

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026
FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND
THEIR ELIGIBLE FAMILY MEMBERS.**

ANNEXURE-III

**CERTIFICATE TO BE ISSUED IN LIEU OF IDENTITY CARD UNDER THE
NEW HEALTH INSURANCE SCHEME, 2026.**



CERTIFICATE

*(New Health Insurance Scheme, 2026 ordered in G.O.Ms.No.122,
Finance (Health Insurance) Department, Dated: 24-06-2026)*

<i>NHIS 2016/2021 ID Card No:</i>	<i>Date of Birth :</i>
<i>Date of Joining :</i>	<i>Date of Retirement:</i>
<i>GPF/TPF/CPS No :</i>	<i>Mobile No :</i>

Certified that Thiru/Tmt./Selvi_____is employed as
_____ in _____

_____ and his/her eligible Family Members as detailed below are eligible for treatments / surgeries covered under the New Health Insurance Scheme, 2026. The Identity Card under the New Health Insurance Scheme, 2026 is yet to be supplied by the United India Insurance Company Limited, Chennai / Third Party Administrator. This certificate is issued to enable the Employee and their eligible Family Members under the above scheme for availing approved treatments / surgeries in the empanelled hospitals approved by the Insurance Company / Third Party Administrator. The approved hospitals concerned shall provide CASHLESS health care coverage as envisaged under this Scheme:

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**Details of the Employee and their eligible Family Members under
New Health Insurance Scheme, 2026:**

Sl. No.	Name	Date of Birth	Relationship to the Employee	Marital Status	Employ ment Status	Whether Physically Challenged/ Intellectually Disabled. ** (Yes/No)	Passport size Photo
1.			Self				
2.							
3.							
4.							
5.							

**** Details of Person with disabilities and Intellectually Disabled Childrens
ordered in para 3 (4) (4) of Annexure-A of the G.O to be furnished.**

**Signature of Drawing
and Disbursing Officer in
Government Departments**

**Signature of Pay Drawing
Officers in Organisations
covered under this Scheme.**

Name :

Designation :

Date & Seal :