FAMILY BENEFIT SCHEME

OF PPLSSS OF IMA TAMILNADU

NEW MEMBERSHIP APPLICATION FORM

1. Name (in Capital Letters) : Dr.____
2. Date of Birth : ___________________ Age:_________Sex: Male/Female
3. Father's / Husband's Name : ____
4. Address :____
   ____
   ____
   ____
   ______________________ Pin code: _________________
5. Telephone No. : Resi: ______________ Hosp : ______________ STD Code:______
   Mobile No. ______________________ WhatsApp No. ___________________________________
   E-Mail: ____
6. Qualification | Name of the University | Year of Passing

Qualification	Name of the University	Year of Passing
______________________	___________________________________	______________
______________________	___________________________________	______________
______________________	___________________________________	______________

7. Registration No. : _________________________ Year of Registration __________
   Name of the Medical Council : ____
8. Present Place of Practice : ____
9. IMA Life Membership No : ____
10. Name of the Local Branch : ____
11. PPLSSS No : ____
12. Are you insured under indemnity Scheme : Yes / No
    If Yes, Name of Insurance Company : ________________________
    Place: Policy No. Date of Expiry:
13. Name of the Family Members

Name of the Family Members	Age	Sex	Relationship
_________________________	________	________	_________________
_________________________	________	________	_________________
_________________________	________	________	_________________
_________________________	________	________	_________________

14. Nominee Name | Age | Sex | Relationship

_________________________ ________ ________ _________________

15. Payment Details :

DD No. __________ Bank _____________________ Branch ______________

Amount __________________ Date of Issue __________________

Payment options DD
DD should be taken in the name of "**FBS of PPLSSS of IMA TN**" Payable **at Omalur or Salem**

Send the filled up application along with payment information to
Dr. P. Manivannan, M.B.B.S, D.ORTHO., Hony.Secretary, PPLSSS of IMA TNSB.
Sri Sugam Hospital (1st Floor), 149- E1,Bazaar Street, Omalur (PO), (TK), Salem - 636 455.
Mob:9487272627, Ph:04290-290455

Despatch Details : Date _________ Courier/Registered Post/ in person

Date of commencement of membership will be from the date of receipt of DD at the principal office.

DECLARATION

I, ______________________________ _______a Life Member of __________________ Branch of IMA, do hereby, declare that the details furnished above are true and correct and that I will abide by the Rules and Regulations of Professional Protection Linked Social Security Scheme of IMA Tamilnadu as amended on 01.3.1998.

I hereby authorize PPLSSS office to send Membership alerts via SMS and e-mail.

Date: Signature

Not For Renewal Members

Forwarded: _________________

Designation: _________________

(To be forwarded by the local branch President/Secretary/PPLSSS District Co-ordinator)

Signature: _________________

(FOR OFFICE USE ONLY)

Date of Receipt :

Mode of Receipt : Courier/ Reg.Post /in person (Time: a.m/p.m)

Application Form : Complete/ Incomplete Remarks:

D.D. Realised on :

Date of Commencement of Membership :

Date of Despatch of Receipt to the member :

Date of Despatch of Certificate to the member :

FBS Membership No :

Renewal Due on :

Letter of reminder sent on :

Renewal Fee received on :

HIGHLIGHTS OF FBS

- **Scheme shall reimburse Rs. 1.2 lakh for the Hospitalization expenses incurred in that year for the member, spouse or children below 18 years and not exceeding Rs. 60,000/- per Hospitalization for the members or their nominee.**
- **The member has to inform the scheme office about the hospital of his / her choice for elective surgery before admission.**
- **Member has to inform the scheme office within 24 hours of admission in emergency cases.**
- **Claim must be made within 30 days after the discharge.**
- **Original bills and discharge summary are to be produced along with the claim form.**

FBS NEW

SUBSCRIPTION AMOUNT			
	ANNUAL FEE		
AGE	**AMOUNT Rs.**	**GST (Rate 18%) Rs.**	**TOTAL Rs.**
Upto 45 years	3500	630	4130
46 - 55 years	4500	810	5310
56 - 60 years	5500	990	6490

NOTE : FBS NEW MEMBERS ENTRY UPTO AGE 60 YEARS ONLY

Payment options DD. DD should be taken in the name of "FBS of PPLSSS of IMA TN" Payable at Omalur or SALEM