



UNITED INDIA INSURANCE CO. LTD.

Regd. & Head Office : 24 Whites Road, Chennai - 600 014.

Branch Office - KACHIGUDA : 2nd Floor, 4-5-439, Corporation Bank Building,
Badichowdi, Sultan Bazar, Hyderabad-95. Ph: 24652461, 24737583

Renewal Details of Group Mediclaim Policy (WORKING JOURNALIST OF A.P.)

1) Proposer's Name: _____

2) Full Address: _____

3) Name of Organisation / Designation: _____

Sl. No.	Name of the Insured Person	I Care ID No.	Age	Sex	Relation	Signature
1						
2						
3						
4						

3) Address for Correspondence : _____

(Complete Postal Address) _____

Pone No. with STD: _____ Cell No. _____

4) Name of the Nominee _____

Relation _____ Age _____

I Care ID (Main Member) / (Journalist)

Place:

Signature

Date:

Name of Organisation / Designation

NOTE : 1) New member stamp size photos to be enclosed

2) If old card is received without photo, then send two stamp size photos of each family member with application.

3) DD No. Amount Date.....

Bank..... Branch

MEDICLAIM PREMIUM Rs. 900/-
D D. IN FAVOUR OF
A P UNION OF WORKING JOURNALISTS
HYDERABAD.