

NOMINATION FORM

Name of the Nominee :

(In Capital Letter)

If Nominee is Minor,

Date of Birth and Age of Minor :

Three Specimen Signature of Nominee

Or Guardian in case of Minor Nominere :

- 1.
- 2.
- 3.

Relation with member :

If nominee is Minor, Name of the person who represents the minor and his/her address :

For Member :

I do hereby declare that, I am not suffering from any diseases / suffering from..... diseases. At anytime no proposal for policy covering my health / life has been rejected by LIC, ULIP or Medclaim Insurance Policy. I have withheld no information what so ever regarding application and I agree to pay the amount demanded as per the rules of the scheme. I further agree to abide by the condition laid down in the constitution approved by the State Council of Gujarat State Branch for this scheme.

Signature of Member :

Date :

For Spouse(if annual subscription for spouse is paid)

I do hereby declare that, I am not suffering from any diseases / suffering from..... diseases. At anytime no proposal for policy covering my health / life has been rejected by LIC, ULIP or Medclaim Insurance Policy. I have withheld no information what so ever regarding application and I agree to pay the amount demanded as per the rules of the scheme. I further agree to abide by the condition laid down in the constitution approved by the State Council of Gujarat State Branch for this scheme.

Signature of Spouse :

Date :

SCHEDULE OF FEE

Age Group	Admission Fee Rs.	Advance F.A.C. Rs.	Annual Membership Fee Rs.	Total	Annual Subscription For Spouse Rs.	Total
Below age of 35 yrs.	750	3000	50	3800	50	3850
Between 36 - 45 yrs.	1250	3000	50	4300	50	4350
Between 46 - 55 yrs.	1750	3000	50	4800	50	4850