 1	90