IMA's Karnataka Social security Scheme

IMA House Bailappanavar Nagar,Hubli-580029.

PROUDLY ANNOUNCES IT'S BONANZA SCHEME AS (NEW)" SILVER JUBILEE SCHEME" Around 25 Lakhs, to commemorate 25 years of its service to secure the Doctor's family future and strengthening the family stability in this unstable world.

HIGHLIGHTS

1. Death Fraternity Benefit to their bereaved families on the event of death of the members around Rs 15 Lakhs and even more or less depending upon the numbers enrolled.
2. Group Accidental Benefit to the member around Rs 10 Lakhs.
   Group accident benefits such as
   a. Death benefits 100%. b.Permanent total disability benefit 100 to 125%
   c. Permanent partial disability benefit d. Temporary total disability benefit
   e. Medical expenses arising out of accidents up to 10% (Rs 1 Lakh) per year.

All above benfits are according to Insurance company policy

PLEASE NOTE

1. Kindly note membership contribution fees and group accident benfit fees are one time payments and the person below 30 years contributes Rs.50 per anaum for life time which is very meagre.
2. Very economic investment compare to (Any Life & General Insurance plan)
3. Mutualy helping FOR THE MEMBERS BY THE MEMBERS FROM THE MEMBERS.
4. Existing scheme will continue as a separate entity. DFC around 8 lakhs
5. Existing scheme members who wish to join the (New) Silver jubilee scheme they have to become fresh members by applying & paying the fees as per tariff as mentioned in the web ima ksss.org

NEW SILVER JUBILEE SCHEME OF IMA KSSS HUBLI FEES STRUCTURE (TARRIF.)

Group	Age in years	Admission Fees	Registration Fees	Membership Contribution Fees	Group Accident Benefit Fees	Advance Fraternity Contribution	Total Amount
a.	Below 30 years	200-00	500-00	10.500-00	1.500-00	10.000-00	22.700-00
b.	In between 31 to 35	200-00	500-00	12.000-00	2.000-00	10.000-00	24.700-00
c.	In Between 36 to 40	200-00	500-00	13.500-00	2.500-00	10.000-00	26.700-00
d.	In between 41 to 45	200-00	500-00	18.000-00	3.000-00	10.000-00	31.700-00
e.	In between 46 to 50	200-00	500-00	23.500-00	4.500-00	10.000-00	38.700-00
f.	In between 51 to 55	200-00	500-00	31.000-00	5.500-00	10.000-00	47.200-00
g.	In between 56 to60	200-00	500-00	40.500-00	6.500-00	10.000-00	57.700-00

Fraternity contribution Rs. 2500 per death per member.Exgratia payment goes on increasing as membership increase. i.e Rs. 2000 (75% of the fraternity amount x no. of active members on roll) Active members means the member who as no dues towards the scheme in his/her account.

DOCUMENTS REQUIRED :

1. IMA Life Membership Certificate
2. KMC Registration Certificate
3. Age Proof (Birth Certificate, Pan Card, Passport)
4. Passport size photos 2
5. Address Proof (Voters I.D. Card, Driving Licence, Passport or Adhara Card).
6. PAN Card

Kindly Note :

a. The IMA KSS Scheme is subject matter of solititation
b. Subject to the revision as per the prevailing to market condition and subject of statuary leivies
c. Fraternity contribution fees of the existing scheme is enhanced from 1.4.2014.
d. One can get 9 + 15 = 24 lakhs by joining both the scheme after 1.4.2014

Chairman, Dr. V. D. Sapare, Cell : 88613 09893

Secretary, Dr. B. P. Yalgi,Cell : 88613 09894

Indian Medical Association's

KARNATAKA SOCIAL SECURITY SCHEME

Registered Office: I.M.A. House Bailappanavar Nagar,Hubli-580029.
Regd No- 47/91 Ph:08362228328

Existing Scheme ☐ **New Silver Jubilee Scheme** ☐

Photo

(For Office Use Only)

IMA KSSS No. AG- _____ Branch _____ Folio No_____

New Silver Jubilee No _____ Rpt No. _____ Date_____

Date of Provisional Admission _____

APPLICATION FORM
(To be filled in block letters)

First Name & Surname : _____

Father's /Husband's name : _____

Date of Birth : ☐☐☐☐☐☐☐☐ Age completed ☐☐ Years ☐☐ Months

Sex : MALE ☐ FEMALE ☐

Qualifications : _____

Name of the IMA Local Br : _____ District _____

KMC Registration No : _____ Date: _____ PAN No _____ ____

CORRESPONDENCE ADDRESS	Telephone Numbers
	Residence : _____
	Clinic : _____
	STD Code : _____
	Cell No. : _____
Pin Code :	**e-mail** :

Permanent Address : _____

_____ Pin code_____

I, the undersigned, hereby apply for the membership of IMA Karnataka State Br Social Security Scheme, Existing /(New) Silver Jubilee Scheme.

I,enclose DD/Ch No_____ Drawn on Bank_____ Branch_____

Dated_____ Rs._____ In words_____

Payable at _____ at Par, being the contribution to the Corpus fund of the Scheme as per my age along with all other documents,mentioned in the Annexure II.

I do hereby declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information what so ever regarding my particulars and my membership may be terminated if any information given is found to be incorrect or submission of any false information in the application form for joining the scheme or in subsequent communications .

I agree to pay the Fraternity Contribution as per the rules of the scheme,from time to time. I further agree to abide by the Constitution and byelaws of IMA KSSS and also any amendments made from time to time in the Constitution and Byelaws in future. I accept any decision of the Executive Committe / Managing Committee/ OR General Body of IMA KSSS in this regards as final.

Date : _____

Place : _____ _____

Signature of the Member

Motivated By _____

This is to certify that_____ is a Life/Ordinary Member

of _____Local Br of IMA. Karnataka State. Wef:-_____

Seal of Local Branch

Signature
of the Local Branch Secretary/President

NOMINATION FORM

Sl.No.	Name & Address	Signature of Nominee	Relationship	Photo of Nominee
1.				

Sl.No.	Name & Address	Signature of Nominee	Relationship	Photo of Nominee
2.				

Specimen Signature of Guardian in case of minor nominee:-

Name of the person who represents the minor,& his /her Address. _____

_____

_____

Date of birth and age of Minor : _____

I hereby declare that the above information furnished by me is true and correct.

_____

Signature of the Member

email imaksshbl@gmail.com website www.imaksss.org Cell -08861309896

Annexure – III

KARNATAKA STATE BRANCH SOCIAL SECURITY SCHEME, HUBLI-29

DEATHCLAIM FORM

Name of Deceased Member, Dr. _____

IMA K.S.S.S. Reg. No. : _____. Year _____

Name of Local Branch of IMA to which attached _____

Date of Death : _____ Cause of Death : _____

Name of Nominee : _____

Relationship to Deceased Member : _____

Death certificate from Birth & Death Registrar in original

Name & Address of Claimant. _____

_____

_____PIN_____

Phone No. : _____Mobile No.: _____Date_____

Signature of Claimant ----------

Date : _____ Signature of Local IMA Branch

Secretary/President Seal of IMA Local Branch

DETAILS OF BANK ACCOUNT OF NOMINEE

Name of Nominee _____
(as in Bank account)

Bank Account No._____

Name of Bank & Branch _____

Address of the Bank_____

_____

Photo of Nominee

Signature of the Nominee_____

I here with attest the signature of the person above and details of the account are correct.

Signature of Br Manager & Seal _____

Date : _____

Please Note :

1. This claim from duly filled up, signed and attested must be sent through the Hon. Secretary / President of Local
2. Copy of Death Certificate from appropriate authority (Municipal / Panchayath etc.,)
3. Medical Certificate from the Medical attendant regarding the illness and cause of death.
4. Membership certificate issued by IMA KSS Scheme in Original is to be submitted.