

SPECIAL CONDITIONS FOR TAILOR-MADE GROUP HEALTH INSURANCE POLICY FOR  
STATE PUBLIC SECTOR UNDERTAKINGS

1. Clauses no.4.1 of the policy regarding Pre-existing diseases of the Group Health Insurance Policy stands waived.
2. 30 Days / 2 years / 4 years waiting period clauses 4.2, 4.3 & 4.4 of the standard Group Health Insurance Policy stands waived.
3. Ambulance charges: Actual expenses incurred subject to a maximum of Rs.2500/- per incidence will be admissible.
4. Maternity Benefit Extension (Sl. No.5.15 of the Group Health Insurance Policy):-
  - a. Maximum benefit allowable under this clause will be as under:-
    - i. In-case of Normal Delivery : Rs.30.000/-
    - ii. In-case of caesarean section : Rs.50.000/-
    - iii. Expenses reasonably and necessarily incurred in hospital / nursing home in connection with complications of pregnancy : Not exceeding Insured person's sum insured.
  - b. Waiting period of 9 months relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy stands waived.
  - c. Claim in respect of delivery for only two children and /- or operations associated therewith will be considered in respect of any one Insured Person covered under the policy. In case of first child birth by the insured person covered under the policy are twins, claim in respect of second child birth by the same insured person will be considered as the second child delivery and will be admissible.

Premium for addition/deletion of employees declared under this policy will be charged on pro-rata basis.

Paste one  
Passport size  
photograph  
mentioning  
name on its  
front side

To

The Dy. General Manager (Admn.), OPHWC Ltd., Bhubaneswar.  
\_\_\_\_\_

**Willingness**

I Sri / Smt. / Miss. \_\_\_\_\_

Designation \_\_\_\_\_ working in OPHWC Ltd. H.O /

Division \_\_\_\_\_ is willing to be a member of Odisha State

PSU (BBSR) Employees Welfare Society (OSPWS) and to be a subscriber for the

Group Health Insurance Policy under United India Insurance Company Ltd. and

premium amount Rs.6.000/- (Rupees six thousand only plus Service Tax) from

my salary bill and to deposit the same with the concerned authority. My Bio

data form duly filled and signed by me is enclosed herewith.

Full Signature \_\_\_\_\_

Date: \_\_\_\_\_

Designation: \_\_\_\_\_

OPHWC Ltd. \_\_\_\_\_

**BIO-DATA FORM**

**Odisha State Police Housing & Welfare Corporation Ltd. Head Office/Divisions**

**Full Address with Contact No. & E-mail Id:**

<b>I.No.</b>	<b>Name of the Dependents</b>	<b>Date of Birth</b>	<b>Completed Age as on 01.04.2016</b>	<b>Relationship to Employee</b>	<b>Marital Status</b>	<b>Gender</b>	<b>Name of the Nominee</b>	<b>Mobile No. of the Employee</b>	<b>E-mail ID</b>
1									
2									
3									
4									
5									
6									

**Full Signature of the Employee**

**Name :**

**Designation :**

**Permanent Address :**