

TO THE ESTEEMED COLLEAGUES

Tezpur University is contemplating a proposal to facilitate health insurance scheme for its employees (including retired employees). The University's role will only be that of a facilitator and the contract of insurance will be between the insured and the insurance provider. Against the Notice issued inviting response Insurance providers have expressed their interest. However, for an exact quote for the family floater scheme, the insurance providers need to be provided with detailed information about the family members to be insured.

Interested employees of the University (including retired employees), therefore, spare a few minutes to fill in the attached google form.

Following are the steps for filling in the form:

1. Please write your employee ID and your name for 'Name of the insured'; write 'Self' for 'Relationship'.
2. If you want your family members too to be included in the policy, open the form again, then write your employee ID like in (1) above; for 'Name of the insured' write the names of the family members (select the right relation from the drop-down list).
3. **Step 2 is to be repeated for inclusion of family members** mentioning the right relationship. Please your employee id for family members also. For maintaining data privacy, we need to take this process.
4. You will state the Sum assured as per your choice – the Minimum is Rs. 3 Lakhs; the Maximum Rs. 10 Lakhs. You will write this amount against "Self". Note that the same amount is to be stated against the names the other members of family too. The sum assured stated by you will be the maximum amount covering the entire family per year. Same amount as mentioned against 'self' should be mentioned for family members also. Contact number and email may also be same with that of 'self' for family members.

Kindly note that the date of birth should be written in the **mm/dd/yyyy mode**. (month followed by date, etc.) and it must be provided accurately.

We will receive from the insurance providers the exact quote of premium along with terms and conditions once the information is compiled. Personal information (employee id, name, contact number, email id will not be shared with the insurance provider at present). Insurance providers will make detailed presentation where interested colleagues may be present.

Please inform and help your colleagues (including retired) who may miss this communication

For the form, kindly click:

https://docs.google.com/forms/d/1EQDVGE-No27_Ps8DfuIoM8Kx68bQzNSAGZiTwJZ23Ds/edit#responses

KINDLY REVERT BY 05 SEPTEMBER 2019

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On behalf of the Committee for Group Health Insurance of Employees