

Consent Form

Insert text here

Chief Manager (HR) / (IR)

----- Zone / Circle

Sir,

IBA Group Medclaim Policy for Retired Officers/ Retired Award Staff Policy period 01.11.2020 – 31.10.2021

I refer to Banks instructions regarding IBA Group Medclaim Policy to be renewed on 01.11.2020 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 National 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:

Base Plan

(Amount in Rs.)

Premium Rates with GST					
Sum Insured	With Domiciliary		With Domiciliary		Premium Amount selected
	Family Floater	Single Person	Family Floater	Single Person	
4,00,000	32,264	19,358	80,067	48,040	
3,00,000	24,199	14,520	60,054	36,032	
2,00,000	16,133	9,680	40,036	24,021	
1,00,000	10,890	6,534	27,024	16,215	

(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:

Super Top-up Plans:

Amount in Rupees

Super Top-up Plans:		Amount in Rupees	Premium Amount selected
Premium Rates with GST			
Sum Insured	Family Floater	Single Person	
5,00,000	6,554	3,932	
4,00,000	5,243	3,146	
3,00,000	4,194	2,517	
2,00,000	3,408	2,045	
1,00,000	2,097	1,258	

4. (Please Tick only One applicable Box)
Option exercised With / Without Domiciliary (Strike Off)

5. Super Top-up Availed _____ Yes / No

6.

CALCULATION OF TOTAL PREMIUM (with GST)		
Premium for Base Plan	Premium for Super Top (if any)	Total Premium Paid (with GST)
(A)	(B)	A+B = C

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: