
	SUBJECT	TCV Health Mutual Policy - TCV HMP			
	REFERENCE	Accounts Manual - 2008 (Chapter # 8)			
	BENEFICIARY	TCV members			

The TCV Health Mutual Policy (TCV HMP) respects humanitarian values, marked by community spirit and respect for all the members of our TCV family. It operates in the basis of trust between all its members. By means of its members' contributions, and based on their decisions. The TCV MHP organizes mutual health care, aimed at insuring against risks related to illness, bearing the consequences and promoting health.

NOTE:

1. Applicant must have enrolled in the TCV membership to subscribe the policy.
2. TCV Alumni must hold a TCVA membership identity card to subscribe the policy.
3. By definition TCV members: Alumni members, Ex-TCV staff and Post school programs.
4. By definition Post school programs: Non TCV wards active in the TCV post school programs like VTC, TCV college.
5. This policy stands void for the Post school programs after the completion of their program.
6. Application for this medical insurance policy is by choice for TCV Alumni members and Ex-TCV staff member with at least 15 years of service in TCV, residing within the country - India.
7. Members must fill the policy application form.
8. Premium contribution must be paid annually in advance.

PREMIUM OPTIONS:

AGE RANGE	MONTHLY CONTRIBUTION				
19 - 35	50	85	120	155	190
36 - 50	55	95	135	175	215
51 +	60	105	150	195	240
SUM INSURED PER YEAR	40,000	80,000	1,20,000	1,60,000	2,00,000

NOTE: Above figure is in Indian rupees.

MEDICLAIM:

1. All treatment requires information and prior approval of the nearest TCV health centre. In the case of emergency proper communication must be ensured.
2. If a member choose medical treatment on own accord in a Private hospital or otherwise without going through the TCV health centre, he/she is entitled for only 80% of the total expenses.
3. Expenses on hospitalization include the following nature:
 - Room rent for general ward.
 - Nursing charges.
 - Operation theatre charges
 - Cost of blood, Oxygen, medicine and drugs, diagnostic materials and X-ray.
 - Enlisted day care expenses for specified treatment are also covered.
4. Only bills exceeding **Rs: 10000/- at a stretch** will be entertained.
5. Maximum claim in a year to be within the sum insured.
5. Hospitalization expense for private wards will be reimbursed only at the rate of 50%.
6. Bills must be submitted for reimbursement within one month of discharge or treatment.
7. All claim applications must be addressed to the Accounts section - Head Office, and supported by treatment/hospitalization related to prescription bills in original, duly verified and attached with a recommendation from the nearest TCV branch's medical Incharge and the Head.
8. Individuals must apply in writing for original bills in case the same is required for other medical insurances purpose.
9. No claim will be entertained under any circumstances for relapsed policy.
10. Claim for hospitalization does not necessarily mean only the period of time in the hospital as in-patient but also direct medical expenses for treatment as well.
11. TCV Head Office reserves the right to accept or reject application and the decision will be final.

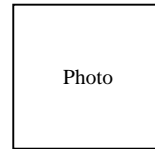
EXCLUSIONS:

The following nature of expenses are excluded and not covered in the policy:

- All the expenses incurred in respect of any treatment relating to pregnancy or childbirth.
- TA & DA.
- Expense of attendant / helper.
- Eye glass, denture, hearing aid etc.
- Cosmetic plastic surgery.

For further clarifications: Contact TCV Head Office, Accounts section.
E-mail: accountsho@tcv.org.in Phone: 01892-221258

**TCV HEALTH MUTUAL POLICY
APPLICATION FORM FOR TCV MEMBERS**



A - PERSONAL INFORMATION			
Name:		Membership Id:	
Date of birth:		Occupation:	
ADDRESS:			
	Phone:	e-mail:	

B - PREMIUM OPTION					
AGE RANGE	MONTHLY CONTRIBUTION			(Please tick)	
19 - 35	50	85	120	155	190
36 - 50	55	95	135	175	215
51+	60	105	150	195	240
SUM INSURED PER YEAR	40000	80000	120000	160000	200000

C - HEALTH CONDITION
Do you have any major diseases?
Please specify:

D- NOTES			
I understand and accept the terms and conditions governing this policy.	<table border="0"> <tr> <td align="center">SIGNATURE</td> <td align="center">DATE</td> </tr> </table>	SIGNATURE	DATE
SIGNATURE	DATE		

TCV HMP MEDICLAIM FORM FOR TCV MEMBERS

A - PERSONAL			
Name		Membership ID	
Treatment		Hospital	
Total expense		Please attach original bills.	

B - VERIFICATION FROM A NEAREST TCV BRANCH		
Did the patient go on your reference?	Yes	/ No
Director	Name & signature	
Nurse Head	Name & signature	

C - TO BE FILLED BY THE HEAD OFFICE	
Monthly contribution	
Sum insured	

D - CLAIM HISTORY	
Any earlier claims in the year	
Present claim amount	
Claim amount approved	

GENERAL SECRETARY	DATE	ACCOUNTS OFFICER
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