



# 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 Age Sex Relationship  
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\_\_\_\_\_  
\_\_\_\_\_  
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14. Nominee Name Age Sex Relationship  
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\_\_\_\_\_

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 **Kumbakonam**

Send the filled up application along with payment information to

**Dr. P. Lenin.,** Hony.Secretary, PPLSSS of IMA TNSB.

Sugam Multi-Speciality Hospital, Room No.301 - 3rd floor, No.1 New Railway Station Road,  
Kumbakonam - 612001. Mob: 9487272627, 9443070902

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

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**Not For Renewal Members**

Forwarded: \_\_\_\_\_

Designation: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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**(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 Kumbakonam**