

Consent Form

Chief Manager (HR) / (IR)

----- Zone / Circle

Sir,

IBA Group Medclaim Policy for Retired Officers/ Retired Award Staff
Policy period 01.11.2019 – 31.10.2020

I refer to Banks instructions regarding IBA Group Medclaim Policy to be renewed on 01.11.2019 and give my consent for renewing my membership in the Policy with terms and conditions given in the e-Circular issued on 7th October, 2019.

1. I submit herewith my necessary particulars:

1.	PF Index No. / HRMS ID	
2.	Full Name	
3.	Name of e-AB (retired from)	
4.	Date of Birth	
5.	Gender	Male / Female
6.	Date of Retirement	
7.	Cadre	Supervising / Award Staff
8.	Position last held	Scale: Designation:
9.	Last place of posting	
10.	Details of Spouse	Name: Date of Birth: Gender:
11.	Contact Details	e-mail ID: Mobile No.: Address:

2. I have understood that the United India Insurance Co. Ltd., has offered the option to renew my membership under the Group Medclaim Insurance Scheme for the retirees and accordingly I exercise my option as under:

	Option	Category	Sum Insured	Gross Premium (incl. GST@	Please tick in the box
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				18%)	below
I .	Without Domiciliar y	Officers	Rs. 4,00,000	Rs. 33,193	
		Award Staff	Rs. 3,00,000	Rs. 24,897	
I I .	With Domiciliar y	Officers	Rs. 4,00,000	Rs. 82,373	
		Award Staff	Rs. 3,00,000	Rs. 61,784	

(Please Tick only One applicable Box)

3. I also intend to avail cover / renew cover for the Super Top-up Policy and exercise my option as under:

Category	Sum Insured	Super Top Up Policy (Without Domiciliary) Premium incl. GST@ 18%	Please tick in the box below
Officers	Rs. 5,00,000	Rs. 6,134	
Award Staff	Rs. 4,00,000	Rs. 5,658	

(Please Tick only One applicable Box)

Option exercised

**– With / Without Domiciliary (Write 'I'
or**

'II')

Super Top-up Availed _____ – Yes / No

4. I irrevocably authorize the bank to debit premium amount to my A/C No.

_____With _____ Branch, Code No._____. I shall undertake and ensure to maintain sufficient balance in my above account.

5. I also undertake to abide by the terms and conditions of the Policy laid out in the above referred e-Circular issued by the Bank.

Yours faithfully,

Date:

