



**INDIAN MEDICAL ASSOCIATION KERALA STATE BRANCH  
IMA KERALA HEALTH SCHEME  
APPLICATION FORM**

E mail: [ourimakhs@gmail.com](mailto:ourimakhs@gmail.com),

www.imakhs.com Tel. 9539332426

RNO

R. Date

En.Date

|        |                     |            |            |            |
|--------|---------------------|------------|------------|------------|
| EN. NO | IF ALREADY A MEMBER | OFFICE USE | OFFICE USE | OFFICE USE |
|--------|---------------------|------------|------------|------------|

**Membership Recommended by:**

[illegible][illegible]

CHILDREN

IF WANT TO JOIN

|                    |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Son/ Daughter Name |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Age                | DOB  | D | D | M | M | Y | Y | Y | Y | Date of Birth Proof Document |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address Permanent  |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  | Address Communication |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                    | Pin  |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       | Pin      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mob                |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  | Tel with STD Code     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E Mail ID          |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Son/ Daughter Name |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Age                | DOB  | D | D | M | M | Y | Y | Y | Y | Date of Birth Proof Document |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address Permanent  |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  | Address Communication |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                    | Pin  |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       | Pin      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mob                |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  | Tel with STD Code     |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E Mail ID          |      |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nominees           | Name |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       | Relation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Signature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    | 1    |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    | 2    |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    | 3    |   |   |   |   |   |   |   |   |                              |  |  |  |  |  |  |  |  |                       |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Cheque ☐ DD ☐

## DETAILS OF PAYMENT

Amount .....NO .....DATE.....

Name of Bank.....Branch .....

## AFFIDAVIT

I .....hereby state that the details furnished by me are true to the best of my knowledge and I am in sound state of mind and body. I further state I shall abide by the rules and regulations of the scheme which may be amended from time to time (if need arises).

Date

Signature of the Applicant

## CERTIFICATE FROM BRANCH PRESIDENT / SECRETARY

I, DR ..... PRESIDENT/ SECRETARY OF IMA .....

BRANCH DO HERE BY CERTIFY THAT DR.....IS A LIFE / ANNUAL MEMBER OF THIS BRANCH

DATE

SEAL

SIGNATURE

Submit the Application form duly filled in and singed along with

1. Date of Birth proof Document Copy
2. Copy of IMA Life Membership Certificate / Card
3. Cheque/DD payable at Kozhikode Drawn in Favour of **IMA KERALA HEALTH SCHEME**
4. Contact Address: Dr. Venugopalan. B, Hon. Secretary, Health Scheme Office, IMA Hall Complex, Kozhikode - 673011  
Tel & Whatsapp No: 9539332426, Email: ourimakhs@gmail.com

## FOR OFFICE USE ONLY

DATE OF APPLICATION D D M M Y Y Y Y

APPLICATION RECEIVED D D M M Y Y Y Y

ENROLLMENT NO.

RECIEPT NO

VERIFICATION DETAILS FROM STATE HQ

LIFE ANNUAL NON MEMBER

DD/CHQ ENCASHED YES NO REPAYED

DATE OF ENROLMENT D D M M Y Y Y Y

HEALTH CARD SENT ON D D M M Y Y Y Y

SIGNATURE SECRETARY IMA KHS



## **HEALTH SCHEME**

IMA Kerala Health Scheme, started on 1<sup>st</sup> July 2006, is meant to provide financial assistance to our members and their family members to meet the needs of hospitalization and costly investigations. Rules and regulations are coined to suit the needs of the members, and are amenable if need arises. The upper limit of reimbursement is Rs.5 lakhs for major transplant surgeries, Rs.4 lakhs for brain and heart surgeries and Rs.3 lakhs for treatment of all other diseases per member per year (as per the sum limited to each disease). IMA KHS works on the principle of mutual benefit among our members and family.

The Scheme is not an insurance firm but our services are more prompt and incomparable and the yearly payment is very low when compared to that of insurance companies. All the major diseases are included in the scheme and the scrutinizing committee and managing committee have the power to include more, as the need arises, from time to time.

IMA member, their spouse, parents and children can join the scheme provided they are below 65 years of age. Advance Financial Assistance Contribution (AFAC) and Annual Subscription fees (AS) are to be paid every year. Renewal Notice will be sent on time every year. There will be no health screening for admission to the scheme. This is a tailor made scheme for IMA Members and their families.

| Age          | Admission Fee (AF) Rs. | Annual Membership Subscription (AMS) Rs. | Advance Financial Assistance Contribution (AFAC) Rs. | Additional Fee Rs. | Total for Enrolment Rs. | Yearly Renewal |
|--------------|------------------------|--|--|--------------------|-------------------------|----------------|
| Less than 25 | 800                    | 500                                      | 3400   | 940                | 5640                    | 4680           |
| 25 – 35      | 1000                   | 500                                      | 4500   | 1200               | 7200                    | 6000           |
| 35 – 45      | 1500                   | 500                                      | 5000   | 1400               | 8400                    | 6600           |
| 45 – 55      | 2000                   | 500                                      | 5500   | 1600               | 9600                    | 7200           |
| 55 – 60      | 5000                   | 500                                      | 6500   | 2400               | 14400                   | 8400           |
| 60 - 65      | 6000                   | 500                                      | 10000  | 3300               | 19800                   | 12600          |

### **Salient Features of the Scheme (See Bylaw for details)**

Individuals up to the age of 65 years are eligible for getting membership in the scheme. There will not be any health check-up before admitting to the scheme. The maximum amount for Major Transplant Surgeries (Heart, Liver, Lung and Kidney transplants) is Rs.5 Lakhs and maximum for heart and brain surgeries is Rs.4 lakhs. For other diseases, the maximum amount that can be reimbursed is Rs.3 lakhs per membership per year as per conditions laid on. Benefits of the scheme shall be given only to the members or beneficiary members (spouses, children and parents of an IMA member who have joined in the scheme) provided their KHS membership is active (ie. renewed every year).

**Benefits of the Scheme:** This scheme is entitled to be helpful to the members/ beneficiary members to meet the heavy expenses for the management of coronary heart disease and surgical management of valvular heart diseases, management of renal failure, management of cancer, brain tumors involving surgical treatment and joint replacement surgery for hip and knee joints, spinal surgery, Trauma, major Transplant surgeries and all diseases requiring admission causing expenditure above Rs.5000/-.

1. **Coronary Heart Disease:-**Bypass surgery and Angioplasty required for the treatment of coronary heart disease and Valvular heart disease surgery will be covered under this scheme .Upper limit will be Rs.4 Lakhs/year.
2. **Renal Failure:-**Regular hemodialysis required in the management of chronic irreversible failure of both the kidneys will be covered under the scheme. Upper limit is Rs.3 lakhs/year.
3. **Malignancy:-** Surgery, Radiotherapy and chemotherapy required for the treatment of all cancers will be covered under the scheme. Upper limit will be Rs.3 Lakhs/year.
4. **Brain Surgeries:-** Upper limit will be Rs.4 Lakhs/year.
5. **Other Major Surgeries:-**Surgery for knee and hip joints, spinal stenosis and disc surgery or other major surgeries will be covered by the scheme with an upper limit of Rs.1.5 lakhs.
6. **Other diseases:-** Any serious diseases requiring hospitalization will be covered with an upper limit of Rs.75,000/-. For multi system involved diseases and those requiring ventilator support the upper limit will be Rs. 2 Lakhs.

7. Major Transplant Surgeries:- Rs.5 Lakhs/year (For members with minimum 3 years of continuous membership in the scheme), and Rs.3 lakhs for others.
8. A member will get a maximum of benefit of Rs.3 Lakh in one year for all diseases as per the sum limited to each disease. [(except for major transplant surgeries (5 lakhs), heart and brain surgeries (4 lakhs)].
9. Caesarean Section: The upper limit is Rs.75000/- (For those with minimum 3 years of continuous membership in the scheme)
10. The members will get the benefit only after completion of one year of joining the scheme (Lock in period) except for: a) Road traffic accidents (No lock in period) b) 3 years; for claims of major transplant surgeries (for getting reimbursement of upper limit of Rs.5 lakhs) and for caesarean section.

#### **Procedure for Claim**

- a) It is mandatory that the member has to submit the CLAIM FORM, original papers as well as attested photo copies of treatment certificate, discharge summary, breakup of bills, professional charges, cost of medicine and investigations and any other documents upon which a claim is based within 60 days of bill date / discharge from the hospital. The members can also submit the Xerox copies of the above documents duly attested by any health scheme state official. The member shall also give additional information as demanded by the scheme which may be required in dealing with any claim. If a claim in any manner is found fraudulent or supported by false evidence, the scheme shall not be liable to make any payment and may lead to termination of membership. Original bills and papers will be given back to the member after verification, if needed, and self-addressed, stamped (for Speed Post) envelope should be enclosed for the purpose.
- b) Eligible amount will be paid within 90 days from the submission of the original bills, papers and other documents upon which the claim is based. After verifying all the facts as prescribed by the managing committee, all payment shall be made by A/c. payee cheque/DD. Managing committee will have the discretion to pass / reject reimbursement of claims; in cases when the committee is not satisfied about the genuineness of the claim.
- c) Members will be given reimbursement of 80% of total amount of the bill (after deductions, if any) not exceeding the sum limited to each diseases.
- d) Diagnosis and treatment costing less than Rs.5000/- will not be covered under this scheme.
- e) The managing committee is empowered to add or alter or delete the name of the list of institutions for treatment.
- f) However, cost of treatment of members/beneficiary members shall be reimbursed regardless of whether they are recognized or not, provided the managing committee has not debarred them under any circumstances for any fraudulent action made in the records given to members.
- g) No advance payment will be made to the members by the scheme.
- h) Managing committee of the scheme shall decide about the claim. State Working Committee of IMA KSB shall be the appellate body. No disputes can be challenged in any court of law.
- i) Charges of engaging special nurse or attendant will not be reimbursed.
- j) Expense incurred on travel or ambulance will not be allowed.
- k) Food, laundry and telephone bills will not be reimbursed.
- l) Claim for treatment in systems other than Modern Medicine will not be allowed.
- m) Claim on cosmetic treatment, dental procedures, infertility, normal delivery, external appliances like spectacle, hearing aids etc. will not be reimbursed.
- n) Room rent up to Rs.1500/- per day will only be considered for reimbursement.
- o) There will not be any increase of annual premium even after getting claim reimbursement.
- P) Pre-existing malignancy and organ failure at the time of joining will not be considered for the benefit.

#### **Office Address: Dr. Venugopalan. B**

Hon. Secretary, IMA KHS, Health Scheme Office, IMA Hall Complex, Kozhikode - 673011

Mob: 9539332426, ( for renewal) 8590698600 (for claim related queries)

**Website : [www.imakhs.com](http://www.imakhs.com) (Forms can be downloaded from this site) | E-mail : [ourimakhs@gmail.com](mailto:ourimakhs@gmail.com)**

Secretary: 9744271120