

HEALTH SCHEME I.M.A. G.S.B.

2nd Floor, A.M.A.ⁿ. House, Opp. H.K. College,
Ashram Road, Ahmedabad-380 009. (Gujarat)
Phone 079-2658 5430 Time : 2:00p.m. To 6:30 p.m.
E-mail : healthschemeimagsb@gmail.com
Web-site : www.hsgsbima.com

GSTIN : 24AAAT10762K1ZR

APPLICATION FORM

(TO BE FILLED IN BLOCK LETTERS)

FOR OFFICE USE ONLY

Health Scheme No. :

Name Of Branch :

Category :

Chairman :

Hon. Secretary :



(A) Information about members :

Surname : _____
First Name : _____
Name of Father/Husband : _____
Sex : Male / Female Pan Card No. :

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Date of Birth : _____ Aadhar Card No. :

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Age : _____ Yrs. GST No. :

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Qualification : _____

(B) Information about Spouse :

Surname : _____
First Name : _____
Name of Father/Husband : _____
Sex : Male / Female Pan Card No. :

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Date of Birth : _____ Aadhar Card No. :

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Age : _____ Yrs. GST No. :

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Name of Local Branch of I.M.A. : _____
L.M. No. of G.S.B. I.M.A. : _____
Correspondence Address : _____

Telephone No. :-
Clinic / Hospital
Resi. :-
STD Code No. :-
Mobile No. :-
E-mail :-

I, the undersigned, hereby apply for the membership of Health Scheme I.M.A. G.S.B.
I, enclose herewith Demand Draft/ Cheque No..... Dated.....
Drawn onfor Rs.....
(Admission Fee Rs.....+ Membership Fee Rs.....+
Membership Fee Spouse Rs.....+ GST Rs.....A.F.C. Rs.....
Total Rupees.....

FORWARDED THROUGH :

Hon. Secretary, Local Branch :

Signature :

Name :

Name of the Branch :

N.B. :

1. You can become member of the scheme through our website www.hsgsbima.com and also can make payment online through UPI / Cards / Net Banking without any extra charges.
2. Demand Draft or Cheque only payable at Ahmedabad will be accepted. M.O. or Cash will not be accepted in any circumstances.,
3. Cheques or Demand Draft to be drawn in favour of "HEALTH SCHEME I.M.A. G.S.B."
4. Send Cheque or Demand Draft by Hand Delivery or Registered A.D. Post
5. Life Membership of I.M.A. G.S.B.is compulsory.
6. Certified Photo copy of (1) Aadhar Card & Pan Card of Member and Spouse
(2) Life Membership Certificate of I.M.A. G.S.B. must accompany with this Form. (3) Birth Certificate - Proof of Birth

Hon. State Secretary :

Signature :

Name :

NOMINATION FORM

Name of the Nominee : _____
 If Nominee is Minor, Date of Birth and Age of Minor : _____
 Specimen Signature of Nominee _____ Or _____ Guardian in case of Minor Nomiere : _____
 1. _____

Relation with member : _____
 If nominee is Minor, Name of the person who represents the minor and his/her address : _____

For Member/Spouse :

I do hereby declare that, for member suffering fromdisease,
 for spouse suffering from disease.
 At anytime no proposal for policy covering my health / life has been rejected by LIC, ULIP or Mediclaim Insurance
 Policy. I have withheld no information what so ever regarding application and I agree to pay the amount demanded as per the
 rules of the scheme. I further agree to abide by the condition laid down in the constitution approved by the State Council of
 Gujarat State Branch for this Scheme.

 Date & Signature of member

 Date & Signature of spouse

Important Information

Disease Group Covered Under The Scheme

1. Coronary Heart Disease Group : Angioplasty, By-Pass Surgery & Valvular Heart Diseases Surgery, Permanent Pace-Maker Implant.
2. Kidney Disease Group : Haemodialysis, Renal Transplant, Renal Angioplasty
3. Brain Tumors Group
4. Cancer Group All Cancers, (Except Carcinoma in SITU)
5. Joint Replacement Group : Surgery for Total Knee and Total Hip joints only, Member above the age of 40 years at the time of joining the scheme can get the benefit After 7 Years of joining the scheme.
6. Brain Haemorrhage (confirmed by CT Brain or MRI.)
7. Organ Transplant Group
 Liver Transplant, Lung Transplant, Kidney Transplant & Heart Transplant only. The donor and Recipient Doctor member will be given benefit.

Rule.13 (2) Members have to submit original papers as well as attested photo copy of bills and receipts. Original bills & receipts will be given back after verification.

Rule.13 (4) Members will be given reimbursement depending upon :
 (A) Approved (Recognised) Hospital : For Approved (Recognised) Hospital, Member will be given reimbursement of 75% of total amount of bill **OR** fund collection from the members contribution upto maximum Rs. 50/- per case **WHICH EVER IS LESS.**

(B) Non Approved (Non recognised) Hospital : Non Approved (Non recognised) Hospital should be within the jurisdiction of I.M.A. G.S.B. For non-approved hospital, member will be given reimbursement of 50% of total amount of bill **OR** fund collection from the members contribution up to maximum limit of Rs. 25/- per case **WHICH EVER IS LESS.**

Rule.13 (5) After availing the benefit of the scheme for any one particular disease group, the same member will not get the benefit for the same disease group for next 2 years.

*** MEMBER / SPOUSE WILL GET BENEFIT ONLY AFTER COMPLETION OF ONE YEAR OF JOINING THE SCHEME ***

Members will get the benefit from Health Scheme as well as their own Mediclaim.

SCHEDULE OF FEE

Age Group	Admission Fee Rs.	Annual Membership Fee Rs.	Annual Subscription For Spouse Rs.	Total	GST 18%	Advance FAC Rs.	Total
Below Age of 35 Yrs	0	50/-	50/-	100/-	18/-	7500/-	7618/-
Between 36 - 45 Yrs	750/-	50/-	50/-	850/-	153/-	7500/-	8503/-
Between 46 - 55 Yrs.	1250/-	50/-	50/-	1350/-	243/-	7500/-	9093/-