



# INDIAN MEDICAL ASSOCIATION'S KARNATAKA STATE HEALTH SCHEME



Head Office : IMA Bhavan, A V Road, Bengaluru.

Working Office: Dr. Jambunath Gouda, Chairman, KSHS, Kottureshwara MRI Scan Centre, Beside ,  
Little Heart School, Opp LIC Office, Hosalli Road Gangavathi-583227.

Contact No : 8618744511, 9448145035.

Web -[www.imahealthscheme.com](http://www.imahealthscheme.com) / E mail- [imakshs@gmail.com](mailto:imakshs@gmail.com)

Place for PHOTO

For office Use Only		
IMA-KSHS No :	Receipt No.	Folio No:
Branch :	Date:	
Date of Enrollment :		
<b>FOUNDER MEMBER</b> <input type="checkbox"/> <b>ORDINARY MEMBER</b> <input type="checkbox"/> <b>BENEFICIARY MEMBER</b> <input type="checkbox"/>		

**APPLICATION FORM ( To be filled in Block letters )**  
(Each Member/Beneficiary Member should fill up separate Application)  
**A. FOR ORDINARY MEMBER (IMA-KSB LIFE MEMBER)**

COLOUR CODE  
Office use

First Name & Surname : \_\_\_\_\_

Father's / Husbands Name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Date of Birth : 

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 Age: Years  Months:

Sex : Male  Female:

KMC Regn.No : \_\_\_\_\_ PAN No. \_\_\_\_\_

IMA Life Membership No : \_\_\_\_\_ Branch: \_\_\_\_\_

CORRESPONDENCE ADDRESS	PERMANENT POSTAL ADDRESS	
PIN:	PIN:	
FOR E-COMMUNICATION		
Phone No: Residence - _____	Hospital - _____	STD Code - _____
Mobile No: _____		
Email : _____		

**B. FOR BENEFICIARY MEMBER (Spouse, parents & Children)**  
( To be filled in Block Letters )

First Name & Surname : \_\_\_\_\_

IMA life member's Name : \_\_\_\_\_

IMA Membership No : \_\_\_\_\_

Relationship with IMA Member: \_\_\_\_\_

Date of Birth : 

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 Age: Years:  Months:

Sex : Male  Female:

CORRESPONDENCE ADDRESS	PERMANENT POSTAL ADDRESS	
PIN:	PIN:	
<b>FOR E-COMMUNICATION</b>		
Phone No: – Residence-	Hospital -	STD Code-
Mobile No:		
Email :		

I undersigned hereby apply for the membership of IMA's Karnataka State Health Scheme. I have enclosed

DD/ Cheque No. \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

Branch \_\_\_\_\_ Dated \_\_\_\_\_ for Rs \_\_\_\_\_

in words \_\_\_\_\_

#### AFFIDAVIT

I do here by 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 our particulars and membership. I may be terminated if any information given is found to be incorrect or submission of any false information in this application form. I further state that I am in sound state of mind and I shall abide by the rules and regulations of the scheme which may be amended from time to time.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Signature of the Applicant / Beneficiary member**

**Signature of the IMA-KSB Life Member**

Motivated by IMA member \_\_\_\_\_

I Dr. \_\_\_\_\_ IMA Life member do hereby recommend

Dr. \_\_\_\_\_ Life member of \_\_\_\_\_

Branch , to become member of IMA KSHS.

**Signature of Local Branch IMA member / Secretary**

#### Documents required

1. Duly filled and signed application form.
  2. Age proof certificate Xerox copy.
  3. IMA Life membership certificate (Xerox copy).
  4. Two passport size photos.
  5. At par Cheque/DD payable at Gangavathi, drawn in favour of "IMA Karnataka State Health Scheme".
- To be Sent by Post / courier to Dr. Jambunath Gouda, Chairman, KSHS, Kottureshwara MRI Scan Centre, Beside Little Heart School, Opp LIC Office, Hosalli Road Gangavathi-583227. Contact No : 8618744511, 9448145035.
- NOTE – E-mail ID and mobile numbers are mandatory. Applications will not be considered without them**

#### For Office use only

Date of Application	Verification details from state HQ
Application received on:	LIFE member / Beneficiary Member
Cheque/DD-No:	Date of Encashment: _____ / Rebound
Receipt No	Health Card sent on:
Enrollment No:	Date of Enrollment:

**Signature of Secretary IMA KSHS**

**Carefully fill the page 1&2 and send to the Secretary's office with all the documents and Cheque/DD as per your age fee schedule. Retain the page 3 & 4 for your reference. Rules and regulations are subject to amend as need arises. In case of death of a member claim shall be given to nominee.**

**Eligibility for Regular Membership:-**

A) Life member of IMA-KSB B) Member should be below the age of 85 years at the time of joining. **(Every member has to produce a certificate of age proof- School certificate-TC or SSLC/PUC marks card /Passport /Pan card / Adhar card /LIC Bond etc for verification)**

**C) IMA KSB members have to produce IMA Life member certificate**

**Eligibility for Beneficiary Membership:-**

A) Shall be Spouse / Children / Parents of Life member of IMA KSB.

**The Admission fee details is as follows**

Age in Yrs	Admission Fee. For members / Spouse / Parents /Children (AF)	Annual Membership Subscription (AMS)	Annual Advance Premium Contribution (AAPC)	Total Amount, during Admission At the time of joining(1 <sup>st</sup> Year)	Annual Premium to be paid irrespective of Insurance claim (2 <sup>nd</sup> Year onward) AMS+AAPC
Children below 25yrs	Rs. 1000 .00	Rs 500.00	Rs. 2500.00	Rs.4000.00	Rs. 3000.00
Below age of 35 yrs	Rs. 1000.00	Rs 500.00	Rs. 3500.00	Rs.5000.00	Rs. 4000.00
Below age of 45 Yrs but above 35 Yrs	Rs. 2000.00	Rs 500.00	Rs. 4500.00	Rs.7000.00	Rs. 5000.00
Below age of 55 Yrs but above 45 Yrs	Rs. 3000.00	Rs 500.00	Rs. 5500.00	Rs.9000.00	Rs. 6000.00
Below age of 65 Yrs but above 55 Yrs	Rs. 4000.00	Rs500.00	Rs. 6500.00	Rs.11,000.00	Rs. 7000.00
Below age of 75 Yrs but above 65 Yrs	Rs. 5000.00	Rs 500.00	Rs. 7500.00	Rs.13,000.00	Rs. 8000.00
Below age of 85 Yrs but above 75 Yrs	Rs. 6000.00	Rs 500.00	Rs. 8500.00	Rs.15,000.00	Rs. 9000.00

**Lock in Period**

i) All the **ordinary members** and **beneficiary members below the age of 65** on joining shall have the benefit of the scheme after **12 months** of joining the scheme.

\* All the **ordinary members** and **beneficiary members above the age of 65** on joining shall have the benefit of the scheme **after 24 months** of joining the scheme.

\* **NO CASHLESS SERVICE (Members have to pay their bills themselves & Claim later ).It is areimbursement.**

\* **No advance payment will be made to the members.**

\* Members will be given **reimbursement of 75% of total amount** of the bill not exceeding the sum limited to each disease.

\* **If the benefit is not claimed in an academic year the benefit amount in total or any percentage will not be carried over to the subsequent years.**

\*A member will get a **maximum of benefit of Rs.2 Lakhs** in one year.

***All Members have to submit age proof certificate, IMA life member certificate ( only for IMA members) and two photos( Recent -pass port size) at the time of admission***

**Aims and Objectives of the Scheme :-** To provide financial assistance to **A)**The life members of IMA KSB those who enroll as the members of IMA KSHS **B)**His/her spouse, children and parents who enroll as the members of IMA-KSHS separately, **C)**It is a mutual benefit and charitable scheme for the members of IMA –KSB In the event of their **hospitalization and management** of the following diseases:-

**All the major diseases are included, Pre existing diseases are covered.**

Heart Disease: -Angioplasty, By-pass Surgery and Valve replacement Surgery. Renal Failure, Haemodialysis, Renal Transplantation, All Malignant diseases, Brain Tumors, Hip and Knee replacement surgery, Spine and disc surgery, Cerebrovascular accidents, Road Traffic and other accidents, Other major illness requiring hospitalization approved by the scrutinizing committee of IMA-KSHS. Scrutinizing committee & Managing committee have the power to include more diseases as need arises from time to time. The reimbursement amount is fixed for every disease. Accordingly the benefit amount shall be reimbursed. It is subject to change as per the resolution of the managing committee.

**It is mandatory** that members have to submit original papers as well as attested Photo copies ( if the member need originals back) of treatment certificate, Discharge summery, breakup of bills – Professional charges, cost of medicine and investigations etc and any other documents upon which a claim is based **within 60 days** of discharge from hospital Permissible reimbursement will be **reimbursed within 90 days** from the submission of the original bills, papers and other documents upon which the claim is based.

**Member's Disqualification:-**

**A) Termination by Payment default** i) If any member of the scheme fails to pay the Premium Contribution(AAPC) and ( AMS) within 30 days of the demand notice sent by the office, he/she shall be treated as a defaulter. ii) Then he/she shall pay a fine of Rs 200/- to revive his membership. iii) If the default continues beyond the period of 60 days, then a notice by registered post shall be issued. A member who does not pay the dues with prescribed fine by the IMA-KSHS managing committee within 30 days of the receipt of such a notice, the membership shall be terminated forthwith without further intimation. iv) If the above terminated member wishes to rejoin the scheme one has to join the scheme as a new member with fresh lock in period.

**B) Termination due to wrongful information/ Benefit claim)** If a member furnishes any wrongful information in application form or any provisions of this scheme and tries to obtain any wrongful benefit under the scheme, after giving an opportunity of being heard before the managing committee, and if the explanation is not found satisfactory, the managing committee of the IMA-KSHS shall have the right to terminate the membership concerned without any benefit. ii) Such member shall not be eligible for any further enrollment in the IMA-KSHS and all amount paid will be forfeited. **C)** Whenever a member ceases to be a life member of IMA –KSB as per its byelaw he automatically loses all the benefits and membership of the scheme. Such members can be revived only after revival of the IMA-KSB membership and approval by managing committee of IMA-KSHS. However his/her dependent beneficiary members are eligible for the benefit of the scheme provided they have paid necessary dues and premium.

**IMA –KSHS COMMITTEE**

**For Details**

Visit our IMA website [www.imahealthscheme.com/](http://www.imahealthscheme.com/) [imakshs@gmail.com](mailto:imakshs@gmail.com) /IMA KSB office - 080- 6703255

### **Contact details**

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Treasurer

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**Contact Address :** Dr. Jambunath Gouda, Chairman, KSHS, Kottureshwara MRI Scan Centre, Beside Little Heart School, Opp LIC Office, Hosalli Road Gangavathi-583227. Contact No : 8618744511, 9448145035