

## **Post Superannuation Group Health Insurance Schemes:** **Submission of Survival Certificate**

Post Superannuation Group Health Insurance Schemes were introduced in the Company in respect of (a) Employees (Workmen & Executives) retired, etc before 1.1.07; (b) Executives retired/retiring etc after 1.1.07; and (c) Workmen retired/retiring etc after 1.1.07. The Policy is due for renewal wef 1.2.18.

Beneficiaries under the Schemes are requested to fill the Survival Certificate as per the specified Format (Appendix-A) and forward the same to the Division/ Office from which they have retired, before 15.11.17.

It is also decided to explore the feasibility of submission of Survival Certificate by the beneficiaries digitally, linking it to their Aadhar Number, from the year 2018 onwards. To this effect, Aadhar Card Nos. of the beneficiaries are also being collected in the same Format (Appendix- A), to facilitate verifying the Survival Certificate digitally, from the year 2018.

Individual letters would be received by the beneficiaries in this regard, from the concerned Division/ Office (specimen copy at Annexure-I). However, they need not wait to receive the letter to submit the Survival Certificate.

Please click the links indicated below to download the Specimen letter & Format of Survival Certificate.

<http://www.hal-india.com/common/uploads/PDFS/Annexure1.pdf>

<http://www.hal-india.com/common/uploads/PDFS/Appendix-A.pdf>

**( Note : the above are Enclosed as Appendices to this Letter )**

No.

September 2017

Mr./Mrs.-----

Address -----

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Dear Sir/Madam,

**Sub: HAL Post Superannuation Group Health Insurance Schemes in respect of retired Employees/ Executives/ Workmen and their Spouses-Survival Certificate.**

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Post Superannuation Group Health Insurance Schemes introduced by the Company in respect of (a) Employees (Workmen & Executives) retired, etc before 1.1.07; (b) Executives retired/retiring etc after 1.1.07; and (c) Workmen retired/retiring etc after 1.1.07, are due for renewal wef 1<sup>st</sup> February 2018.

2. In this regard, you are requested to fill the Survival Certificate (enclosed as **Appendix-A**), including the Aadhar Card Nos. of self & spouse and forward the same to this Office by **15.11.17**. The Aadhar Card Nos. are being collected to facilitate verifying the Survival Certificate digitally, from the year 2018.

3. Please ensure that the MAID No. which is indicated in the Insurance Card issued to you is entered correctly in the Certificate at Appendix-A.

4. In case the duly filled in Survival Certificate is not received by the due date, Medical Insurance for the Policy Period 2018-19 will not be extended to you/your spouse.

**NOTE:**

In case of the unfortunate death of both the beneficiaries, his/her other family members should intimate the same to HAL for necessary action, please.

**Yours faithfully,  
for HINDUSTAN AERONAUTICS LIMITED,**

**(HR HEAD)**

**HAL POST SUPERANNUATION GROUP HEALTH INSURANCE SCHEME**  
**SURVIVAL CERTIFICATE FOR THE POLICY PERIOD**

**Scheme (Select One)**

- Employees (Workmen & Executives) retired, etc. before 1.1.07 ☐
- Executives retired/retiring etc. after 1.1.07 ☐
- Workmen retired/retiring etc. after 1.1.07 ☐

**From:**

Name in Full :

Mailing Address :

Aadhar Card No. a) Self :

b) Spouse :

Phone Nos. (Land Line) with STD Code :

E-mail id :

Mobile No.:

**To:**

HR Head,  
Hindustan Aeronautics Limited  
\_\_\_\_\_ Division / Office  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/ Madam,

**Sub: Survival Certificate**

Please refer to your letter No. \_\_\_\_\_ dated \_\_\_\_\_, on the above subject.

I, \_\_\_\_\_ (Mr. \_\_\_\_\_ / \_\_\_\_\_ Ms.)  
\_\_\_\_\_, (Ex-

Employee/ Executive / Workman OR Spouse of the Ex-Employee/Executive/ Workman/ Family Member) {Tick whichever is applicable}, certify the following in respect of beneficiaries under the "HAL Post Superannuation Group Health Insurance Scheme":

Name of the Beneficiary (ies) (To be indicated separately in respect of the Ex-Employee/ Executive/ Workman & Spouse)	Ex-PB No./ EID No. (at the time of superannuation etc.)	Relationship (Indicate Self or Spouse)	MAID No.(s) (as indicated in the Insurance Card)	Remarks (to indicate surviving/ expired. If expired, also indicate date of death)

**Note:** In case of unfortunate death of both the beneficiaries, the Family Member will indicate the same in the Remarks column.

(Signature of the Ex-Employee/  
Executive/ Workman/ with Date)

(Signature of the Spouse with Date)

(Signature of the Family Member (if applicable) with Name, Relationship with the Ex-Employee/ Executive/ Workman/ Spouse and Date)