



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

Insured Name	: FEDERATION OF INDIAN PILOTS	Insurer Office Code	: GHATKOPAR D.O. (140600)
Address	: GATE NO.2, AIR INDIA COMPLEX, KALINA, SANTACRUZ(EAST), MUMBAI MUMBAI ,MAHARASHTRA, 400029	Address	: GHATKOPAR D.O. 3RD FLOOR, JYOTI CHAMBERS, J V ROAD, KHOT LANE, GHATKOPAR (W) ,400086
Telephone	:	Telephone	: 25102695 / 25165894
Fax	:	Fax	: 25102774
Email	:	Email	: nia.140600@newindia.co.in

Endorsement attached to forming part of Policy Number		: 14060034160400000001	
Department	: Health Insurance	Cover	: NA
Period of Insurance	: From 03/04/2016 12:00:01 AM To 02/04/2017 11:59:59 PM	Endorsement No	: 14060034160483000023
NIA S.T.REGN No	: AAACN4165CST178	Effective Date	: 25 April 2016
Date Signed	: 28/04/2016	Sum Insured	: 2,000,000.00
Additional Premium	: 2,000,000.00	Additional S.T.	: 290,000.00
Refund Premium	: N/A	Refund S.T.	: N/A
Policy Duration	: 1 Years		

Number of Members Added	: 0
Number of Members Deleted	: 0

It is hereby understood and agreed that the endorsement on policy 14060034160400000001 will be in effect from 25 April 2016.

Reason	IT IS HEREBY AGREED AND DECLARED THAT FOLLOWING ARE THE TERMS AND CONDITIONS 1.) An FIP member, his/her spouse and children and two parents or parents in law can be covered under the policy. Member can cover upto 5 dependents with maximum of 2 parents. 2.) Parents or in-laws will remain covered up to 90 years of age if they continue paying premium upon policy renewal. 3.) Children are covered up to 30 years of age. Maximum of 4 children can be covered under the policy. 4.) For new members enrolling first time into the policy, only one set of parents can be covered. cross selection is allowed between parents and parents in laws. For existing members change of parents is allowed only due to demise of one of the parents. Death Certificate would be required for deleting the name of deceased parent. For such newly added parents 90 days waiting period shall apply for all planned treatments.
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IN WITNESS WHEREOF THIS POLICY has been signed at _____ this 28-Apr-16.

Place : ,
,400086
Date : 28-Apr-16

For and on behalf of
The New India Assurance Company Limited

Authorized Signatory