

Ref: GIC-HO/HR/GMP2025-26/1225/2024-25

11th March 2025

C I R C U L A R

Re: Renewal of Staff Group Medclaim Policy for FY 2025-26

This is to inform that Staff Group Medclaim Policy has been approved by the Competent Authority as per the following terms and conditions received from GIPSA w.e.f. 1st April 2025:

- 1. Increase in Eligibility Limit of Sum Insured under Staff GMC:** The existing Eligible Sum Insured, on a floater basis, under the GMC policy for the serving and retired employees is enhanced to Rs. 8.00 Lacs, Rs. 10.00 Lacs and Rs. 15.00 Lacs under the 03 categories respectively, details as under:

Basic Pay Range	Existing Limit wef 01.04.2018	Revised Limit wef 01.04.2025
Less than Rs. 67265/-	Rs. 5,00,000/-	Rs. 8,00,000/-
Between Rs. 67265/- and Rs. 85925/-	Rs. 6,00,000/-	Rs. 10,00,000/-
Above Rs. 85925/-	Rs. 10,00,000/-	Rs. 15,00,000/-

- 2. Premium and Sum Insured Slabs for Serving Employees and their Families:** The premium for serving employees, their spouses, dependent children (including their spouses and children), and parents/parents-in-law will remain unchanged.
- 3. Revision of Premium for Independent Family Members:** Premium increase by 20% for independent family members (independent children, their spouses, and their children) of both serving and retired employees. Additionally, the Sum Insured slabs will now commence from Rs. 8.00 lakhs, in accordance with the revised eligibility criteria.
- 4. Revision of Premium for Retired Employees and their Families:** Premium increase by 10% for retired employees, their spouses, dependent children (including their spouses and children), and parents/parents-in-law.

Kindly note that the premium rate for Eligible Sum Insured for Retired employees, their Spouses and the Spouses of Deceased Employees after their reaching the age of 66 years or above will be freezed at the premium rate for the age bracket of 56-65 years. If a higher Optional Sum Insured is opted, the difference of premium between the premium slab for Optional Sum Insured and the premium slab for Eligible Sum Insured within the vertical column of the age band as per the present age of the insured person will be additionally charged, similar to the last year.

Redhwa

भारतीय साधारण बीमा निगम
(भारत सरकार की कंपनी)

General Insurance Corporation of India

(Government of India Company)

CIN NO.: L67200MH1972GOI016133 IRDA REGN No.: 112

“सुरक्षा”, 170, जे. टाटा रोड, चर्चगेट, मुंबई - 400 020.
“SURAKSHA”, 170, J. Tata Road, Churchgate,
Mumbai - 400 020. INDIA Tel.: +91-22-2286 7000
www.gicre.in






5. **Separate Individual Policies for Spouses Employed in GIC Re:** In case where both the spouse are employees of GIC Re, they will be allowed to obtain separate individual policies as per their respective Basic Pay.
6. **One-time option for inclusion of left over employees and their family members:** One-time option is provided for the inclusion of leftover employees, both serving and retired and their family members under the Staff GMC as also the left-over family members of already covered employees/retired employees.

However, to mitigate the risk of adverse, **any previously deleted members will not be eligible for re-inclusion.**

7. **Introduction of Nomination Facility in GMC Policy:** Facility of nomination will be provided under the policy.
8. **Enhancements in the mediclaim coverage under the policy:**
 - (a) Enhancement in the Sub-limits for all 12 ATMT (Advance Treatment & Modern Treatment) methods to 50% of Sum Insured subject to maximum of Rs. 15 Lacs from the existing limit of 50% of Sum Insured subject to maximum of Rs. 10 Lacs.
 - (b) Increase in limit in case of the Domiciliary treatment for Oral Chemotherapy and Peritoneal Dialysis to 50% of the Sum Insured, subject to a maximum of Rs. 15 lacs, up from the previous limit of 50% of Sum Insured, subject to a maximum of Rs. 5 lacs.
 - (c) Inclusion of Hemophilia under day care treatment, allowing self-infusion based on the prescription of the attending doctor. A valid doctor's prescription will be mandatory for claiming eligibility.
9. **GIPSA has neither provided an exclusion/deletion option nor SI increase/decrease option** for renewal of Staff Group Mediciclaim Policy for 2025-26.
10. Premium rate charts for serving and retired employees and the family members are enclosed herewith in Annexure A.

The retired employee may submit or issue a cheque for the annual premium on or before 31st March, 2025 along with inclusion form for addition of family members (if any) and the life certificate. The instructions to the retired employees will be communicated separately via email/letter.

All other terms and conditions of the policy remain the same.


(C S Radhika)
Executive Director



ANNEXURE - A

PREMIUM RATES WEF 01.04.2025

A-1. Premium applicable for Serving Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs	16781	16995	23404	24245	27177	29464	37568
10 Lacs	17572	17798	24509	25390	28460	30855	39341
12 Lacs	18809	19051	26235	27177	30464	33027	42110
15 Lacs	19635	19887	27385	28370	31800	34475	43957
20 Lacs	20871	21141	29111	30157	33804	36649	46728
25 Lacs	22698	22991	32022	33173	37607	40773	51984
30 Lacs	24306	24619	34584	35825	40953	44400	56611
35 Lacs	25620	25950	36680	37997	43692	47370	60396
40 Lacs	26716	27060	38427	39807	45973	49843	63549
50 Lacs	28177	28541	40756	42219	49016	53142	67755

A-2. Premium applicable for Spouse of Serving Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs	6712	6798	9361	9698	10871	11786	15027
10 Lacs	7029	7119	9804	10156	11383	12342	15736
12 Lacs	7523	7621	10494	10871	12186	13210	16844
15 Lacs	7853	7954	10954	11347	12719	13790	17582
20 Lacs	8349	8456	11645	12063	13522	14660	18690
25 Lacs	9079	9196	12809	13269	15043	16309	20793
30 Lacs	9722	9847	13834	14330	16381	17761	22645
35 Lacs	10247	10380	14673	15199	17476	18947	24158
40 Lacs	10686	10824	15372	15923	18390	19937	25421
50 Lacs	11271	11416	16303	16888	19605	21257	27103

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A-3. Premium applicable for Family Member (Dependent children & spouse and children) of Serving Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs	4195	4248	5851	6062	6795	7366	9392
10 Lacs	4393	4450	6127	6348	7115	7713	9836
12 Lacs	4702	4764	6560	6795	7616	8256	10528
15 Lacs	4908	4972	6847	7093	7951	8619	10990
20 Lacs	5219	5285	7278	7540	8451	9163	11682
25 Lacs	5674	5749	8006	8294	9402	10194	12995
30 Lacs	6077	6155	8646	8957	10237	11100	14153
35 Lacs	6405	6488	9170	9500	10923	11842	15099
40 Lacs	6678	6766	9607	9951	11494	12461	15887
50 Lacs	7044	7135	10189	10554	12254	13285	16938

A-4. Premium applicable for Parents/Parents-in-law of Serving Employee							
S.I. / Age	Upto 35	36-45	upto 55	56-65	66-70	71-75	76 & above
8 Lacs			12872	13335	14947	16205	20662
10 Lacs			13480	13964	15653	16971	21637
12 Lacs			14429	14947	16755	18165	23161
15 Lacs			15063	15604	17489	18962	24176
20 Lacs			16012	16586	18591	20158	25700
25 Lacs			17613	18245	20683	22425	28591
30 Lacs			19022	19705	22524	24421	31137
35 Lacs			20174	20899	24029	26053	33217
40 Lacs			21135	21894	25286	27413	34953
50 Lacs			22415	23220	26958	29228	37265

R



B-1. Premium applicable for Retired Employee/Spouse of Deceased Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs	16781	16995	23404	24245	27177	29464	37568
10 Lacs	17572	17798	24509	25390	28460	30855	39341
12 Lacs	18809	19051	26235	27177	30464	33027	42110
15 Lacs	19635	19887	27385	28370	31800	34475	43957
20 Lacs	20871	21141	29111	30157	33804	36649	46728
25 Lacs	22698	22991	32022	33173	37607	40773	51984
30 Lacs	24306	24619	34584	35825	40953	44400	56611
35 Lacs	25620	25950	36680	37997	43692	47370	60396
40 Lacs	26716	27060	38427	39807	45973	49843	63549
50 Lacs	28177	28541	40756	42219	49016	53142	67755

B-2. Premium applicable for Spouse of Retired Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs	6712	6798	9361	9698	10871	11786	15027
10 Lacs	7029	7119	9804	10156	11383	12342	15736
12 Lacs	7523	7621	10494	10871	12186	13210	16844
15 Lacs	7853	7954	10954	11347	12719	13790	17582
20 Lacs	8349	8456	11645	12063	13522	14660	18690
25 Lacs	9079	9196	12809	13269	15043	16309	20793
30 Lacs	9722	9847	13834	14330	16381	17761	22645
35 Lacs	10247	10380	14673	15199	17476	18947	24158
40 Lacs	10686	10824	15372	15923	18390	19937	25421
50 Lacs	11271	11416	16303	16888	19605	21257	27103



B-3. Premium applicable for Family Member (Dependent Children & their Spouses and Children) Of Retired Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs	4195	4248	5851	6062	6795	7366	9392
10 Lacs	4393	4450	6127	6348	7115	7713	9836
12 Lacs	4702	4764	6560	6795	7616	8256	10528
15 Lacs	4908	4972	6847	7093	7951	8619	10990
20 Lacs	5219	5285	7278	7540	8451	9163	11682
25 Lacs	5674	5749	8006	8294	9402	10194	12995
30 Lacs	6077	6155	8646	8957	10237	11100	14153
35 Lacs	6405	6488	9170	9500	10923	11842	15099
40 Lacs	6678	6766	9607	9951	11494	12461	15887
50 Lacs	7044	7135	10189	10554	12254	13285	16938

B-4. Premium applicable for Parents/Parents-in-law of Retired Employee							
S.I. / Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs			12872	13335	14947	16205	20662
10 Lacs			13480	13964	15653	16971	21637
12 Lacs			14429	14947	16755	18165	23161
15 Lacs			15063	15604	17489	18962	24176
20 Lacs			16012	16586	18591	20158	25700
25 Lacs			17613	18245	20683	22425	28591
30 Lacs			19022	19705	22524	24421	31137
35 Lacs			20174	20899	24029	26053	33217
40 Lacs			21135	21894	25286	27413	34953
50 Lacs			22415	23220	26958	29228	37265

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C-1. Premium applicable for Family Member (Independent Children & their Spouses & Children) of Serving & Retired Employee							
S.I./ Age	Upto 35	36-45	46-55	56-65	66-70	71-75	76 & above
8 Lacs	5034	5098	7021	7275	8154	8839	11271
10 Lacs	5272	5340	7353	7618	8538	9256	11803
12 Lacs	5642	5716	7871	8154	9139	9908	12634
15 Lacs	5890	5966	8217	8511	9541	10342	13188
20 Lacs	6262	6342	8733	9047	10142	10996	14019
25 Lacs	6808	6898	9607	9952	11282	12232	15595
30 Lacs	7292	7386	10376	10748	12285	13321	16983
35 Lacs	7686	7786	11004	11400	13108	14210	18118
40 Lacs	8014	8119	11528	11942	13793	14953	19064
50 Lacs	8453	8562	12226	12665	14705	15942	20326



ANNEXTURE - 'D'

STAFF GMC OF GIPSA Member Companies and GIC RE w.e.f. 01.04.2025 - Premium
Calculation for Retired Employee & Spouse

Illustration 01 : Sum Insured = Eligible Sum Insured

ELIGIBLE SI OF RS. 8 LACS			
AGE GROUP	TOTAL PREMIUM (A)	SUBSIDY BY CO (B)	Net Premium
56-65	24245+9698	(24245+9698)*75%	(A-B)
66-70	24245+9698	(24245+9698)*75%	(A-B)
71-75	24245+9698	(24245+9698)*75%	(A-B)
Above 76	24245+9698	(24245+9698)*75%	(A-B)
56-65	=33943	=25457	8486
66-70	=33943	=25457	8486
71-75	=33943	=25457	8486
Above 76	=33943	=25457	8486
ELIGIBLE SI OF RS. 10 LACS			
AGE GROUP	TOTAL PREMIUM (A)	SUBSIDY BY CO (B)	Net Premium
56-65	25390+10156	(25390+10156)*75%	(A-B)
66-70	25390+10156	(25390+10156)*75%	(A-B)
71-75	25390+10156	(25390+10156)*75%	(A-B)
Above 76	25390+10156	(25390+10156)*75%	(A-B)
56-65	=35546	=26660	8886
66-70	=35546	=26660	8886
71-75	=35546	=26660	8886
Above 76	=35546	=26660	8886
ELIGIBLE SI OF RS. 15 LACS			
AGE GROUP	TOTAL PREMIUM (A)	SUBSIDY BY CO (B)	Net Premium
56-65	28370+11347	(28370+11347)*75%	(A-B)
66-70	28370+11347	(28370+11347)*75%	(A-B)
71-75	28370+11347	(28370+11347)*75%	(A-B)
Above 76	28370+11347	(28370+11347)*75%	(A-B)
56-65	=39717	=29788	9929
66-70	=39717	=29788	9929
71-75	=39717	=29788	9929
Above 76	=39717	=29788	9929



OPTIONAL SI of RS. 20 LACS (ESI RS. 8 LACS)			
AGE GROUP	TOTAL PREMIUM (A)	SUBSIDY BY CO (B)	Net Premium
56-65	(24245+9698)+(30157-24245)+(12063-9698)	(24245+9698)*75%	(A-B)
66-70	(24245+9698)+(33804-27177)+(13522-10871)	(24245+9698)*75%	(A-B)
71-75	(24245+9698)+(36649-29464)+(14660-11786)	(24245+9698)*75%	(A-B)
Above 76	(24245+9698)+(46728-37568)+(18690-15027)	(24245+9698)*75%	(A-B)
56-65	=42220	=25457	16763
66-70	=43221	=25457	17764
71-75	=44002	=25457	18545
Above 76	=46766	=25457	21309
OPTIONAL SI of RS. 30 LACS (ESI RS. 10 LACS)			
AGE GROUP	TOTAL PREMIUM (A)	SUBSIDY BY CO (B)	Net Premium
56-65	(25390+10156)+(35825-25390)+(14330-10156)	(25390+10156)*75%	(A-B)
66-70	(25390+10156)+(40953-28460)+(16381-11383)	(25390+10156)*75%	(A-B)
71-75	(25390+10156)+(44400-30855)+(17761-12342)	(25390+10156)*75%	(A-B)
Above 76	(25390+10156)+(56611-39341)+(22645-15736)	(25390+10156)*75%	(A-B)
56-65	=50155	=26660	23495
66-70	=53037	=26660	26377
71-75	=54510	=26660	27850
Above 76	=59725	=26660	33065
OPTIONAL SI of RS. 50 LACS (ESI RS. 15 LACS)			
AGE GROUP	TOTAL PREMIUM (A)	SUBSIDY BY CO (B)	Net Premium
56-65	(28370+11347)+(42219-28370)+(16888-11347)	(28370+11347)*75%	(A-B)
66-70	(28370+11347)+(49016-31800)+(19605-12719)	(28370+11347)*75%	(A-B)
71-75	(28370+11347)+(53142-34475)+(21257-13790)	(28370+11347)*75%	(A-B)
Above 76	(28370+11347)+(67755-43957)+(27103-17582)	(28370+11347)*75%	(A-B)
56-65	=59107	=29788	29319
66-70	=63819	=29788	34031
71-75	=65851	=29788	36063
Above 76	=73036	=29788	43248

*In the above illustrations, it is presumed that both the retired employee and his / her spouse are covered under the Policy and are in the same age band



General Insurance Corporation of India

वेतन क्रम संख्या :

Salary Roll No. _____

Extn. No. _____

समूह मेडिकलेम बीमा पालिसी नामदर्जगी प्रपत्र
GROUP MEDICLAIM INSURANCE POLICY ENROLMENT FORM

कर्मचारी का नाम / NAME OF THE EMPLOYEE :

पदनाम / DESIGNATION :

मूल वेतन / BASIC SALARY : Rs.

कार्यारंभ का दिनांक / DATE OF JOINING :

वैवाहिक स्थिति / MARITAL STATUS : SINGLE/ MARRIED/ WIDOWED/ DIVORCEE

योजना में प्रवेश का दिनांक / DATE OF ENTRY INTO THE SCHEME :

बच्चों की संख्या / NO. OF CHILDREN : लड़के _____ लड़किया _____
SONS _____ DAUGHTERS _____

कार्यालय का पता / OFFICE ADDRESS :

आवास का पता / RESIDENTIAL ADDRESS :

बीमित राशि की हकदारी निम्नलिखित मूल वेतन श्रेणी के अनुसार होगी ENTITLED SUM INSURED WILL BE AS PER FOLLOWING BASIC SALARY RANGES	
Basic Salary of the Employee at the time of Renewal (i.e. April Basic)	Eligible Sum Insured on Floater Basis
Less than 67,265	Rs. 8,00,000/-
Between 67,265 to 85,925	Rs. 10,00,000/-
Above 85,925	Rs. 15,00,000/-

CHOICE OF AVAILABLE HIGHER OPTIONAL SUM INSURED ARE:

A. Rs. 10,00,000/-

F. Rs. 30,00,000/-

B. Rs. 12,00,000/-

G. Rs. 35,00,000/-

C. Rs. 15,00,000/-

H. Rs. 40,00,000/-

D. Rs. 20,00,000/-

I. Rs. 50,00,000/-

E. Rs. 25,00,000/-

कर्मचारियों / सदस्यों का व्यक्तिगत विवरण पत्र
EMPLOYEES MEMBERS PERSONAL STATEMENT FORM

(प्रत्येक कर्मचारी / सदस्य के स्वयं और उसके पत्र पेशकर्ता के बीच संबंधित किए जाने के लिए उसके द्वारा पूर्ण रूप से भरा जाए
 (To be completed by each Employee/Member in respect of himself and his/her eligible family members proposed to be covered))

1. कर्मचारी / सदस्यों के विवरण जिसमें बीमा के लिए प्रस्तावित पारिवारिक सदस्य शामिल हैं :-

1. Details of Employees/Members including family members proposed for insurance :

क्रम Sl. No.	कर्मचारी / सदस्य तथा पत्र पेशकर्ता सदस्यों का नाम Name of Employee / Member and eligible family members	जन्म तिथि (आयु का प्रमाणपत्र दिखाना होगा Date of Birth (Proof of age to be produced))	लिंग Sex	व्यवसाय Occupation	कर्मचारी / सदस्य के साथ संबंध Relationship to the Employee/Member	मासिक आय (यदि हो तो) Income, if any.	वर्तमान में बीमा है होने या किसी योग, बीमारी या जखम होने के विवरण जिसमें मिस्ट फॉरेस्टर ने तुरंत चिकित्सा की आवश्यकता है और/या किसी योग, बीमारी या जखम के विवरण जिसका गत 12 माह के दौरान उपचार किया गया है Details of positive existence or presence of any ailment, sickness or injury which may require medical attention in immediate future and/or details of any ailment, sickness or injury which had been treated during the preceding 12 months
1.							
2.							
3.							
4.							
5.							
6.							
7.							

2. क्या आप / आपके परिवार का कोई सदस्य मधुमेह / उच्च रक्तचाप / सीने में दर्द या कोरोनरी अर्वायनरी या मायोकार्डियल इन्फार्क्शन से पीड़ित है / था ? यदि हाँ, तो संतान प्राथमिक में दी गई प्रश्नावली को पूरा रूप से पढ़ें।

Are you any member of your family suffering/suffered from Diabetes/Hypertension/Chest Pain or Coronary insufficiency or Myocardial Infarction? If so, complete the annexed Questionnaires.

3. का) परिवारिक चिकित्सक का नाम पता और दूरभाष नंबर यदि है तो :-

a) Name and address of family doctor, including telephone number, if any :

फ़ोन नंबर / Pin Code : दूरभाष नं. / Telephone No.:

गणक/संज्ञित प्रश्न / Stamp/ID. Tertiary :

उपरोक्त सभी कथन्य और भरे तथा मेरी परिवारिक सदस्यों की ओर से दिए गए सभी जवाब मेरी पूरी जानकारी और विश्वास के अनुसार पूर्ण रूप से सत्य हैं। मैंने सभी विवरण स्पष्ट रूप से दिए हैं। एतद्वारा यह समझा गया है और इस बात पर सहमत है कि इन कथन्य जवाब और विवरणों पर प्रदान किया जानेवाला बीमा आवणित है। यदि बीमाकर्ता होने के पश्चात् यह पाया गया कि दिए गए कथन्य जवाब या विवरण किसी भी प्रकार से गलत या असत्य हैं तो निगम पर मेरे और बीमा के लिए प्रस्तावित में परिवारिक सदस्यों के संबंध में इस बीमा के अंतर्गत कोई दायित्व नहीं होगा।

All the statements made above and the answers given on my behalf and on behalf of the family members are wholly true and correct to the best of my knowledge and belief. I have disclosed all particulars materials to the risk. It is hereby understood and agreed that the statements, answers and particulars are based on which the Insurance is being granted. If after the Insurance is effected, it is found that the statements, answers or particulars are incorrect or untrue in any respect, the Corporation shall have no liability under this Insurance in respect of myself and my family members proposed for insurance.

स्थान / Place : _____

कर्मचारी/सदस्य का हस्ताक्षर और/या बीमा संश्लित किए जाने वाले अन्य परिवारिक सदस्यों की ओर से हस्ताक्षर

दिनांक / Date : _____

Signature of the Employee/Member for himself/herself and/or on behalf of other family members to be covered



General Insurance Corporation of India

जीआईसी री ग्रुप मेडिकलेम पॉलिसी – नामांकन फॉर्म
GIC RE GROUP MEDICLAIM POLICY – NOMINATION FORM

I, the undersigned hereby declare that my _____ (relation), Mr / Mrs
/ Ms _____ age _____ years will be nominee in respect of
GIC Re Group Mediclaim Policy.

(SIGNATURE)

Name : _____

S.R. No. : _____

Extension No.: _____

Mobile No. : _____