GroupMedical Insurance–DeclarationForm

(Form to be filled only if the regular employee is eligible for GMI, not applicable for retainers/Consultants)

Employee Details:

|  |  |
| --- | --- |
| Emp No |  |
| Emp Name (as per AADHAR) |  |
| DOJ |  |
| DOB |  |

Select Category from the below options (tick whichever is applicable)

|  |  |  |
| --- | --- | --- |
| Category | Description | ✓ |
| II (self + 3dependants) | Employee + Spouse + First 2 dependent children (OR) Employee + Spouse (OR)Employee +2dependentChildren |  |
| III ( self + 3dependants +2parents) | Employee + Spouse + First 2 dependent children up to age of 25 years + 2dependent parents/in - laws or a combination of both restricted to 2 nos. (If Parents/In-Laws are covered regardless of the coverage of other dependents  They will fall under this category)\* **Siblings will not be covered** |  |

Dependent details (applicable only if either category II or III is selected) Details provided you in below only be considered for medical coverage

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.NO | Name | Gender | Relationship | Age | DOB |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

|  |
| --- |
| ***NOTE: ECARDS WILL BE SENT ONLY on 2nd MONTH 1st week from JOINING MONTH (Ex; if employee is Sept. Joiner ecards will be sent by Oct last day or 1st week of Nov)***  ***COVERAGES AND CONTACT DETAILS ARE AVAILABLE IN BELOW PATH& MEDIASSIST APP***  ***Eportal –> Policy documents -> HTC insurance-> group medical & GDCLI/GPA policy-> policy document& Spoc’s Nos in bottom of the doc.*** |

FLEXI BENEFIT PLAN–Declaration Form

(Associate to provide the declaration to avail the tax benefits on the below components for the financial year April ‘22 to Mar ’23) ***Recommended to only those who fall under the Tax bracket. i.e., CTC above 6.5 Lakhs)***

***Points to be noted***

**Selected amount will be deducted in CTC and kept on hold and paid only when bills are submitted**

**Once opted in cannot opted out till next financial year**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **CTC Component** | **Remarks** | **Only Tick to choose** ✓ |
| 1 | Telephone Reimbursement  **(Paid only when bills are submitted)** | Rs 36000/- per annum (Nontaxable) if not opted, the amount will be paid under Special allowance and taxed as applicable. |  |
| 2 | Meal Allowance (Sodexo)  **(Amt will be uploaded in Sodexo card)** | Rs 24,000/- per annum. If not opted, the amount will be paid under meal allowance and taxed as applicable. |  |
| 3 | Leave Travel Allowance  **Paid only when bills are submitted** | The LTA amount cannot exceed 2% of the CTC per annum | **Please mention the %**  **(1% or 1.5% or 2%):** |

I hereby declare that the information furnished above is true and correct to the best of my Knowledge.

Employee Signature