

Extension of IBA Medical Insurance Scheme up to 15/11/2017

As per the information from AGM (PPG) the last date for submission of IBA medical. insurance is extended up to 15/11/17.members who could not avail the benefit earlier are advised to visit our website (sbhrea.org) download the declaration form along with consent letter, kept (ref. earlier cir.dt.20//10/17 from website) submit well in time(before 15/11/17)w/o fail to PPG Amaravati circle, gfo,hyd.mails are not allowed to send to PPG,only physical forms to be submitted Coverage of policy period is from15/11/17 to 31/10/18) km Sastry,

Continue pages 1 and 2 the below mentioned

The General Manager,
State Bank of India
Head Office, H.R. D.

Sir,

**Group Mediciam Insurance Scheme for
Retired Officers/ Award Staff.
Application for joining the Scheme.**

SELF

SPOUSE

I refer to your circular.

1) I submit herewith my necessary particulars:

- a) Full Name _____ Date of Birth _____
Gender: M/ F _____
b) Provident Fund No: _____ Date of Superannuation / VRS: _____
c) Last Position Held: Scale / Designation _____
Place: _____
d) Name of Dependent spouse: Shri/ Smt. _____
Date of Birth _____

e) Contact Details:	
Address for Correspondence	
Mobile No.	
Email Id.	

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

Category	Sum Insured	Option I (Without Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 4,00,000	Rs. 16,443	
Clerk/ Sub- Staff	Rs. 3,00,000	Rs. 12,333	

Category	Sum Insured	Option II (With Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 4,00,000	Rs. 36,998	
Clerk/ Sub- Staff	Rs. 3,00,000	Rs. 27,750	

Category	Sum Insured	Super Top Up Policy (Without Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 5,00,000	Rs. 3,806	
Clerk/ Sub- Staff	Rs. 4,00,000	Rs. 3,511	

(Please Tick only One applicable Box)

3.) I irrevocably authorize the bank to debit premium amount to my A/C No. _____ With _____ Branch during current year and also for subsequent years. I shall ensure to maintain sufficient balance in my above account.

Yours faithfully,

Date:

DECLARATION FORM

I,(Name of Retiree), Employee/PF no..... could not submit the option to renew/join the the IBA Group Health Insurance for Retirees for 2017-18 on or before 31/10/2017 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2017-18 and remit the full premium. I further agree that the period of coverage shall be from 15/11/2017 to 31/10/2018.

Place:

Signature:

Date:

Name:

Employee/PF no:

