

Employee Details	
Name	BHADRINATH BHADRINATH
Person Number	25601118
Date of Joining	22-Jun-21

<b><u>Dependant Details for Year 2026</u></b>			
	Name	DOB (please specify the month of birth in words only DD-MM-YYYY)	Sum Insured (options are - 2/4/6 lakhs family floater ) Or Single life 1/2/4/6 lakhs
Father	N. Vetry	20-Oct-55	400000.00
Mother	M. Selva Soundary	24-Jan-60	
Father-in-law			
Mother-in-law			

<b>Mode of Payment*</b>	WSA(Wellness Spending Account)		You may use your 2026 WSA towards optional insurance enrollment. From your INR funding, you can choose to make partial contributions towards health insurance program premium.
<b>Payment Options*</b>	Use full WSA amount	If you choose "Partial amount from WSA" then please enter the amount to be adjusted from WSA entitlement	
Enter Amount - Partial amount from WSA			

**Please Note:** If you plan to cover both your parents OR both your parents-in-law, then you would need to opt for the Floater Plan only. Premium will be charged, as per the age of the older dependent, and as per the coverage amount.

**PARENTAL RATERS**

2026	Single Parent	0-55	56-65	66-70	71-75	76-80	81-95
	100000	9,197	12,161	15,120	16,198	20,524	23,602
	200000	15,538	20,546	25,545	27,369	34,675	39,875
	400000	28,747	37,913	47,391	51,792	67,514	77,640
	600000	43,607	57,653	72,403	79,847	106,026	121,929

2026	Set of Parents	0-55	56-65	66-70	71-75	76-80	81-95
	200000	16,707	22,092	27,469	29,428	37,284	42,877
	400000	30,910	40,766	50,958	55,690	72,597	83,484
	600000	46,888	61,992	77,852	85,857	114,006	131,105

illness  
itlement  
ograms  
25,000  
ake full or  
optional  
remiums

