



SUPREME COURT BAR ASSOCIATION (Regd.)

SUPREME COURT OF INDIA, TILAK MARG, NEW DELHI-110001 (INDIA)

Mr. Vikas Singh (Sr.)
President

Mr. Pradeep Kumar Rai (Sr.)
Vice President

Mr. Ardhendumauli Kumar Prasad
Hony. Secretary

Mr. Rahul Kaushik
Joint Secretary

Mr. Meenesh Kumar Dubey
Treasurer

Dr. Ritu Bhardwaj
Joint Treasurer

SENIOR EXECUTIVE MEMBERS

Mr. V. Shekhar (Sr.)
Ms. Mahalakshmi Pavani (Sr.)
Mr. Arijit Prasad (Sr.)
Mr. Brijender Chahar (Sr.)
Ms. Sonia Mathur (Sr.)
Mr. Vikas Pahwa (Sr.)

EXECUTIVE MEMBERS

Mr. Anupam Mishra
Ms. Nina Gupta
Ms. K.V. Bharathi Upadhyaya
Mr. Mukesh Kumar Singh
Ms. Sasmita Tripathy
Mr. Prashant Singh
Ms. Prerna Kumari
Ms. Seema Patnaha
Ms. Nandani Gupta

SCBA/GMC.2021 - 2022

19.09.2021

CIRCULAR

Respected Member

The SCBA Annual Group Medi-claim Policy with "The Oriental Insurance Company Limited" is extended till **SATURDAY, 25th September, 2021.**

Minimum number of members/family required for commencement of the Policy : 2000 Lives. **IN CASE, MINIMUM LIVES ARE NOT FULFILLED, THEN THE POLICY MAY NOT BE EXECUTED BY THE INSURANCE COMPANY AND THE AMOUNT DEPOSITED BY THE MEMBERS WILL BE REMITTED BACK TO THEM.**

Plan(s)	Category	Annual Premium (excluding GST)	Annual Premium (including GST)
A	For Self (Below 60 yrs)	10,500	12,390
B	For Self (Above 60 yrs)	25,000	29,500
C	For 1+1 (Self + Spouse) (below 60 yrs)	15,500	18,290
D	For 1 + 1 (Self + Spouse) (above 60 yrs)	36,500	43,070
E	For 1 + 3 (Self + Spouse + 2 children)	30,000	35,400
F	For 1 + Single Parent (upto 85 years)	32,000	37,760
G	For 1 + Parents (upto 85 years)	40,000	47,200
H	For 1 + 5 (Self + spouse + 2 children + parents upto age 85 yrs)	50,000	59,000

In addition to the above, members who have made a claim in the last year, a surcharge of 5% to 40% will be added on the basis of the amount claimed from the insurance company in the following manner to ensure that the premium for the members who have not made a claim should not increase substantially.

Amount Claimed (In Rupees)	Surcharge
0 - 25,000	5%
25,001 - 50,000	10%
50,001 - 1,00,000	15%
1,00,001 - 1,50,000	20%
1,50,001 - 2,00,000	25%

Phones: Off. : 23385903, 23384874 • Library-1 : 23385551, 82285552 • Library-2 : 23384150, 23381762

Library-4 : 23385615 • Ladies Bar : 23070443 • Lounge : 23070449 • Arbitration Room : 23072101 • Meeting Room : 23070264

• E-mail : scbaec@gmail.com • Website : www.scbaindia.org



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Ms. Nandani Gupta

2,00,001 – 3,00,000	30%
3,00,001 – 4,00,000	35%
4,00,001 – 5,00,000	40%

Any member who has availed the benefit as mentioned hereinabove shall add the additional surcharge amount to the premium amount [excluding GST] and thereafter add 18% on the same as the GST as their premium amount.

The premium is to be deposited by RTGS/Cheque in the following account:

Account Name	"SCBA Member's Insurance"
SB Account No.	02070110076125
Bank Name and Branch	UCO Bank, Supreme Court Branch
IFSC Code	UCBA0000207
Online payment	https://eps.eshiksa.net/DirectFeesv3/SCBA
Email	scbagmc@gmail.com

Members are requested to send the details for confirmations of the payment on the abovementioned Email address.

Saturday, 25th September, 2021, is the last date of availing Medical Insurance, thereafter no cheques/RTGS will be accepted after **25th September 2021**. The Proforma of Medical insurance is available on the SCBA website i.e. www.scbaindia.org. Members may download the Proforma and send the duly filled in form to the following email i.e. scbagmc@gmail.com on or before **Saturday, 25th September 2021**.

The Executive Committee prays for the safety and good health of its members and requests everyone to follow COVID-19 Protocols.

ARDHENDUMAU LI KUMAR PRASAD
Hony. Secretary
9818612800

**SUPREME COURT BAR ASSOCIATION
MEMBER DECLARATION FORM – 2021**

Sl. No.- _____

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Did you avail insurance claim last year ? Yes (____) / No (_____) Please tick

If yes, then additional surcharge amount will have to be added to the premium (excluding GST) as mentioned on Circular dated 03.09.2021, thereafter add 18% GST to the total premium.

Name : _____

SCBA Membership No. : _____

Contact No. / Mail Id : _____

Insurance Plan : _____

Insurance Amount : (Rs.) _____

Surcharge Amount : (Rs.) _____

GST (18%) : (Rs.) _____

Total Amount / : (Rs.) _____

Transaction Date : _____

Online Transaction Reference No. : _____

Note: Kindly attach Bank Acknowledgement copy

BANK DETAIL

ACCOUNT NAME	: "S.C.B.A. Member's Insurance"
S. B. A/c No	: 0207011 0076125
Bank Name, Branch	: UCO Bank, Supreme Court Branch
IFSC Code	: UCBA 0000207
Online payment	: https://eps.eshiksa.net/DirectFeesv3/SCBA
Email	: scbagmc@gmail.com

Sl. No	Name	Date of Birth (DD/MM/YYYY)	Age	Relation with Member
1				SELF
2				
3				
4				
5				
6				

Date:

(SIGNATURE)