Live Certificate under the Group Medical Insurance Policy for Retired / Separated Employees of MOIL

LIVE CERTIFICATE

Retired/ separated Employee's Photo	Dependent's Photo	Dependent's Photo	Dependent's Photo

1. Name of retired/ separated Employee : ----------

2. Employee Number of retired/separated Employee :……

3. Date of retirement/ separation : ----------

4. Reason for separation : ……

5. Designation at the time of retirement / separation : ……

6. Location at the time of retirement /separation: Head Office/ ---------- Mine

7. Mobile Number: (1) ----------

(2) ----------

8. Email Address :----------

9. Present Address (with PIN Code) : ----------

(For Retired / Separated Employees included/ to be included in the New scheme) (Reference No. 10 and 11)

10. Details of Family Members (including spouse, son, daughter, mentally/physically challenged children, and dependent parents who wish to avail medical benefits);

Sl. No.	Name of Family Member	Relation	Gender	Aadhar No.	Aadhar Linked Mobile No.	Date of Birth
1						
2						
3						
4						

11. Are you interested in availing medical insurance benefits for dependent parents? Yes / No. (If interested, the retired / separated employee need to pay the annual premium in favour of MOIL in lump sum on the basis of premium to be charged by the Insurance Company. This insurance premium amount will be valid from 01.04.2026 to 31.03.2027.)

(This is for employees covered under the Old Scheme - Reference Point no. 12)

12. Information related to family members (Self and dependent spouse, physically/ mentally challenge dependent son/daughter).

Sr. No.	Name of Member	Relation	Gender	Aadhar No.	Aadhar Linked Mobile No.	Date of Birth
1.						
2.						
3.						

13. Copy of Aadhaar card is attached for all members: Yes / No (Please tick)
(It is mandatory to attach a copy of the Aadhaar card for all the members.)

This is to inform that the above-listed members are alive as of today, and we wish to enroll us in the group medical insurance policy for the period from 01/04/2026 to 31/03/2027. We wish to avail the benefits of this policy provided for the retired / separated employees of MOIL. We agree to provide a photocopy of the Aadhaar card for all related members and declare that the above information is correct to the best of our knowledge. We take full responsibility for this. Also, we are not availing medical benefit(s) from any other source. We understand that if any family member is found availing of such benefit(s) from any other source, we will not be eligible to receive the benefits under this group medical insurance policy of MOIL.

Date:

Place:

Signature of Retired / separated Employee/ Dependent

Name: ----------

(For office use only)
(To be certified by the Personnel Department/Head Office at last place of working).

This is certify that the above mentioned contents in this certificate are true as per the available record.

Signature of Mine Manager / HoD (Pers.) at Head Office

Name of Certifying Officer:

Designation:

Place (Mine/Head Office):

Date: