

TELANGANA STATE HOUSING CORPORATION LIMITED
H.No.3-6-184, Urdugally, Street No.17, Himayathnagar, HYDERABAD-500029

M.Chaitanya Kumar, M.Tech.,
 General Manager(Admn).

CIRCULAR

Rc.No.A1/219/G.H.Insruance/2021.

Dated:07.04.2021

Sub:- TSHCL, Hyd – Renewal of Tailormade Floater Group Medicalim Policy for Rs.2.00 lakhs to all the Regular/NMR Employees for the year 2021-22 – Rates Finalized – Communication of Premium amounts - Option for enhance Addl. Sum Insurance beyond Rs.2.00 lakhs – Instructions – Issued – Reg.

Ref:- 1)This office Lr.No.A1/219/G.H.Insu/2021, dt:16.3.2021.
 2)M/s.Oriental Insurance Co.Ltd., Khairatabad, Hyd (through Pragmatic Insurance Broking Services Ltd., Hyd), offered/quoted lowest rates vide Lr.dt: .4.2021.
 3)Note approval of the MD., TSHCL, Hyd, dt:07.04.2021.

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It is to inform that the "**Group Health Insurance Policy(Cashless Treatment)**" to the Regular/NMR Employees working in Telangana State Housing Corporation Ltd., has been renewed for the year **2021-22** (ie., from 10.4.2021 to 9.4.2022). M/s.Oriental Insurance Co.Ltd., Khairatabad, Hyderabad(through Pragmatic Insurance Broking Service Pvt.Ltd., Hyd) has quoted/offered lowest rates for the **basic sum insured Policy amount of Rs.2.00 lakhs per family consisting (1+5)members with a premium amount of Rs.18,877.00 per annum.**

Further, it is to inform that M/s.Oriental Insurance Co.Ltd., Khairatabad, Hyderabad have also furnished Addl.Insurance coverage in addition to existing Sum Insured Policy amount of Rs.2.00 lakhs for Rs.1.00 lakh, Rs.2.00 lakhs, Rs.3.00 lakhs, Rs.5.00 lakhs, Rs.8.00 lakhs& Rs.10.00 lakhs, subject to payable the following additional premium amounts as shown below:-

Sl. No.	For the Policy of	Premium amounts Finalized for (in Rs.) including all Taxes						
		Basic Sum Insured for Rs.2.00 lakhs borne by TSHCL	Addl./Extra Premium amount to be borne by the Employee above basic sum Insured by the TSHCL ie., Rs.2.00 lakhs					
			For Rs.1.00 lakh Addl.	For Rs.2.00 lakh Addl.	For Rs.3.00 lakh Addl.	For Rs.5.00 lakh Addl.	For Rs.8.00 lakh Addl.	For Rs.10.00 lakh Addl.
1	2	3	4	5	6	7	8	9
1	For all the in Service Regular/NMR Employees& Retired Employees(*)	17,865.00	5,402.00	8,208.00	9,101.00	11,064.00	18,210.00	19,450.00


(*) For Retired employees & Outsourcing employees, the individual themselves have to pay the premium amount including basic sum of Rs.2.00 lakhs

(Contd. ..P2)

In view of the above, all the **in service** TSHCL employees are hereby informed to exercise their option for Addl. Insurance coverage in addition to the existing basic sum insured amount of Rs.2.00 lakhs, and **retired employees** for the basic sum Insurance/Addl. Insurance coverage the same shall be furnished their **consent letter to Head Office by 06.05.2021 together with D.D. infavour of "Telangana State Housing Corporation Ltd" payable at Hyderabad**, so as to enable this Office to remit the amount duly furnishing the details to the Insurance Company ie., M/s.Oriental Insurance Co.Ltd., Hyderabad for getting eligibility of enhanced coverage immediately. Further, it is also informed that the option once exercised by the employees shall not be cancelled.

It is also note that, the under taking along with D.Ds./Cheques, **received after 06.05.2021 will not be consider for enhancement**. The Option Form/letter is enclosed herewith.

Encl:(1)


General Manager(Admin), 7/4/2021
TSHCL, Hyderabad.

To
All the TSHCL employees working in Head Office & working in various Departments/
Corporations on deputation basis.
All the Retired TSHCL Employees for information.

Copy to Stock File.

OPTION FORM - (IN SERVICE)

Date: . . .2021

To
The Managing Director,
TSHCL, **HYDERABAD.**

Sir,

Sub:- Providing Group Health Insurance to TSHCL Regular/NMR Employees for the year 2021-22 - Option for enhancement of Addl.Sum Insurance from basic sum Rs.2.00 lakhs to Rs.1.00 lakh/Rs.2.00 lakhs/Rs.3.00 lakhs/Rs.5.00 lakhs/Rs.8.00 lakhs/Rs.10.00 lakhs - Submission of D.D. for Rs._____ - Reg.

Ref:- GM(Admn)., TSHCL, Hyd Cir.No.A1/219/G.H.Insu/2021, dt:.4.2021.

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In compliance to the subject and references cited, I hereby exercise my Option to enhance the Addl. Sum Insurance for Rs._____, in addition to basic sum Insured amount of Rs.2.00 lakhs for the year 2021-22ie., from 10.4.2021 to 9.4.2022.

Therefore, I am herewith submitting a Demand Draft/Cheque bearing No._____, dt:_____ of _____ Bank/Branch for Rs._____, drawn in favour of "Telangana State Housing Corporation Ltd" payable at Hyderabad, towards Addl.Insurance for Rs._____ lakhs premium amount.

The option now exercised by me is final.

Yours faithfully,

(Signature)

Encl:(DD)

Name ::

Designation ::

Present Place of working ::

Cell No. ::

<u>Addl./Extra Premium amount to be borne by the Employee</u> above basic sum Insured by the TSHCL ie., Rs.2.00 lakhs					
For Rs.1.00 lakh	For Rs.2.00 lakhs	For Rs.3.00 lakhs	For Rs.5.00 lakhs	For Rs.8.00 lakhs	For Rs.10.00 lakhs
Rs.5,402.00	Rs.8,208.00	Rs.9,101.00	Rs.11,064.00	Rs.18,210.00	Rs.19,450.00

OPTION FORM - (RETIRED / OUTSOURCING EMPLOYEES)

Date: . . .2021

To
The Managing Director,
TSHCL, **HYDERABAD.**

Sir,

Sub:- Providing Group Health Insurance to Retired Employees for the year 2021-22 – Intended for get the Group Health Insurance Policy - Option for the sum Insurance Policy for Rs._____ lakhs – Submission of D.D. for Rs._____ - Reg.

Ref:- GM(Admn)., TSHCL, Hyd Cir.No.A1/219/G.H.Insu/2021, dt:.4.2021.

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In compliance to the subject and references cited, I hereby exercise my Option to get Group Health Insurance Policy for Rs._____ lakhs, for the year 2021-22ie., from 10.4.2021 to 9.4.2022, for the said policy premium amount is Rs._____. The details of my family members are herewith enclosed in the prescribed format.

Therefore, I am herewith submitting a Demand Draft/Cheque bearing No._____, dt:_____ of _____ Bank/Branch for Rs._____, drawn in favour of "Telangana State Housing Corporation Ltd" payable at Hyderabad, towards Group Health Insurance Policy for coverage of Insurance for Rs._____ lakhs premium amount.

The option now exercised by me is final.

Yours faithfully,

(Signature)

Encl:(DD)

Name ::

Address ::

Cell No. ::

Coverage of Sum Insurance & Premium amount borne by Retired Employees							
Coverage for sum Insurance	Rs.2.00 lakhs	Rs.3.00 lakhs	Rs.4.00 lakhs	Rs.5.00 lakhs	Rs.7.00 lakhs	Rs.10.00 lakhs	Rs.12.00 lakhs
Premium Amount (in Rs.)	17,865.00	23,267.00	26,073.00	26,966.00	28,929.00	36,075.00	37,315.00