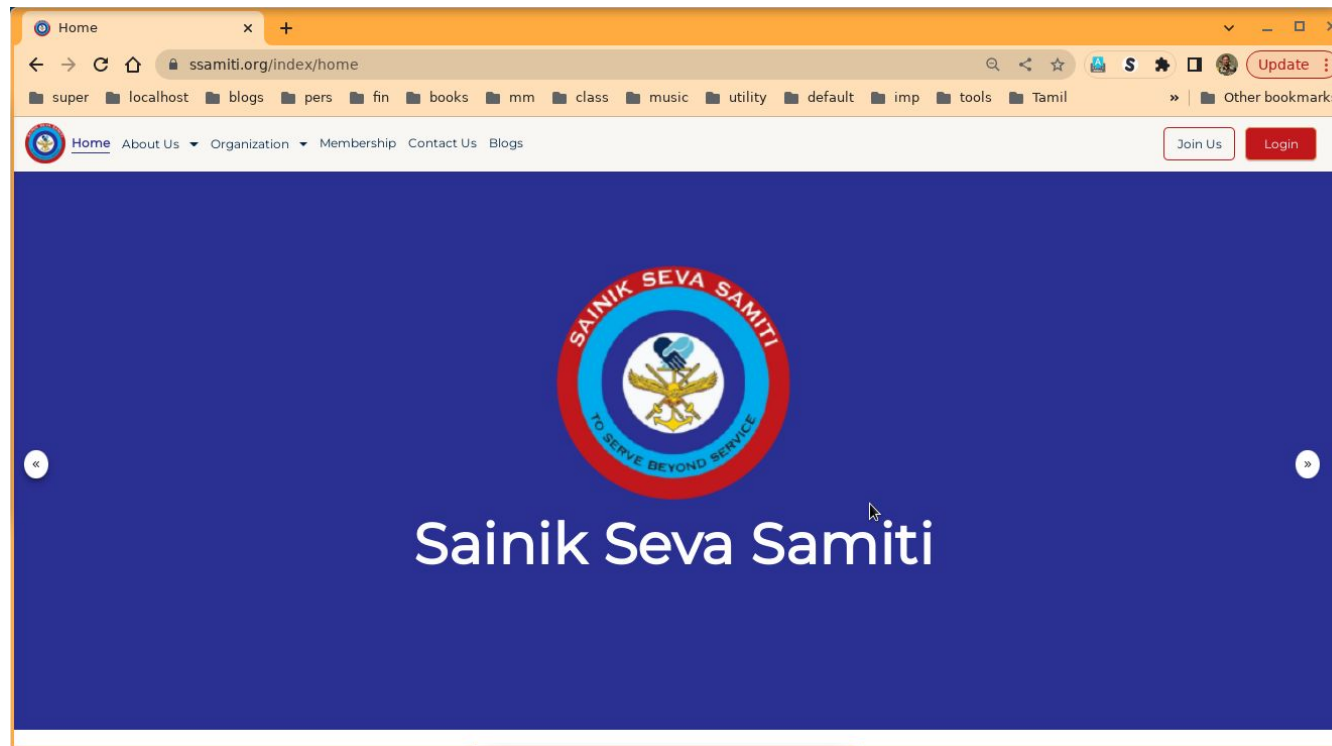


ALL MEMBERS WHO HAVE LOGGED INTO INTO SSAMITI.ORG EARLIER AND HAVE SET THEIR PASSWORDS

Step 1 - Login



Step 1 contd - Login


Member Login

ssamiti.org/Login_controller/login

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Home About Us Organization Membership Contact Us Blogs

Join Us Login



SSS Member Login

Email Address / SSS ID

Please Enter Your Register Email Id

Password

Remember Me

[Forgot Password](#) [Login](#)

**Username :
your SSS ID
Password:
As set by you
in the first
session**

Step 2 - Member Dashboard



Home About Us Organization Rules Products Contact Us Member My Account Logout

Renew membership from here if not done

Renew Your Membership

Sponsorship Request

Buy Policy

Click to buy policy

Category :
Primary

Policy Status :
Active

Membership Status :
Paid

Member Details

SSS ID	Rank	Name	Mobile No	Email ID
P000185	Colonel	SUBRAMANIAN MURALIDHARAN	+919753750901	murali@sibha.in

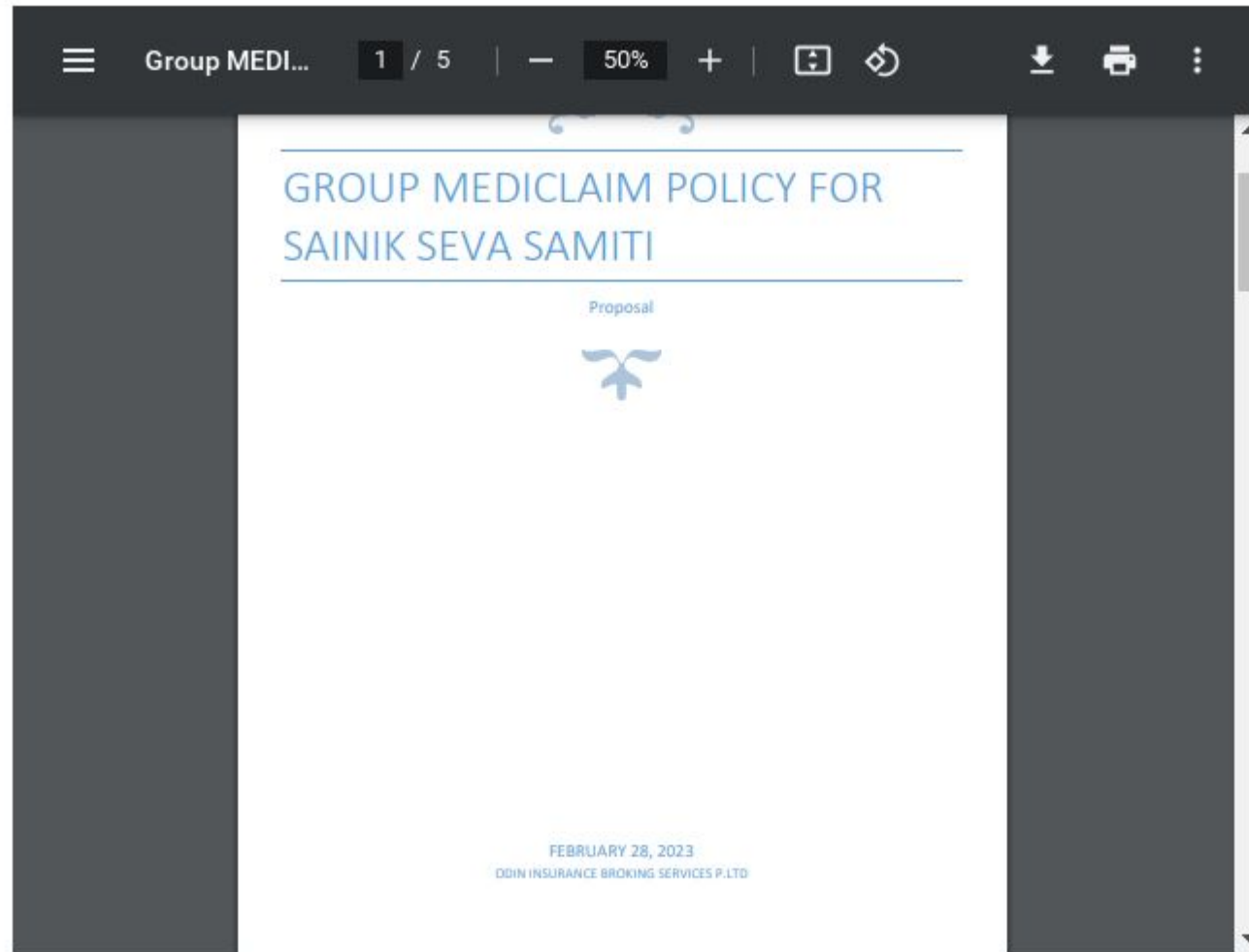
Beneficiary Details

Name	Date of Birth	Gender	Relation	Disability
V VIJAYALAKSHMI	1961-08-29	FEMALE	SPOUSE	

Policy Details

Policy Number	Policy Member ID	Sum Insured	Premium Paid	Expiry Date
42040234210400000001	316113113286142	750000	36894	14-03-2023

Step 3 - Read Document



Click after reading the document

I have read the terms and I agree to the terms and conditions in the document.

Back

Next

Step 4 - Select Policy

ation ▾ Rules ▾ Products Contact Us Member My Account Logout

Select Your Policy

Policy Name	Sum Insured	Premium	Action
Group Health Insurance	300000	24268	Select
Group Health Insurance	500000	27792	Select
Group Health Insurance	750000	31266	Select
Group Health Insurance	1000000	38214	Select

Back

Select the
Appropriate
policy

Step 5 - Beneficiaries

Add Details

Name	Date of Birth	Gender	Relation	Pwd	Action	
SUBRAMANIAN MURALIDHARAN	1958-07-13	Male	Self	NA		
V V DAYALAKSHMI	1961-08-29	FEMALE	SPOUSE	No	Update	Delete

Back

Next

Beneficiaries can be added, deleted or edited. Editing of particulars of self to be done through my account page

Step 6 - Payment Details

Shows the sum insured and Policy premium

[Products](#) [Contact Us](#) [Member](#) [My Account](#) [Logout](#)

Billing Information

Member ID

Fullname

Address

Payment Details & Fees

Policy Name	Group Health Insurance
Policy Period	1 Year
Sum Insured	1000000
Premium	38214
GST	6879
Total	45093

[Back](#) [Pay](#)

Next Button will take you to payment gateway