

MEDICAL INSURANCE SCHEME

Paste latest photograph

The Assistant General Manager,
State Bank of India,
PPF&G Department, LHO Amaravati.

Application for Medical Insurance

Basic Detail (Please mark ✓ in the box provided)			
1	Renewal/New Premium Option	Domiciliary <input type="checkbox"/> Without Domiciliary <input type="checkbox"/>	
2	Type of Family	Single <input type="checkbox"/> Family (living with spouse) <input type="checkbox"/>	
3	Base Sum Assured (Refer Annexure)	Rs.	
4	Super Top Up option	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Super Top Up Sum Insured (Refer Annexure)	Rs.	
6	Full Name (Mr./Ms.)		
7	Employee Number	PF No. :	HRMS :
8	Designation at the time of leaving Bank		
9	Mode of exit	SUPERANNUATION	
10	Date of Birth (DD-MM-YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
11	Date of leaving the Bank (DD-MM-YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
12	Branch/Office where last worked		
13	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	
14	Monthly Income	Rs.	
15	Account Number		
16	Whether Pensioner	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17	Branch IFSC Code		
18	PAN Number		Aadhar Number
Communication Address			
House/Flat No			
Street/Area			
City/District			
State		PIN Code	
Mobile Number		Land line with STD	
Email ID			
Spouse Detail			
1	Name / Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	
2	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Monthly Income Rs.

DECLARATION : I have gone through and understood the terms of Medical Insurance Scheme as per Bank's extant instructions. I have also read and fully understood the contents of the HO Circulars issued by Bank from time to time. I am willing to join/renew the said medical insurance scheme, which is extended to the retired employees subject to payment of agreed insurance premium by me. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme except what is admissible/ payable by the insurance company. I authorize Bank to debit the premium of Rs. _____ (Base Plan) and Rs. _____ (for Super Top-up) from my pension/SB Account No _____ for renewal of insurance policy for the period 01.11.2021 to 31.10.2022. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my name will be excluded from the policy.

Date :

Signature

ANNEXURE**PF No :****HRMS No :****Base Plans:**a) **With Domiciliary Please mark ✓ in the box provided as per your option**

PREMIUM RATES WITH GST									
	Sum Insured					Single Person		Family Floater	
1	100000	Officer		Award		17566		27024	
2	200000	Officer		Award		29388		45213	
3	300000	Officer		Award		42319		65107	
4	400000	Officer				55927		86042	

a) **Without Domiciliary Please mark ✓ in the box provided**

PREMIUM RATES WITH GST									
	Sum Insured					Single Person		Family Floater	
1	100000	Officer		Award		9911		15248	
2	200000	Officer		Award		14316		22025	
3	300000	Officer		Award		22024		33884	
4	400000	Officer				28112		43249	

Super Top-up Plans:**Please mark ✓ in the box provided**

PREMIUM RATES WITH GST									
	Sum Insured					Single Person		Family Floater	
1	100000	Officer		Award		2421		3724	
2	200000	Officer		Award		3856		5932	
3	300000	Officer		Award		4842		7449	
4	400000	Officer		Award		5731		8817	
5	500000	Officer				7540		11601	

NOTE:

- Single person premium is applicable to only
 - a) Retiree without Spouse
 - b) Surviving Spouse (Family Pensioner). If both (retiree and spouse) are alive, they have to pay family floater premium.
- Super Top-up policy is only available to Retiree Award Staff who opt Rs 3.00 lakhs and Retiree Officers who opt for Rs 4.00 lakhs Sum Insured in Base Policy. Award staff can opt for Rs 1.00 lakh to Rs 4.00 lakhs and Officer Retirees can avail from Rs 1.00 lakh to Rs 5.00 lakhs in Super Top-up policy.

Dear all

The IBA group Medical Insurance form can be submitted:

1. Email to 'esbhmedicclaim@sbi.co.in'
2. Submit in Pension paying branch and ensure account debited. (

Last date 22/10/21 for administrative convenience.