

বর্ধমান বিশ্ববিদ্যালয়



রাজবাড়ী, বর্ধমান - ৭১৩১০৪
গ্রুপ ইন্সুরেন্স বিভাগ, অর্থ দপ্তর

এতদ্বারা সকল উপভোক্তাদের অবগতির জন্য জানানো যাইতেছে যে –

(১) যাঁরা গ্রুপ মেডিক্যাল ইন্সুরেন্স এর সদস্যপদ ' National Insurance Company ' Durgapur এর মাধ্যমে গ্রহণ করতে ইচ্ছুক তাঁদের অবশ্যই আগামী ১২.০৩.২০২৫ তারিখের মধ্যে বিশ্ববিদ্যালয়ের Medclaim বিভাগে সম্মতি পত্র জমা দিতে হবে, অন্যথায় সদস্যগণ নবীকরণ করতে ইচ্ছুক নন বলে বিবেচিত হবে।

(২) যাঁরা নতুনভাবে গ্রুপ মেডিক্যাল ইন্সুরেন্স এর সদস্যপদ 'Star Health & Allied Insurance' এর মাধ্যমে গ্রহণ করতে ইচ্ছুক তাঁদের অবশ্যই আগামী ১২.০৩.২০২৫ তারিখের মধ্যে বিশ্ববিদ্যালয়ের Medclaim বিভাগে সম্মতি পত্র জমা দিতে হবে।

(৩) নতুন অন্তর্ভুক্তি ফর্ম, সংশোধন ফর্ম, সংযোজন ফর্ম ও প্রভিশনাল প্রিমিয়াম চার্ট বিশ্ববিদ্যালয়ের ওয়েবসাইট থেকে পাওয়া যাবে এবং Medclaim বিভাগ থেকেও সংগ্রহ করা যাবে। এই ব্যাপারে আরো জানানো যাইতেছে যে ইন্সুরেন্স কোম্পানি অনুযায়ী সদস্য সংখ্যা জমা পড়ার পর নির্দিষ্ট কোম্পানিকে পাঠানো হবে। উক্ত কোম্পানিগুলি নতুন সদস্য সংখ্যা বুঝে নতুন প্রিমিয়াম চার্ট জমা করবে। নতুন প্রিমিয়াম চার্ট অনুযায়ী বিদ্যমান সদস্যদের কাছ থেকে প্রিমিয়ামের পরিমান বেতন থেকে কাটা হবে।

(৪) যে সব অবসরপ্রাপ্ত কর্মী এবং পেনশনভোগী প্রিমিয়াম জমা দেবেন, তাঁরা গ্রুপ ইন্সুরেন্স বিভাগ থেকে প্রিমিয়ামের পরিমান জেনে ক্যাশ/চেক/ডিমাল্ড ড্রাফট/ইন্টারনেট ব্যাঙ্কিং এর মাধ্যমে জমা দিতে পারবেন। প্রিমিয়াম জমা দেবার তারিখ পরে জানানো হবে।

স্বাক্ষর:
কর্মসচিব
(দায়িত্বপ্রাপ্ত)
বর্ধমান বিশ্ববিদ্যালয়

IN SERVICE

To
The Finance Officer
The University of Burdwan

Sub : Inclusion/Exclusion of myself/family members/both under the following
Group Insurance Scheme for the period (2025-2026)

Sir,

I will be very grateful to you if you kindly include me/family members/both Group Insurance scheme for the period (2025-2026) as detailed below.

1. Name of the Insurance Company – (a) NIC, Durgapur ☐
(b) Star Health & Allied Insurance ☐
2. Name of the proposer (in Capital) :
3. Designation :
4. P. F. No. :
5. Department :
6. Existing sum assured :
7. Proposed sum assured :
8. Contact No. :
9. Details of family members :

SL. NO.	NAME (IN CAPITAL)	DATE OF BIRTH	RELATIONSHIP (IN CAPITAL)	SEX
			SELF	

The necessary premium may be deducted from my salary as per norms.

Thanking you,

Yours faithfully,

Enclo :

FOR PENSIONER

To
The Finance Officer
The University of Burdwan

Sub : Inclusion/Exclusion of myself/family members/both under the following
Group Insurance Scheme for the period (2025-2026)

Sir,

I will be very grateful to you if you kindly include me/family members/both Group Insurance scheme for the period (2025-2026) as detailed below.

1. Name of the Insurance Company – (a) NIC, Durgapur ☐
(b) Star Health & Allied Insurance ☐
2. Name of the proposer (in Capital) :
3. P.P.O. No. :
4. Existing sum assured :
5. Proposed sum assured :
6. Contact No. :
7. University Challan No : dated Amount (Rs.)

8. Details of family members :

SL. NO.	NAME (IN CAPITAL)	DATE OF BIRTH	RELATIONSHIP (IN CAPITAL)	SEX
			SELF	

Thanking you,

Yours faithfully,

Enclo :



NIC 2nd Time

Mediclaime BU <finance.mediclaime@buruniv.ac.in>

Fwd: Premium Rate

Utsav Singh (CRO-II) <utsav.singh@nic.co.in>
To: Mediclaime BU <finance.mediclaime@buruniv.ac.in>
Cc: dschoudhurynicl@gmail.com

Wed, Mar 5, 2025 at 5:15 PM

Dear Sir

Please find the revised Premium for your perusal.

Premium Quoted : Rs 1.098 crores +GST for 1090 lives subject to expiring policy T&C.

SUM INSURED	50000	100000	200000	300000	400000	500000	700000
SELF	5222	10271	19865	28371	36171	43971	65266
SELF+1		12182	23670	33875	43237	52600	86355
SELF+2		14073	27479	39388	50304	61229	100608
SELF+3		16076	31500	45207	57759	70331	115640
SELF+4		17984	35336	50751	64881	79027	129991
SELF+5		20170	39704	56740	72972	87941	
SELF+6		22107		62685			

सादर/ Regards

NIClen उत्सव सिंह / UTSAV SINGH

वरिष्ठ व्यवसाय प्रबन्धक / Sr Business Manager

दुर्गापुर व्यवसाय कार्यालय / Durgapur Business Office

दूसरी प्रशासनिक भवन, / 2nd Administrative Building,

सिटी सेंटर, दुर्गापुर - 713216 / City Centre, Durgapur -713216

मोबाइल / Mobile : 8335080695

आई पी फोन / IP Phone : 150400001

CIN:U10200WB1906GOI001713

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Star Health and Allied Insurance Company Limited

No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.

Phone : 044-28288800, Telefax : 044-28260062,

Website : www.starhealth.in and Email: info@starhealth.in

IRDA Regn.No.129

Corporate Identity Number : L66010TN2005PLC056649

[For internal circulation only]

Date : 01/03/2025

Insured Name	THE UNIVERSITY BURDWAN
Insured Address	RAJBATI, BURDWAN, BURDWAN, PURBA BARDDHAMAN
BO/AO/ZO Name	Branch Office - Burdwan (191123)
Quote No. :	IND-2025-28598-SGHI-01

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Sum Insured	Age Band	Number	Premium per family Excluding GST	GST	Premium per family including GST
100000	0-35	2	3504	631	4135
100000	36-45	20	3942	710	4652
100000	46-50	10	7146	1286	8432
100000	51-55	22	7146	1286	8432
100000	56-60	28	8761	1577	10337
100000	61-65	14	8761	1577	10337
100000	66-70	14	13278	2390	15668
100000	71-75	10	14227	2561	16788
100000	76-80	10	17606	3169	20775
200000	0-35	3	6862	1235	8098
200000	36-45	14	7593	1367	8959
200000	46-50	12	13383	2409	15792
200000	51-55	14	13383	2409	15792
200000	56-60	21	15477	2786	18263
200000	61-65	31	15477	2786	18263
200000	66-70	25	25604	4609	30213
200000	71-75	19	27958	5032	32990
200000	76-80	7	36269	6528	42797
200000	Above 80	1	47150	8487	55636
300000	0-45	6	10659	1919	12577
300000	46-50	5	18018	3243	21261
300000	51-55	4	18018	3243	21261
300000	56-60	10	23946	4310	28256
300000	61-65	11	23946	4310	28256
300000	66-70	16	36867	6636	43504
300000	71-75	8	40632	7314	47945
300000	76-80	6	53875	9697	63572
300000	Above 80	1	70038	12607	82645
400000	0-45	2	13141	2365	15506
400000	46-50	1	25406	4573	29979
400000	51-55	5	25406	4573	29979
400000	56-60	7	33439	6019	39458
400000	61-65	3	33439	6019	39458
400000	66-70	5	47430	8537	55967
400000	71-75	6	52607	9469	62077
400000	76-80	6	70774	12739	83513
400000	Above 80	1	92007	16561	108568
500000	0-45	1	15769	2838	18607
500000	46-50	5	31246	5624	36870
500000	51-55	4	31246	5624	36870
500000	56-60	4	40760	7337	48097
500000	61-65	6	40760	7337	48097
500000	66-70	10	57992	10439	68431
500000	71-75	6	64574	11623	76198
500000	76-80	6	87673	15781	103454
500000	Above 80	1	113975	20516	134491
700000	56-60	2	43432	7818	51250
700000	61-65	3	43432	7818	51250
700000	66-70	2	47774	8599	56374



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700000	71-75	1	68803	12384	81187
700000	76-80	1	93411	16814	110225
1000000	76-80	1	94249	16965	111214

Quote for Group Health Insurance

Quote no: IND-2025-28598-SGHI-01

Approved Date: 01/03/2025

S.no	Particulars	
Insured Details		
1	Name of the Branch/Area/Zonal Office	Branch Office-Burdwan (191123)
2	Name and Address of the Insured	THE UNIVERSITY OF BURDWAN RAJBATI,BURDWAN,BURDWAN,PURBA BARDDHAMAN,BURDWAN,WEST BENGAL,713104 finance.mediclaim@buruniv.ac.in,9332102037
Premium Details		
5	Sum Insured Per Family(Rs.)	100000 200000 300000 400000 500000 700000 1000000
6	Corporate buffer(Rs.)	Nil
7	Extensions	Family Floater (Employee, Spouse, Children, Parents, Parent in Laws and Others)Waiver of 30days Waiting Period Waiver of First Year Exclusions Waiver of First Two Years Exclusions Cover for Pre Existing Diseases
10	Conditions	
	Family Definition: Family Floater(Employee, Spouse, Children, Parents and Parent in Laws)	
	Room Rent limits including Boarding, Nursing Charges: 1% of SI for normal and ICU 2% of SI. If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.	
	- Pre-Hospitalization-30Days	
	- Post-Hospitalization-60Days.	
	Ambulance Expenses Limits: Emergency ambulance charges up to a sum of Rs. 1,000/- per hospitalization	
	Sub Limits: Sub limits only for Cataract: Rs. 20,000/- per eye and Modern Treatment Sublimit as per SGHI clause.	



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Addition of Employees:

-After the inception of the Policy, NO midterm inclusion of any employee unless he/she is a new joinee and dependents of the already insured employee unless they are newly married spouse and newborn child, and such inclusion is also subject to payment of additional premium on pro-rata basis..

Deletion of Employees on Resignation:

The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on pro-rata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide a date of relieving of the employee.

Claim Settlement:

Claims will be settled through In-house claims team

Day Care Procedure: -All Day Care Procedures covered.

ID Card: We shall issue photo ID cards in respect of all the covered persons and we require the passport size/stamp size photo for the same.

Increase/Decrease in Group Size: The quote is given for the above-mentioned specific population. In case of any increase or decrease in the population, the premium will vary.

Dependent Child:

Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years.

- Internal congenital disease covered.
- External congenital disease covered under Life-threatening situations only.
- AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha, and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health, up to 25% of the sum insured, subject to a maximum of Rs. 25,000/- per policy period.
- Hospitalization arising due to terrorism is covered.
- LASIK Surgery: Covered if the refractive error of the eye is beyond +/- 7.5D.
Treatment to be taken in our network hospitals for cashless; however, for treatment in other hospitals, the claim will be processed through reimbursement only. In all cases, immediate intimation shall be given to our Call Center within 24 hours of hospitalization.

11 All other terms and conditions as per SGH Policy Clause

Validity of the quote: The above quote is valid for a period of 30 days.

Name of the Branch/Area/Zonal office details

Name	Branch Office- Burdwan
Address	39/37A, Parbirkhata, P.O. Sripally
Contact No	0342-2647887/2647886