

**Consent Form**

Chief Manager (HR) / (IR)

----- Zone / Circle

Sir,

**IBA Group Medclaim Policy for Retired Officers/ Retired Award Staff**  
**Policy period 01.11.2018 – 31.10.2019**

I refer to Banks instructions regarding IBA Group Medclaim Policy to be renewed on 01.11.2018 and give my consent for renewing my membership in the Policy with terms and conditions given in the e-Circular issued on 20<sup>th</sup> October, 2018.

1. I submit herewith my necessary particulars:

1.	PF Index No. / HRMS ID	
2.	Full Name	
3.	Date of Birth	
4.	Gender	Male / Female
5.	Date of Retirement	
6.	Cadre	Supervising / Award Staff
7.	Position last held	Scale: Designation:
8.	Last place of posting	
9.	Details of Spouse	Name: Date of Birth: Gender:
10.	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@ 18%)	Please tick in the box below
I.	Without Domiciliary	Officers	Rs. 4,00,000	Rs. 28,792	
		Award Staff	Rs. 3,00,000	Rs. 21,595	
II.	With Domiciliary	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. 5,049	
Award Staff	Rs. 4,00,000	Rs. 4,657	

**(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: