



Agency Section, Marketing Department,
3rd floor, Central Office, "Yogakshema",
JeevanBimaMarg, MUMBAI 400 021
Ph: - (022) - 66598333, 8334, Fax: - 22824386
e-mail: co_agency@licindia.com

Ref: CO/Mktg./ZD/A/29 / PY 2025-26

Dated: 04.12.2025

All Zonal Offices,
All Divisional Offices,
All Branch Offices & Satellite Offices
Audit & Inspection Departments

RMC(MKT)
10/12

Re: **Group Mediclaim Insurance Scheme (Policy Year 2025-26) for Club Member Agents (Membership Year 2024-25)**

The Group Mediclaim Insurance Policy for the Club Member Agents has been renewed for the Policy Year 2025-26 (for the period 01.09.2025 to 31.08.2026) with **The New India Assurance Co. Ltd., C.D.U. III (120300), Cooperage Road, Mumbai.**

With a view to ensure that the beneficiaries of the policy are well-informed regarding the Terms and Conditions of the Policy, all Branches should take note of the following:

- i) The Terms and Conditions of the Policy should be mandatorily displayed on the Branch **NOTICE BOARD throughout the Policy period.**

The salient features of the Scheme are as follows:-

1. The Policy Number is **12030063250400000021.**
2. The Cover for various Groups (Club Member Agent with Spouse) under Family Floater is as mentioned below :

CLUB	COVERAGE (Rs.)
ELITE CLUB	10,00,000/-
Corporate Club	7,00,000/-
Club Galaxy	6,00,000/-
Chairman's Club	5,00,000/-
Zonal Manager's Club	3,50,000/-
Divisional Manager's Club	2,50,000/-
Branch Manager's Club	2,00,000/-

3. The details of the Insurer and TPA are given in **Annexure 'A'** and the Escalation Matrix is given in **Annexure 'A-1'**.
4. The major benefits under the Policy are as per **Annexure 'B'**.
5. The Terms and Conditions of the policy provided by the insurer are attached as **Annexure 'C'**.
6. The procedure to avail cashless benefit, as provided by the TPA, is given in **Annexure 'D'**.



7. The procedure for claiming reimbursement of expenses and the checklist of documents to be submitted for claiming reimbursement, as provided by the TPA, are given in Annexure 'E'.
8. The procedure for representation under 'Claims Denied' is given in Annexure 'F'.
9. Nodal Officers in the Divisions should ensure that the certificate as given in Annexure 'G' is duly signed with seal affixed by them and sent to the TPA along with the claim forms, bills and other necessary documents, failing which the claim shall not be admissible.
10. The premium to be recovered towards the Group Mediclaim Insurance Scheme for the Club Member Agents for Policy Year 2025-26 (M.Y. 2024-25) under the two options are as mentioned below:

Option 1: Premium for Club Member Agent along with spouse coverage under Family Floater Scheme:

Age nearer birthday (as on 31.08.2025)	Premium to be borne by the Club Member Agent under Family Floater with spouse for Policy Year 2025-26 (MY 2024-25) (in Rs.)								
	ELITE	Corporate	Club Galaxy	CM Club		ZM Club		DM Club	BM Club
				Regular	Non-Regular	Regular	Non-Regular		
Upto 35	5998	4613	7862	5409	7423	4691	6402	3642	3016
36-45	7423	5709	8888	6112	8386	5236	7144	4209	3553
46-55	8726	6712	11427	7859	10782	6796	9271	5334	4722
56-65	12618	9704	18108	12447	17077	10509	14541	7928	6739
66-70	14643	11261	21512	14777	20269	12494	17046	9133	7810
71-75	16572	12745	24496	16839	23088	13585	18528	10543	8717
76-80	19233	14791	28235	19433	26664	15680	21397	11701	9818
81-85	20957	16118	31080	21450	29435	17595	24012	12933	11300

Option 2 : Premium for only Club Member Agents without spouse coverage:

Age nearer birthday (as on 31.08.20 25)	Premium to be borne by the Club Member Agent for Policy Year 2025-26 (MY 2024-25) (in Rs.)						
	Club Galaxy	CM Club		ZM Club		DM Club	BM Club
		Regular	Non-Regular	Regular	Non-Regular		
Upto 35	3992	2739	4753	2327	4038	1857	1538
36-45	4515	3093	5368	2594	4502	2139	1811
46-55	5806	3975	6898	3367	5842	2710	2407
56-65	9197	6296	10926	5212	9044	4033	3435
66-70	10928	7468	12960	6191	10744	4655	3992
71-75	12439	8499	14748	6722	11665	5365	4447
76-80	14341	9835	17066	7774	13491	5977	4987
81-85	15773	10860	18845	8726	15143	6589	5733

11. It may be noted that the entire premium for spouse is to be borne by the respective Club Member Agent.

- Where both husband and wife are Agents of the same / different Clubs, they shall continue to be covered under the Scheme with the coverage as per his/her individual club eligibility.
- If they have opted for spouse coverage on floater basis, they will be entitled for both i.e.
 - individual coverage as per his/her Club eligibility, and
 - floater coverage as per the Club eligibility of the Spouse.

12. Non-Regular Club Members: In accordance with the guidelines provided vide CO Marketing circular Ref: CO/Mktg./A/ZD/04/2019 dated 25.02.2019, Non-Regular life members who have given their written consent will be covered, with or without cover for spouse, by paying the full premium on their own, **without any contribution from LIC.**

The premium rates for 'with-spouse cover' and 'without-spouse cover' for Non-Regular members will be as mentioned in the above two tables.

13. The premium shall be deducted from the commission of Club Member Agents (M.Y.2024-25) in one lump sum latest by January 2026 and credited to the A/C code No. 113204.



- The deduction of premium to be done through the module only.
 - The program for recovery of premium from the Commission of the eligible Club Member Agents will be provided by CO (IT) - SDC.
 - Branch offices should verify the option exercised by the Club Member Agents and Non-Regular Club Member Agents regarding spouse coverage and confirm the deduction of premium from the Commission through the system. If the PAN details for spouse is not provided, the coverage will NOT be given to spouse for the policy year 2025-26.
 - Branch offices should reconcile the schedule as on 31.03.2026 and forward the same to the respective Divisional Office. The Divisional Office should monitor the accuracy of collection of premiums under the said account code and forward the consolidated and reconciled schedule as on 31st March 2026 to the respective Zonal Office.
 - It is imperative that such consolidated, tallied and reconciled schedule of all Zonal Offices should reach CO Marketing latest by 30th April 2026.
 - Branch offices should continue to maintain the record of Club Member Agents who have not opted for spouse coverage (floater basis) under the Scheme and continue to be excluded.
 - It may be noted that those agents who had opted out of the Floater Scheme for the Policy Year 2016-17 will not be entitled for spouse coverage in the subsequent Policy Years.
 - Inclusion of spouse coverage on account of marriage of the Club Member Agent will be allowed for the Policy Year 2025-26, subject to verification of his/her eligibility, by the Branch.
 - Option for spouse coverage should be obtained from the new entrants (Membership Year 2024-25).
14. Since this is a welfare scheme, the scheme is mandatory for all the Club Member Agents up to the age of 85 years.
15. The information and claim forms for mediclaim are available on the TPA website www.medibuddy.in.

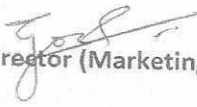
IMPORTANT POINTS TO BE NOTED FOR SMOOTH PROCESSING OF THE CLAIMS:

- For claims other than Cashless Benefit, the beneficiary should submit all the original documents alongwith a copy thereof to the Branch Office. Copy of the original documents has to be maintained at the Branch office till the settlement of the claim. Records of the

submission of documents to TPA (despatch details of documents etc.) should be maintained at the Branch and Divisional Offices.

- Please ensure that the Claim Form is duly filled in with correct address, contact number, email id and updated NEFT details and the same is sent to the TPA along with Nodal Officer's Certificate (Annexure 'G') and all relevant enclosures to avoid delay and inconvenience to the Beneficiary Club Member Agents/Claimant.
- Cancelled cheque with name of agent printed on it is to be submitted for NEFT purpose.
- **In any case, claim documents should not be sent to Central Office.**
- All Offices to note that copy of the Nodal Officer's forwarding letters addressed to the TPA **should not be marked to Central Office.**

You are requested to bring the above to the notice of all concerned.


Executive Director (Marketing/PD)

Encl :

- 1) Annexure 'A' - Details of the Insurer and TPA.
- 2) Annexure 'A-1' - Escalation Matrix
- 3) Annexure 'B' - Major benefits under the Policy
- 4) Annexure 'C' - Terms & Conditions of the Policy
- 5) Annexure 'D' - Procedure to avail cashless benefit
- 6) Annexure 'E' - Procedure for Reimbursement of claim & Claim Form
- 7) Annexure 'F' - Procedure for representation under Claims Denied
- 8) Annexure 'G' - Proforma of Nodal Officer's Certificate

Note:

- ❖ This document is the property of the Life Insurance Corporation of India and its reproduction in any form and / or transmission and / or publication on any social medium without the express permission of Life Insurance Corporation of India will be treated as a violation of the LIC of India (Staff) Regulation, 1960, as amended from time to time, and the relevant provisions of the Information Technology Act, 2008.
- ❖ Any reproduction of this document by any Agent of the Corporation will attract action under Regulations 16 and 19(2) read with regulation 8 and the Second schedule of Life Insurance Corporation of India (Agents) regulations, 2017, as amended from time to time.

ANNEXURE 'A-1'

Communication Matrix for Lic

Addresses:

Servicing Branch- Mumbai

Medi Assist Insurance TPA Private Limited
4th Floor, Aarpee Chambers, Shagbaug,
Off Andheri-Kurla Road,
Marol, Andheri (East) Mumbai- 400 072

For General Queries like claim status, E-Cards, empanelled Hospital etc.

Dedicated Help line number 24 X7 for all agents and divisional ,zonal offices 9620009484

<u>Level</u>	<u>Zone</u>	<u>Name</u>	<u>E-mail ID</u>	<u>Contact number</u>
Level 1	For All Zones	Toll Free	lic@mediassist.in	9620009484
Level 2 Sr. Executive	Wester Zone	Ms.Neethu Ravindran	neethu.ravindran@mediassist.in	9072593400
Level 2 Executive	Central Zone	Ms.Sadhana Janathe	sadhana.janathe@mediassist.in	8433905494
Level 2 Executive	South and South Central Zone	Mr.Vijith Kumar	vijith.r@mediassist.in	9513103824
Level 2 Executive	East and East Central Zone	Mr.Souvik Das	souvik.das@mediassist.in	7044030956
Level 2 Executive	North and North Central Zone	Mr.Jagdish Dhanfole	jagdish.dhanfole@mediassist.in	9284231977

<u>Escalation</u>	<u>Zone</u>	<u>Name</u>	<u>E-mail ID</u>	<u>Contact number</u>
Level 3 Team Leader	For All Zones	Ms.Soumya Kulkarni	soumyak@mediassist.in	8867835899

Thanking you,

Customer Relations Team.



DETAILS OF THE INSURER AND TPA

1. The policy will be serviced by —

The New India Assurance Co. Ltd.
D.O. No.120300,
New India Centre, 3rdFloor 17-A,
Cooperage Road,
Mumbai — 400 001.

2. The reimbursement of claim will be provided by the insurer through the following TPA:

Name Address

MEDI ASSIST INSURANCE TPA PVT LTD

4th, 5th and 6th Floor, Aarpee Chambers, Shagbaug,
Off Andheri — Kurla Road, Marol, Andheri - East,
Mumbai — 400 059.

Web site Contact

Portal.mediassist.in

Details

Email - lic@mediassist.in

Toll Free No. 9620009484

3. Decentralized servicing: The Divisional Offices may send the claim papers to the servicing center of the TPA allotted to it for onward submission to Mumbai Office.

The list of servicing centers of the TPA is given in the attached sheet. However, in case of exigencies only, the claim papers may be sent directly to the Mumbai address of the TPA.

All the Divisional Nodal Officers are advised to keep liaison with the respective servicing centers of the TPA for follow up of outstanding claims.

4. For claim related queries, please refer to Escalation Matrix provided as Annexure 'A-1'.

DETAILS OF THE INSURER AND TPA

1. The policy will be serviced by —

The New India Assurance Co. Ltd.
D.O. No.120300,
New India Centre, 3rdFloor 17-A,
Cooperage Road,
Mumbai — 400 001.

2. The reimbursement of claim will be provided by the insurer through the following TPA:

Name Address	MEDI ASSIST INSURANCE TPA PVT LTD 4th, 5th and 6th Floor, Aarpee Chambers, Shagbaug, Off Andheri — Kurla Road, Marol, Andheri - East, Mumbai — 400 059.
Web site Contact	<u>Portal.mediassist.in</u>
Details	Email - lic@mediassist.in Toll Free No. 9620009484

3. Decentralized servicing: The Divisional Offices may send the claim papers to the servicing center of the TPA allotted to it for onward submission to Mumbai Office.

The list of servicing centers of the TPA is given in the attached sheet. However, in case of exigencies only, the claim papers may be sent directly to the Mumbai address of the TPA.

All the Divisional Nodal Officers are advised to keep liaison with the respective servicing centers of the TPA for follow up of outstanding claims.

4. For claim related queries, please refer to Escalation Matrix provided as Annexure 'A-1'.

ANNEXURE 'B'

MAJOR BENEFITS UNDER THE POLICY

1. The Sum Assured as mentioned under Point 2 of the circular will cover the respective Club Member Agent along with his/her spouse on Floater basis, as per the option exercised by him/her.
2. Other benefits like Age limit upto age 85, Pre-existing Disease cover and no waiting period (refer Clause 19.3, 19.4 & 19.5 of the Terms & Conditions of the Policy – Annexure 'C') will continue as in the previous year, both for the member and the spouse.
3. The maximum benefit allowable under Maternity benefits for female Club Member Agents and the spouse of Club Member Agent will be as per Clause 7.3 of the Terms & Conditions of the Policy – Annexure 'C'
4. Cashless Benefit – details given in ***Annexure 'D'***.
5. Reimbursement of Mediclaim – Details given in ***Annexure 'E'***.
6. Representation of denied claims – Details are given in ***Annexure 'F'***.

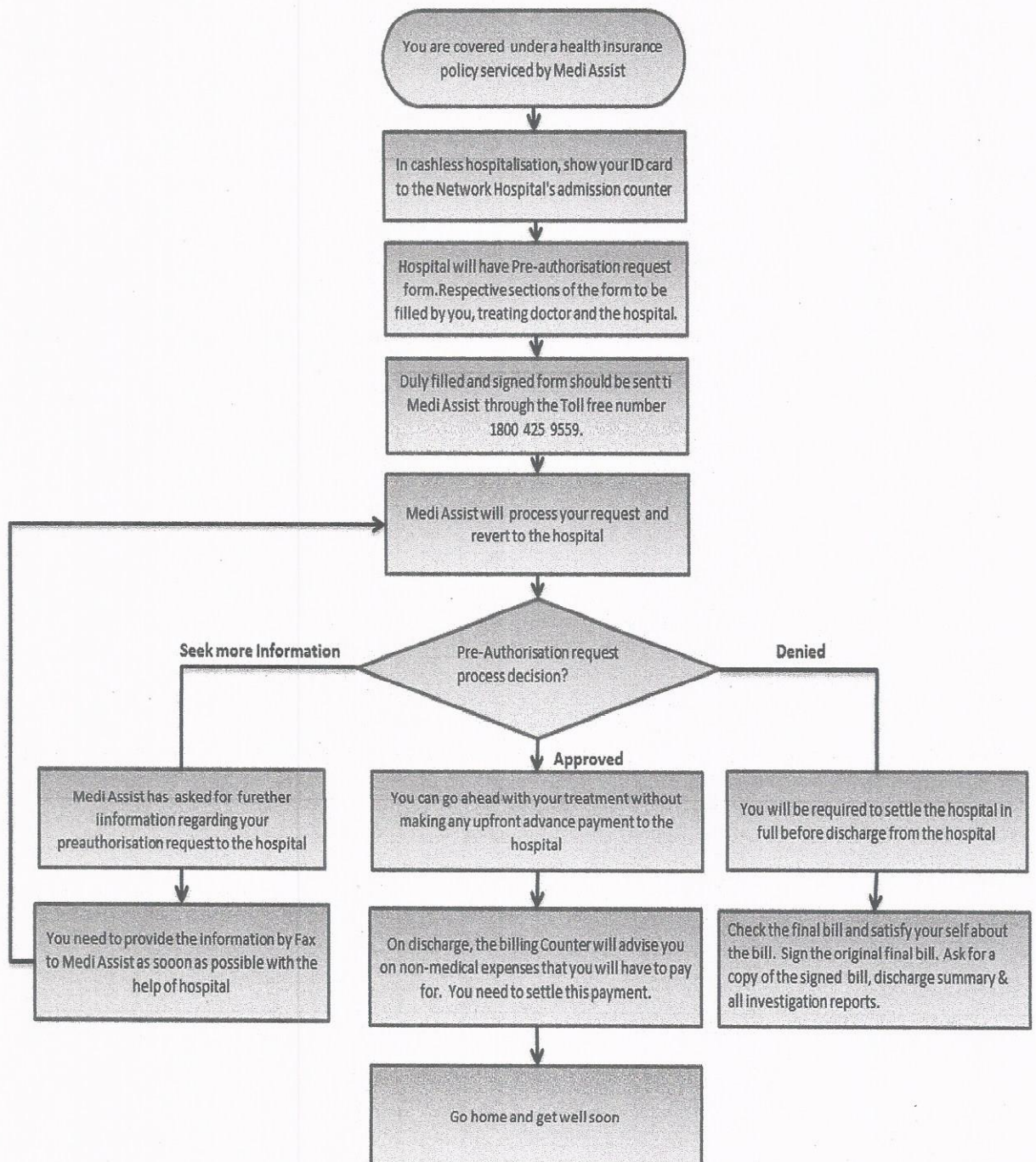
ANNEXURE-'D'

PROCEDURE TO AVAIL CASHLESS BENEFIT

Cashless Benefit: The procedure for availing cashless benefit by the beneficiaries of the policy will remain the same.

- Cashless facility is available in network hospitals only. ***Prior authorization from the TPA is a must.*** The updated list of network hospitals is available on the website of Medi Assist Insurance Pvt. Ltd. at <https://www.medibuddy.in>.
- The agent should carry a proper identity proof at the time of admission in the hospital. In case of hospitalization of spouse, photo identity mentioning the full name of spouse will also be required at the time of hospitalization.
- It is mandatory for the agent to submit the duly signed and stamped Nodal Officer's certificate at the time of admission to the hospital.
- The Nodal Officer in the Division should keep a liaison with the Nodal Officer of respective TPA center to ensure smooth processing of cashless benefit.
- The Cashless Hospitalization Process and the procedure to be followed for availing cashless benefit, as provided by the TPA, is given in ***the attached sheet.***

Cashless Hospitalization Process



- Cashless is only a facility extended by Third Party Administrators and Cashless hospitalization can be availed only at Medi Assist network of hospitals. The essence of cashless hospitalization is that the insured individual need not make an upfront payment to the hospital at the time of admission. (**Note:** The network hospitals list may undergo changes in the form of additions and deletions.)
- At the time of hospitalization at a network hospital, you will have to produce your ID card as proof of being covered by a health insurance policy. It is advisable to carry some form of photo ID (Aadhar Card, Driving license, Voted Id card, etc.) while hospitalization of dependents with you in case the hospital wants to verify identity.
- The network hospitals have a pre-authorization request form available with them. The form has to be jointly filled in by you and your treating doctor. Please make sure all the details asked in the form are completely filled. This will ensure speedy processing of your request.

- **Required details from associate**

TPA Name : Medi Assist

Medi Assist Card Number or Agent Code

Insurance company: New India Assurance Company (NIACO)

- This form is faxed by the hospital to the Medi Assist toll free fax number.
- At Medi Assist, we receive the request and process it. The medical team will determine whether the condition requiring admission and the treatment plan are covered by your health insurance policy. They will also check with other terms and conditions of your insurance policy.
- If the information provided is complete, the liability of the Insurer is absolutely clear and the expenses indicated are reasonable & necessary, Medi Assist will issue an approval to the hospital for a specified amount depending on the disease, treatment, how much you are insured for, etc. This is sent by fax and/or email (if available). The approval is called a "Pre-authorization". This pre-authorization entitles you to avail cashless facility at the hospital without paying for the medical expenses. (Note: Further enhancement approvals may be issued on request, subject to terms and conditions of the policy.)
- **At the time of discharge, please make sure that you check and sign the original bills and discharge summary.**

- Please carry home a copy of the signed bill, discharge summary and all your investigation reports. This is for your reference and will also be useful during your future healthcare needs.
- In case any advance payment is made to the hospital and hospital has not refunded the advance money to you, ensure that the Hospital Bill clearly shows the advance money paid by the patient and the net amount payable by the TPA. We will deduct the advance paid by the patient while settling the cashless payment to the Hospital. Please submit the original advance receipt along with the claim form and the Pre/ Post. Hosp. bills, if any, to Medi Assist. Medi Assist, after deducting the non-payable items, will refund the amount. This will ensure that you will get the eligible amount from MA without waiting for the Hospital to refund the advance amount to you.
- The hospital will ask you to pay for all the Non-Medical Expenses in your bill. You have to make this payment before discharge.
- In case, for whatever reason, the pre-authorization request cannot be approved, a letter denying Pre-authorization will be sent to the hospital. In this case, you will have to settle the hospital bill in full by yourself.
- Please note that denial of a pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. It may also be noted that Cashless cannot be claimed as a matter of right. You can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

Cashless Hospitalization can be of two types:

Planned Hospitalization:

- This happens when you have ample time to plan your admission to the hospital. For example, if the doctor advises surgery for hernia and says that you can undergo the surgery anytime in this month, it gives you time to plan your surgery.
- In such cases, it is prudent to send the pre-authorization request to Medi Assist at least 72 hours before your planned admission. This will ensure a hassle-free admission procedure for you at the hospital.

Emergency Hospitalization:

This happens typically in case of emergencies such as a road traffic accident. There is no planning involved in the hospitalization. In such situations, the ID card can be shown at the network hospital to avail cashless admission facility. The pre-authorization request can be sent to Medi Assist within four hours after admission.

Advantage of cashless facility to the claimant:

1. Under cashless treatment in our network panel the hospitalization expenses are pre negotiated.
2. This will be hazard free hospitalization without worrying about documents collection on discharge.
3. By paying nominal admission amount you can avail treatment immediately.
4. No need to follow-up further for claim status.
5. While availing cashless facility, Out of the pocket expenses from the agent will be very minimum.

ANNEXURE – 'E'

PROCEDURE FOR REIMBURSEMENT OF CLAIM

In case the insured (beneficiary) does not avail the facility of cashless benefit for any reason, he has the option of claiming reimbursement of expenses.

The procedure along with the claim form and the checklist of documents to be submitted to the TPA for reimbursement of claim, as provided by the TPA, is as under:

Reimbursement Procedure

The Club Member Agent, eligible under the Group Mediclaim Insurance Scheme with coverage for spouse on family floater basis, needs to submit entire original documents relevant to the hospitalization within 30 days from the date of discharge.

Claim shall get processed the moment we receive original claim documents as per the insurer policy terms and conditions and payability shall be completely based on the document submitted.

The documents that you need to submit for reimbursement hospitalization claim are :

1. Duly filled & signed claim form.
2. Original discharge summary/card.
3. Original hospital final bill and payment made paid receipt with sign and stamp of hospital.
4. Complete breakup of the hospital bill.
5. All original medicine bills with relevant prescriptions.
6. All original investigation reports.
7. Original Proper numbered receipts. Avoid receipts on letterheads.
8. IOL sticker and invoice / purchase order of lens also required in-case of surgery.
9. MLC/FIR copy and x-ray films in cases of accident.
10. For 1-day hospitalization, please ensure that time of admission and time of discharge is mentioned on the discharge summary.
11. Pre-named cheque of the agent.

Pre and Post Hospitalization procedure

Whatever expenses incurred up-to the period of 60 days after discharge relevant to the hospitalization that can be considered under the post hospitalization expenses, accordingly expenses incurred up-to the period of 30 days prior to the hospitalization that can be considered under the pre hospitalization expenses.

The documents that you need to submit for **apost-hospitalization or a pre-hospitalization** claim are:

1. Copy of the discharge summary of the corresponding hospitalization.
2. All relevant doctors' prescriptions for investigations and medication.
3. All original bills for investigations done with the respective original reports.
4. All original bills for medicines supported by relevant prescriptions.

All kinds of Reimbursement documents must come through your concerned Division from Manager (sales) [Nodal Officer].

Reimbursement Claim Form Check List

Please ensure that you submit the following documents as per the check list within 30 days from the date of discharge from the hospital in support of your claim.

Agent Name :-

MAID No :-????????????

Agent Code :-

Name of the company :Life Insurance Corporation of India.

E-Mail Id :-

Contact No :-_____.

Check List of Documents : Please put a "X" mark against the box

Total No. of Enclosures : _____

NODAL OFFICER LETTER, i.e. FROM THE DIVISIONAL OFFICE WITH SEAL AND SIGNATURE OF THE MANAGER (SALES) , CURRENT CLUB MEMBERSHIP, AGENT CODE, NAME,CONTACT NUMBER, ADDRESS, ETC.

1. Claim Form duly filled and signed by you. ☐

(Fill the claim amount in Signed Claim Form)

2. Original Final Hospital Bill with break up & Revenue Stamp. ☐

(Detailed Breakup of various heads like OT Charges, Nursing Charges and Room Rent etc)

3. Original Hospital Payment Receipt with serial number. ☐

(With seal and signature of the hospital if the main hospital bill does not carry bill number)

4. Original Detailed Discharge Summary from the hospital. ☐

(Gives the summary of diagnosis, period of admission and treatment in the Hospital)

5. Original Death Summary in case of a death claims. ☐

(In case of the death of patient during hospital stay)

6. Original Receipts with serial number ☐

(For Consultation / Surgeon charges if charged outside the main hospital bill).

7. Original Investigation bills and reports ☐

(Along with prescriptions & reports for all tests done along with images)

8. Police FIR/ Medico Legal Certificate ☐

(Mandatory for all road traffic accident duly attested by Police)

9. Original Pharmacy bills with original Doctors Prescriptions ☐

(On doctors letterhead mentioning duration and dosage for medicines)

10. Bank account details with IFS code and a **cancelled cheque** with account holder name. **Pre-named cheque is mandatory for NEFT purpose.**

Important Points to Remember :

- Please retain a copy of all documents submitted to us for further reference.
- Please retain POD copy of the courier for tracking your consignment in case of any delay etc.
- For implants used in Cataract, Heart Valve Surgeries, CABG, Abdominal Surgeries, Knee replacement surgeries. Please submit the bill (in case purchased outside) from the vendors for the prosthetic devices used along with Sticker.
- Please arrange the enclosures as per checklist.

All kinds of Reimbursement documents must come through your concerned Division from Manager (sales) [Nodal Officer].

PROCEDURE FOR REPRESENTATION UNDER DENIED CLAIMS

On denial of claim, the claimant can represent his/her case to Shri Diwakar Tripathi, Divisional Manager, The New India Assurance Co. Ltd., whose contact details are given below :

Represent the case to -

Shri Diwakar Tripathi, Divisional Manager,
The New India Assurance Co. Ltd.,
Mumbai Regional Office III,
New India Centre, 3rd Floor,
17A, Cooperage Road, Mumbai—400 001. Telephone: 022-
22882189.
Email id: diwakar.tripathi@newindia.co.in

ANNEXURE – ‘G’

LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE : _____

Ref: LIC / Medi Claim

Date : _____

To,
Medi Assist India TPA Pvt Ltd
1st Floor, North Wing, Plot No 7,
Excom House, Saki Vihar Road,
Saki Naka, Andheri (E),
Mumbai – 400072

Dear Sir,

Re: Settlement of Claim

This is to certify that Shri / Ms _____ Agent
Code _____ Branch _____ Office _____ under Division
_____ is a member of the Group Mediclaim Insurance Scheme with
coverage for spouse on a Family Floater basis.

Agent Spouse name- _____, Age - _____, Gender- _____.

Date of birth - _____ (DD/ MM/YY YY).

He is a member of the present Club, i.e. _____ Club since _____ (DD/ MM/YY YY).

His Date of Birth is _____ (DD/ MM/YY YY).

The complete contact address of the Agent is as follows:

Name of the Agent :- _____
Address :- _____

Tehsil / Taluka :- _____
City/Town/Village :- _____
District :- _____
State :- _____
Pin code :- _____
Phone No :- _____ STD Code :- _____
Mobile No :- _____
Email Id :- _____

The NEFT details are provided by the claimant in the claim form submitted by him/her.

Yours faithfully,

Nodal Officer
(Stamp to be affixed)