

Documents checklist (photocopies / scanned copies):

MANDATORY DOCUMENTS:

(These documents are mandatory for all the financial assistance applications)

1. Photo identity proof of TNAI Member (Any one from the list below)
 - a. Aadhar Card/Voter ID Card/Ration Card
2. Latest Income Certificate
3. Letter from the Employer/ Self declaration (If not working) mentioning whether the he/ she is eligible for any kind of medical assistance.
4. Certification by the TNAI State Branch President/Secretary/ Zonal President or Secretary.

SUPPORTING DOCUMENTS.

(These documents are required only for Medical/ Critical Illness Assistance.

The members applying for Nurses' Welfare Grant need not submit these documents)

1. Attach a photocopy of the discharge card/summary/ interim bills/ Final bill/ deposit receipts/ final settlement receipt.
2. If original bills are submitted to TPA/Insurance company, then a letter from Company on their letterhead mentioning the date and giving details: (i) the amount Insured; (ii) amount of original bills submitted; (iii) the amount sanctioned from the Insurance Company; (iv) the amount of original bills and receipts retained by them; (iv) Name and designation of the authorized signatory along with the rubber stamp of the Insurance company.
3. If claim is under process, please attach photocopy of the Mediclaim policy
4. If the treatment is ongoing or yet to commence, please attach a copy of the advised treatment prescribed.

***Medical assistance**

- a. 75% of the Monthly bill be paid (Maximum limit of 1,00,000 Rs)

****Critical Assistance**

- a. This facility is applicable in case of accident/organ transplantation/ emergency surgeries/ or any other critical condition which needs immediate medical or surgical intervention
- b. One time financial assistance of 1,00,000 Rs

*****Nurses Welfare Grant**

- a. Provides long term financial assistance required for TNAI members.
- b. Rs.5000/- per month will be provided for TNAI members who are terminally ill or no family/financial support.

Certification by the TNAI State Branch Executive

This is to certify that, Mr/ Ms/ Mrs
.....W/o, S/o, D/o
..... is eligible to get the Medical
Assistance/ Critical Assistance/ Nurses Welfare Grant **(tick the appropriate)** and also
certifying that, the particulars given above are true to the best of my knowledge and
belief.

Name:

Designation:

Date:

