



**MINISTRY OF MASS MEDIA**  
**Proposed Asidisi" Accident and**  
**Medical Insurance Scheme for Journalists in the field**  
**of Mass media making the vision of**  
**prosperity a reality**  
**2021 - 2022**

**The closing date for accepting applications**  
**has been extended up to 31.07.2021 and**  
**giving the opportunity to freelance Journalists for**  
**this Insurance Scheme**

(No money is charged from beneficiaries for this insurance coverage which is granted for one year only)

Applications for this "Asidisi" Accident and Medical Insurance Scheme have been called from Journalists between 19 - 65 years, possessing a valid identity card from the Department of Government Information and are actively involved in the media field and not possessing an insurance coverage from a media institution.

Considering the request made by the journalists to the Ministry of Mass Media, freelance journalists of the above age category may also apply for this Insurance Project with a certificate from the media institution they are serving.

Accordingly, the closing date for applications has been extended **until 31st July 2021**.

This insurance coverage consists of a number of benefits and few of the specific benefits are given below:

- Indoor treatment Coverage
- Outdoor Treat Coverage
- Critical Illness Coverage
- Hearing Aids and Spectacles Coverage
- Personal Accident Insurance Coverage (Worldwide coverage for 24 hours of the day)
- Coverage for Covid - 19

New applications could be downloaded from the [www.media.gov.lk](http://www.media.gov.lk) website of the Ministry of Mass Media.

**Accordingly, the applications should be sent by registered post to the address below to reach before 31.07.2021** and the caption "Asidisi Accident and Medical Insurance" should be mentioned on the left hand top corner of the envelope containing the application. A scanned copy of the application could also be sent to by email to [ad.secdev.media@gmail.com](mailto:ad.secdev.media@gmail.com)

**Applications should be sent to:**

**Additional Secretary (Development and Planning)**  
**No. 163, Asidisi Medura**  
**Kirulapone Mawatha, Polhengoda,**  
**Colombo 05**

**Secretary, Ministry of Mass Media**  
**No. 163, Asidisi Medura**  
**Kirulapone Mawatha, Polhengoda,**  
**Colombo 05**  
13.07.2021



## Ministry of Mass Media

### “Asi Disi” Accidents and Medical Insurance Scheme

#### For the Journalists in the Mass Media Sector.

2021 – 2022

#### “Asi Disi” Insurance Coverage

*For Office Use Only*

මාධ්‍ය හැඳුනුම්පත් අංකය Media Identity Card Number	
ලියාපදිංචි වර්ෂය Year of Registration	
මාධ්‍ය සේවය Media Service	

<b>(a) Personal Information</b>	
1	Name in full  Mr. / Mrs. / Miss
2	Name in full in block letters (one letter per cage)
3	National Identity Card No.
4	Date of Birth Year      Month      Date
5	Sex Female      Male
6	Marital Status Married      Unmarried
7	Age at the closing date of applications Years      Months      Days (A copy of the Birth Certificate should be affixed)
8	Personal Address  Province      District Divisional Secretariat Division

9	Official Address																		
		Province							District										
		Divisional Secretariat Division																	
10	Contact No. – Mobile																		
	Fixed																		
11	Tick (✓) off in – front of the social media networks used	WhatsApp	<input checked="" type="checkbox"/>	Viber	<input checked="" type="checkbox"/>	Facebook	<input type="checkbox"/>												
	Phone No. of the social media network																		
12	e-mail address																		
<b>Details of a close relative / guardian (Spouse / Mother / Father / A Child / Guardian) – (Write off unnecessary words)</b>																			
13	Name																		
	Address																		
	Contact No. - Mobile																		
<b>Details of bank accounts</b>																			
14	Name of the account holder																		
	Name of the Bank	Branch						Account No.											
15	Are you healthy?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>													
	If your answer to above No. 15 is No, describe your illness																		
16	Are you a totally or partially disabled?	Yes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>													

	If your answer to above No. 16 is Yes, describe your disability						
17	Are you suffering from a chronic disease?	Yes			No		
	If your answer to above No. 16 is Yes, describe nature of your ailment						
18	Are you permanently or temporarily engaged in a recognized media institution?	Yes			No		
	If your answer to above 18 is Yes,	Name of the media entity			Designation		
19	Have the above entity in No. 18 awarded you an insurance coverage?	Yes			No		
	If an insurance coverage has been awarded, nature of that coverage				Name of the insurance entity		Insurance deed No.
20	Do you possess a personal insurance coverage?	Yes			No		
	If there is a personal insurance coverage as per No. 20 above, its nature				Name of the insurance entity		Insurance deed No.

This is to certify that all the information furnished above are true and accurate.

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Date

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Signature of the Applicant