

## FORM 'B' - FOR NEW PRMS MEMBERS

Dated
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To, Head of HR Department, National Fertilizers Limited, Nangal /Bathinda /Panipat /Vijaipur / CO, NOIDA

## Sub: Request for Membership for NFL Post-Retirement Medical Scheme for 2023-24.

Dear Sir,

I wish to become member of the NFL PRMS for the financial year 2023-24, as per the terms and conditions of the medical insurance policy procured by NFL. The desired particulars are as under:

1.	Please indicate	
	If application is for single OR Self & spouse	
2.	Name of the Ex-employee	
3.	Name of the Spouse	
4.	Employee No.	
5.	Designation at the time of Cessation of Service	
6.	Name of the Unit/Office from where retired.	
7.	Last drawn – Group/ Scale Code	
	Group A- W0-W12- (Non-Executive)	
	Group B- E0-E5- (Executive)	
	Group C- E6-E9- (Executive)	
	Group D- C&MD/Director- (Executive)	
9.	Date of Birth of Self	
10.	Date of Birth of Spouse	
11.	Date of joining NFL /Other PSU	
12.	Date of cessation of service	
13.	No. of years of continuous service.	
14.	Present address where membership card is to be mailed.	
15.	Telephone / Mobile No.	
16.	E.mail ID	
17.	Amount of premium (Rs.)	

## I hereby declare that -

- a) I have read the Salient Features of the NFL PRMS and the Medi-claim Insurance policy for administration of the scheme and I am in agreement with all the details mentioned therein.
- b) I also agree that NFL does not take upon itself any liability arising out of admission/non-admission of any claim or any deficiency in service by TPA/ Insurance Company.
- c) Management of NFL reserves the right to withdraw the Scheme at any stage, as may be considered necessary, and membership of this Scheme does not confer upon me any right of continued membership or any benefit / compensation on discontinuation of the Policy.
- d) I and my spouse shall be entitled to membership of NFL PRMS only on payment of requisite contribution for the relevant financial year, subject to meeting the requisite conditions.
- e) I and my spouse are not availing medical facilities from any organization after cessation of service from NFL.
- f) I/my spouse has rendered the requisite length of service to make me eligible for the membership under NFL PRMS.
- g) Particulars submitted by me are correct.
- h) I have enclosed the copy of Aadhar Card / PAN card, as Age proof. (Mandatory for ex-employees above 70 years of age)

Thanking you,

Yours faithfully,

(Signature & Name)

Checked all details and verified.