

MEDICAL INSURANCE SCHEME

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

Paste latest
photograph

Application for Medical Insurance

Please mark ✓ in the box provided

<u>Basic Detail</u>																				
1	Renewal/New Premium Option	Domiciliary		Without Domiciliary																
2	Type of Family	Single		Family(living with spouse)																
3	Base Sum Assured (Refer Annexure)	Rs.																		
4	Super Top Up option	Yes		No																
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																			
11	Date of leaving the Bank (DD-MON-YYYY)																			
12	Branch/Office where last worked																			
13	Gender	Male		Female																
14	Monthly Income	Rs.																		
15	Account Number																			
16	Whether Pensioner	Yes		No																
17	Branch IFSC Code																			
18	PAN Number																			
19	Aadhar Number																			
<u>Communication Address</u>																				
20	<table border="1"><tr><td>House/Flat No</td><td></td></tr><tr><td>Street/Area</td><td></td></tr><tr><td>City/District</td><td></td></tr><tr><td>State</td><td></td></tr><tr><td>Pin Code</td><td></td></tr><tr><td>Mobile Number</td><td></td></tr><tr><td>Land Line with STD</td><td></td></tr><tr><td>email</td><td></td></tr></table>				House/Flat No		Street/Area		City/District		State		Pin Code		Mobile Number		Land Line with STD		email	
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City/District																				
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Mobile Number																				
Land Line with STD																				
email																				

<u>Spouse Detail</u>				
22	Name			
23	Date of Birth			
24	Monthly Income			
25	Gender	Male		Female

DECLARATION : I have gone through and understood the terms of Medical Insurance Scheme as mentioned under provisions of the 10th Bipartite Settlement/Joint Note dated 25.05.2015. 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 01.11.2020 to 31.10.2021. 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**

<u>PREMIUM RATES WITH GST</u>									
	<u>Sum Insured</u>					<u>Single Person</u>		<u>Family Floater</u>	
1	100000	Officer		Award		<u>16215</u>		<u>27024</u>	
2	200000	Officer		Award		<u>24021</u>		<u>40036</u>	
3	300000	Officer		Award		<u>36032</u>		<u>60054</u>	
4	400000	Officer		Award	<u>NA</u>	<u>48040</u>		<u>80067</u>	

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

<u>PREMIUM RATES WITH GST</u>									
	<u>Sum Insured</u>					<u>Single Person</u>		<u>Family Floater</u>	
1	100000	Officer		Award		<u>6534</u>		<u>10890</u>	
2	200000	Officer		Award		<u>9680</u>		<u>16133</u>	
3	300000	Officer		Award		<u>14520</u>		<u>24199</u>	
4	400000	Officer		Award	<u>NA</u>	<u>19358</u>		<u>32264</u>	

Super Top-up Plans:

Please mark ✓ in the box provided

<u>PREMIUM RATES WITH GST</u>									
	<u>Sum Insured</u>					<u>Single Person</u>		<u>Family Floater</u>	
1	100000	Officer		Award		<u>1258</u>		<u>2097</u>	
2	200000	Officer		Award		<u>2045</u>		<u>3408</u>	
3	300000	Officer		Award		<u>2517</u>		<u>4194</u>	
4	400000	Officer		Award		<u>3146</u>		<u>5243</u>	
5	500000	Officer		Award	<u>NA</u>	<u>3932</u>		<u>6554</u>	

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.**

