

DECLARATION OF FAMILY MEMBERS FOR MEDICAL BENEFITS

(Rule 4 .5 and notes to Rule 4 of IRCON Medical Rules, 2002 – Annexure I)

Note:	1. Information in respect of all columns is compulsory for processing of application. 2. * Strikeout whichever is not applicable.
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1. I, _____, Emp. Code No _____
 have read the provisions of IRCON Medical Rules 2002, and hereby declare that my family members stated below are dependent upon me.

*Note: First name should be of the employee * himself / herself.*

	Name	DOB	Age	Relationship with the employee	Status (Married, widowed etc.)	Average monthly income	Remarks
1.							
2.							
3.							
4.							
5.							
6.							

2. I undertake that the members of my family and dependents for whom I will avail of the medical benefits of IRCON are not in receipt of medical benefits from any other source.
3. * I, being on deputation to IRCON, opt to avail of the medical benefits from IRCON and shall not avail of the benefits of my parent organization. I have informed my parent organization accordingly (***applicable to deputationists only***)

Encl: Proof of dependency (Certificate of death / divorce / adoption / permanent disability)

Date: _____

Signature _____
 Name & Designation _____

Controlling Officer's Signature _____

Name & Designation _____