

DELHI STATE INDUSTRIAL & INFRASTRUCTURE DEVELOPMENT CORPN. LTD.
N-36, Bombay Life Building, Connaught Place, New Delhi-110001
(Personnel Division)

No. DSIIDC/ Insurance Backed Medical scheme /Estt.

Dated: 17-06-2021

CIRCULAR

Subject :- Updation/verification of the of the medical policy beneficiary details of ex-employees and their dependants

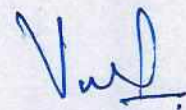
This relates to the beneficiary details of the Insurance Backed Cashless medical scheme for the employees (including retired employees who have opted for this scheme). All the Ex-employees are requested to submit life certificates positively by 30th June 2021 to the Personnel Division, DSIIDC (format enclosed).

Since the Cashless medical scheme is due for renewal on 29-7-2021 and is based on computerized operation, any error in beneficiary details would cause inconvenience to the employees and their dependent family members. Accordingly, it is in the interest of policy beneficiaries that they furnish accurate details in respect of self and dependants for the smooth processing and avoid denial of cashless medical facility.

It may kindly be noted that the policy restricts midterm inclusion of ex-employees and their dependants. Hence, it is reiterated that in case life certificate is not received by the stipulated date i.e. 30th June 2021, it will be presumed that the retired employee is not willing to be a beneficiary of the cashless scheme.

For clarifications/queries etc., the Personnel Division, Medical desk can be reached during office hours at :

Telephone No. : 011-23314231- Ext 162,163
Sh. Sunil (M) : 9013741213
E-mail : dsiidcmedicalhelpdesk@gmail.com



(Vijit Singh)
Div. Manager (P)

Copy to :-

- 1 All Notice Boards at HQ and site offices
- 2 Website of DSIIDC

Encl: Performa for life certificate

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N-36, Bombay Life Building, Connaught Place, New Delhi-110 001
Tel. No. 23314231-33 Ext. - 163,162 Email: dsiidcmedicalhelpdesk@gmail.com

LIFE CERTIFICATE TO BE SUBMITTED BY RETIREES
(Opting for the Insurance Backed Cashless Medical Scheme)

Dated: _____

Certified that I have seen Mr./Mrs./Miss. _____

Son/ Daughter/Wife/Husband of _____
And he / she is alive on this date.

Ex. Employee File No. and Name : _____

Designation: _____

Date of Birth _____

Dependant's Name and Data of Birth 1) _____

2) _____

Address: _____

Telephone No/Mobile No: _____

Email: _____

Signature of Gazetted Officer/ DSIIDC Officer

Signature of Ex. Employee

Date :-