



GIC Re's STAFF GROUP MEDICLAIM POLICY – OPTION FORM 2026

To,

Date: _____

Mediclaim Section
Human Resources Department
General Insurance Corporation of India
'Suraksha' 170 Jamshedji Tata Road
Churchgate Mumbai – 400020

Dear Sir/Madam,

Sub: Submission of Option Form for Exclusion of Independent Children and their Family (Spouse and Children)/ Enhancement of Sum Insured under Staff Group Mediclaim Policy for FY 2026–27

I acknowledge the options available under GIC Re's Staff Group Mediclaim Policy for FY 2026–27.

I hereby request **exclusion** of the following independent children and their family members (spouse and children) from the Policy with effect from 1st April 2026:

Name of Family Member	Relation with Employee/ Primary Insured	Date of Birth	Age

I understand and confirm that the above – mentioned family members once excluded shall not be eligible for re-inclusion under the policy in future.

My existing Sum Insured is INR _____. I wish to opt for a **higher Sum Insured** of INR _____ under the policy.

Yours faithfully,

(Signature)

Name: _____

Salary Roll No.: _____

Ext No.: _____ / Mobile No.: _____