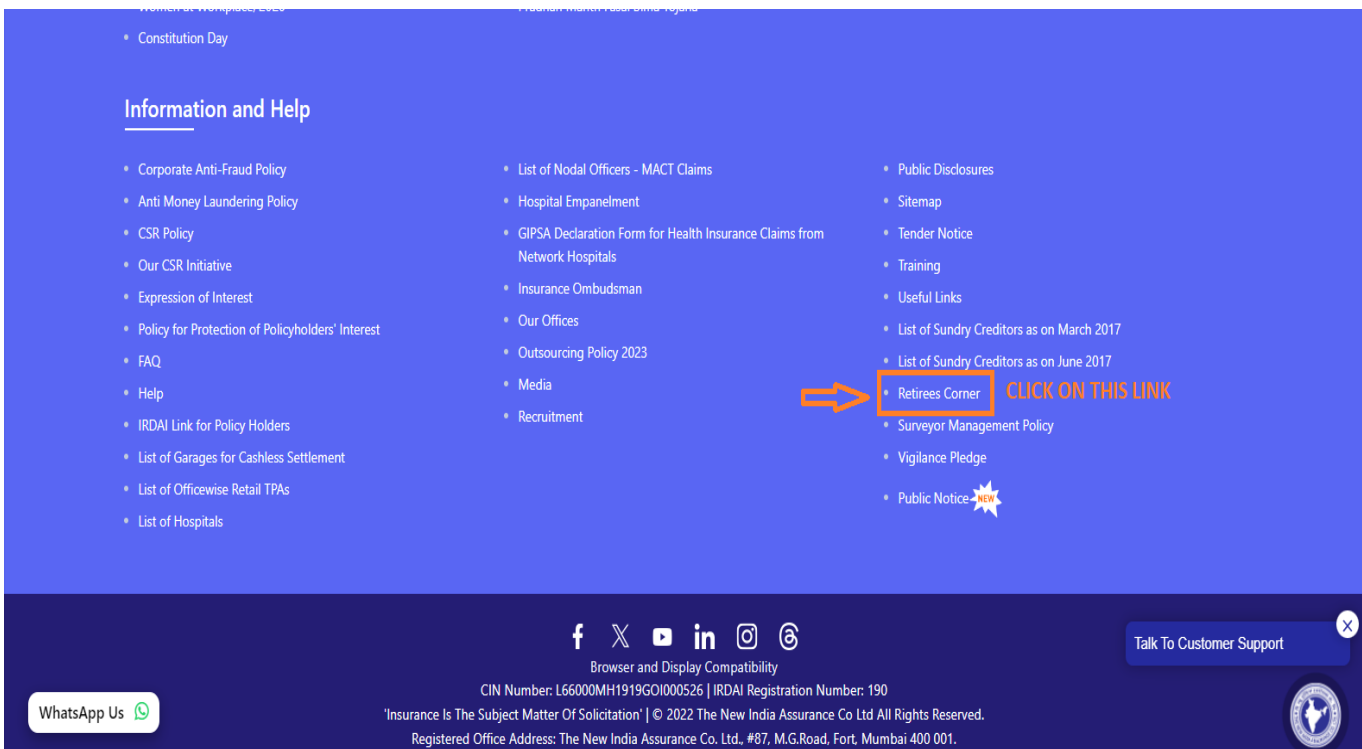


SCREENSHOTS OF NAVIGATION FOR ONLINE PAYMENT OF MEDICLAIM PREMIUM



Retirees Corner

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LIFE CERTIFICATE SUBMISSION - 2024

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- [FORM OF LIFE CERTIFICATE FOR FAMILY PENSIONERS](#)
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- [THE LIST OF MEDICLAIM NODAL OFFICERS AS ON 24.1.24](#)
- [STAFF GROUP MEDICLAIM POLICY 2023-24.](#)
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- [MEDICLAIM NODAL OFFICERS OF HEAD OFFICE](#)

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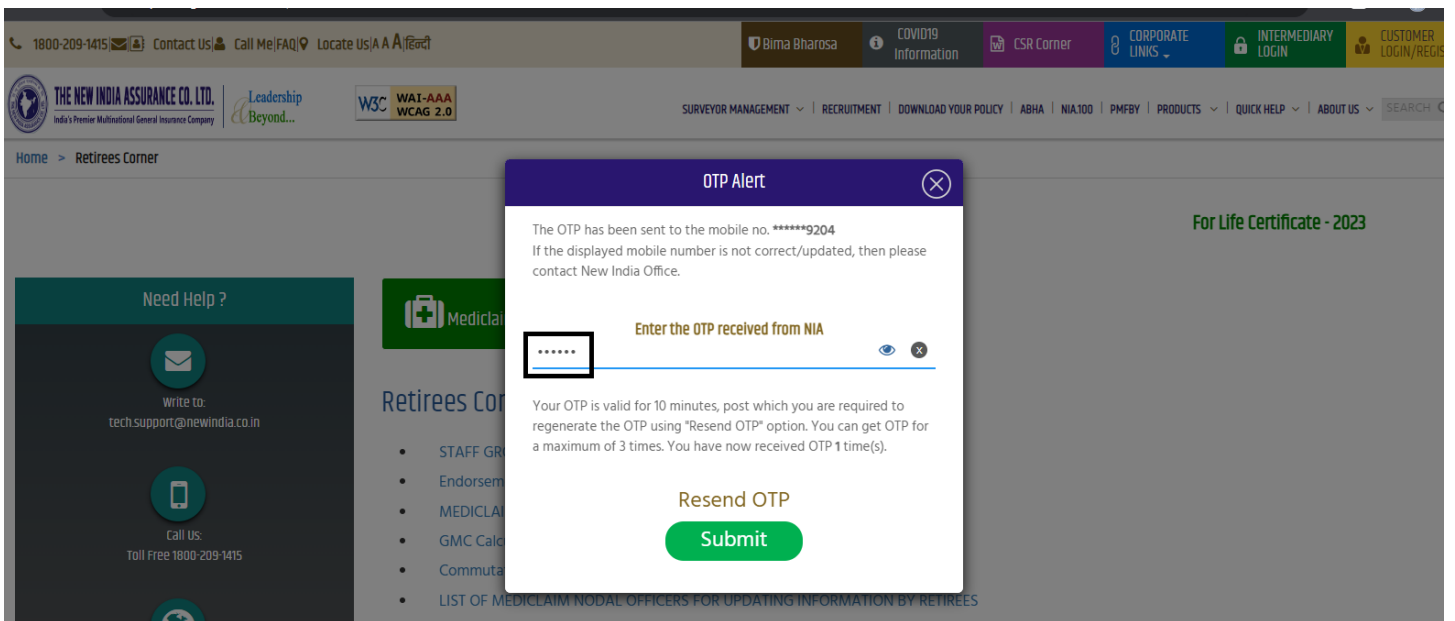
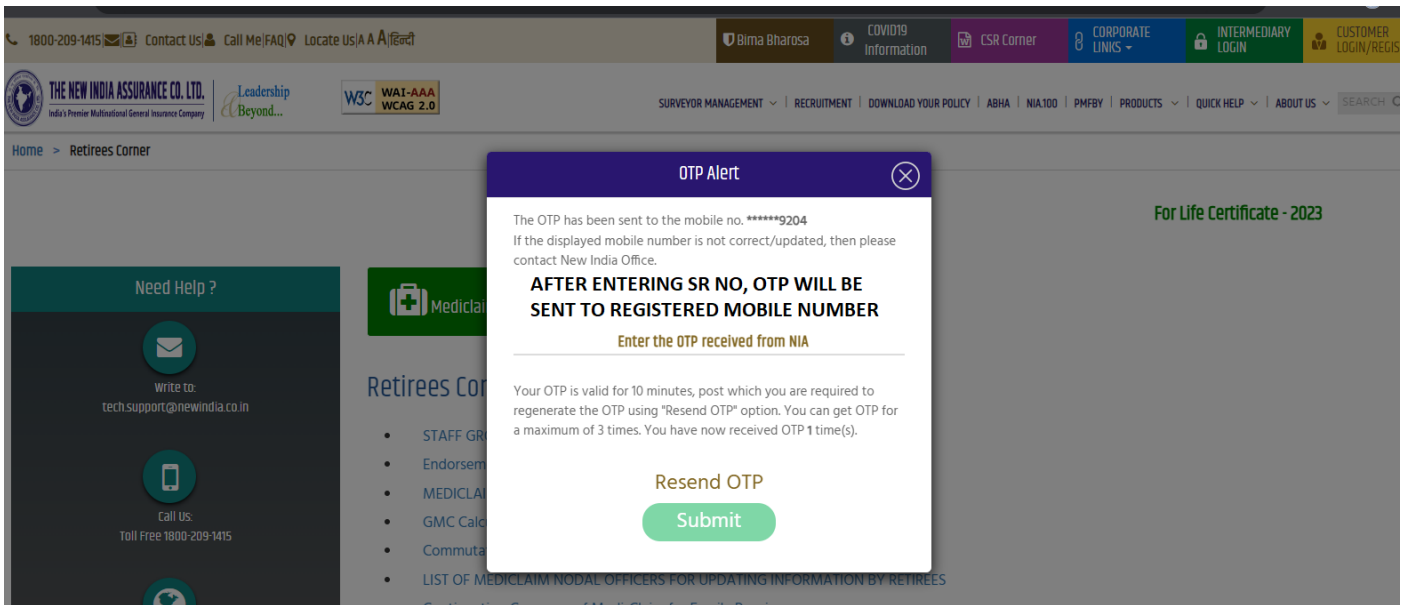
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Retiree Location Code & Name	Mediclaime Nodal Officer	Mobile No.	Email Id

PIP Primary Insured Person	SR Number	Name of Employee	Gender	Relation	Dependent Type	Marital Status	Date Of Birth	Mobile No.	Email ID	Premium Amount	No of persons enrolled	Eligible SI	Opted SI	Payment Status
	38453	VN Nikhil						7207565935	nikhil.v@newindia.co.in	1				Pending

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PIP Primary Insured Person	SR Number	Name of Employee	Gender	Relation	Dependent Type	Marital Status	Date Of Birth	Mobile No.	Email ID	Premium Amount	No of persons enrolled	Eligible SI	Opted SI	Payment Status
	38453	VN Nikhil						7207565935	nikhil.v@newindia.co.in	1				Pending

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Retiree Location Code & Name				Mediclaime Nodal Officer				Mobile No.		Email Id	

PIP Primary Insured Person	SR Number	Name of Employee	Gender	Relation	Dependent Type	Marital Status	Date of Birth	Mobile No.	Email ID	Premium Amount	No of persons enrolled	Eligible SI	Opted SI	Payment Status
	38453	VN Nikhil						7207565935	nikhil.v@newindia.co.in	1				Pending

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