



**ADDITIONAL ENDORSEMENT DOCUMENT
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY**

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| Insured Name | : MAHAVEER'S LIVE AND LET LIVE ASSOCIATION | Insurer Office Code | : VIJAYAWADA D.O.II 620800 (620800) |
| Address | : THANMAL LUNIYA JAIN DHRAMASALA, 4-3-533, HANUMAN TAKEDI, BESIDE AXIS BANK, HYDERABAD - 500001 Hyderabad ,TELANGANA, 500001 | Address | : #54-15-5.2ND FLOOR.DHOOM COMPLEX SRINIVASANAGAR BANK COLONY,NH-5 ,520008 |
| Telephone | : // | Telephone | : 08662547358 / 08662543980 |
| Fax | : | Fax | : 08662544185 |
| Email | : tejowathi.s@jainuineinsurance .in | Email | : nia.620800@newindia.co.in |
| GSTIN | : NA | GSTIN | : 37AAACN4165C2ZP |
| UIN | : NA | SAC | : 997133 (Accident and health insurance services) |

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|--|---|----------------------------|------------------------|
| Endorsement attached to forming part of Policy Number | | : 62080034210400000002 | |
| Department | : Health Insurance | Cover | : NA |
| Period of Insurance | : From 30/05/2021 12:00:01 AM To 29/05/2022 11:59:59 PM | Endorsement No | : 62080034210483000008 |
| | | Effective Date | : 12 November 2021 |
| Date Signed | : 12/11/2021 | Sum Insured₹ | : 255,000,000.00 |
| Additional Premium ₹ | : 21,994.00 | Additional ST/GST ₹ | : 3959 |
| Refund Premium ₹ | : N/A | Refund ST/GST ₹ | : N/A |
| Policy Duration | : | | |

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|----------------------------------|------|
| Number of Members Added | : 10 |
| Number of Members Deleted | : 5 |

It is hereby understood and agreed that the endorsement on policy 62080034210400000002 will be in effect from 12 November 2021.

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| Reason | NOTWITHSTANDING ANYTHING HEREIN CONTAINED TO THE CONTRARY, IT IS HEREBY DECLARED AND AGREED TO ADD 2(NET ADD:3, DEL:1) EMPLOYEE FAMILIES (TOTAL LIVES ADDED ARE:5(NET ADD:10, DEL:5)) FROM THE SCOPE OF THE POLICY FOR NOVEMBER 2021 DATA. DETAILS OF PERSONS ADDED/DELETED AND DATE(S) OF COVERAGE/DELETION ARE AS PER SCHEDULE ATTACHED. EMPLOYEE CODES DELETED ARE: E239(FAMILY NO.S DELETED ARE: E239). EMPLOYEE CODES ADDED ARE: E315 TO E317 (FAMILY NO.S ADDED ARE: E315 TO E317). IN CONSIDERATION WHEREOF, AN AMOUNT OF RS. 25,953/- (Incl. GST)(ADD: RS.48230 /-, DEL: RS. 22277/-) IS BEING COLLECTED AS PREMIUM. ALL OTHER TERMS AND CONDITIONS REMAIN UNALTERED. |
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Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | ₹ 21,994.00 |
| SGST | 0 | 0 |
| CGST | 0 | 0 |
| IGST | 18 | 3959 |

TOTAL PAYABLE : 25953
TOTAL PAYABLE (In words) : RUPEES TWENTY-FIVE THOUSAND NINE HUNDRED FIFTY-THREE ONLY

IN WITNESS WHEREOF THIS POLICY has been signed at _____ this 12-Nov-21.



Place :SRINIVASANAGAR BANK COLONY,NH-5,
,520008

Date :12-Nov-21

For and on behalf of
The New India Assurance Company Limited

Authorized Signatory

Tax Invoice No : 62080021E0007833

IRDA Registration Number: 190