

Annexure-VI

**CERTIFICATE TO BE ISSUED IN LIEU OF IDENTITY CARD UNDER THE
NEW HEALTH INSURANCE SCHEME, 2016.**



CERTIFICATE

***(New Health Insurance Scheme, 2016 ordered in
G.O.Ms.No.202, Finance (Salaries) Department Dated:30-06-2016)***

<i>NHIS 2012 ID Card No:</i>	<i>Date of Birth :</i>
<i>Date of Joining :</i>	<i>Date of Retirement:</i>
<i>GPF/TPF/CPS No :</i>	<i>Mobile No :</i>

Certified that Thiru/Tmt./Selvi _____ is employed as
_____ in _____
_____ and his/her
eligible Family Members as detailed below are eligible for treatments /
surgeries covered under the New Health Insurance Scheme, 2016. The
Identity Card under the New Health Insurance Scheme, 2016 is yet to be
supplied by the United India Insurance Company Limited, Chennai / Third
Party Administrator. This certificate is issued to enable the Employee and
their eligible Family Members under the above scheme for availing approved
treatments / surgeries in the empanelled hospitals approved by the
Insurance Company / Third Party Administrator. The approved hospitals
concerned shall provide CASHLESS health care coverage as envisaged under
this Scheme:

Details of the Employee and their Family Members under New Health Insurance Scheme, 2016:

Sl. No.	Name	Date of Birth	Relationship to the Employee	Marital Status	Employment Status	Whether Physically Challenged/ Mentally Retarded.** (Yes/No)	Passport size Photo
1.			Self				
2.							
3.							
4.							
5.							

**** Details of Physically Challenged and Mentally Retarded Children as ordered in para 4 of Annexure-I of the GO to be furnished.**

**Signature of Drawing
and Disbursing Officer in
Government Departments**

**Signature of Pay Drawing Officers
in Organisations covered under
this Scheme.**

Name :

Designation :

Date :

Seal :

-/ True Copy /-

UNDER SECRETARY TO GOVERNMENT.