

ANNEXURE

Date:

Place:

To:
The Senior Manager
Canara Bank,
HRM Section, C.O,

/_____
HOSA, H.R.Wing, H.O/
SAS, Inspection Wing, H.O

Dear Sir,

SUB: Renewal of IBA Group Health Insurance Scheme for retirees for the year 2022-23.

I am interested in joining the IBA Group Medical Insurance Policy for Retirees of IBA for member banks introduced as per 10th Bipartite Settlement/Joint Note dated 25.05.2015 and furnish here below the required information pertaining to me.

1. **Details to be given by Family Floater** (If both employee and spouse are alive, Family Floater premium have to be paid).

Details of Pensioner / Retiree		Details of spouse of Pensioner / Retiree	
Name		Name of spouse	
Emp. No		Date of Birth	
PPO No (If applicable)			
Date of Birth			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No & IFSC Code			
Nominee: Name & DOB(Mandatory)			
Nominee: Relationship with retiree			
Address			

Premium payable for policy year 2022-23: Family Floater Premium with GST

	Retiree Option-I (Without domiciliary for Retired officers):		Retiree Option-II (With domiciliary for Retired officers):	
Sum Insured	Family Floater	Please put tick (/) mark in the Option selected	Family Floater	Please put tick (/) mark in the Option selected
4,00,000	57808		97776	
3,00,000	41334		77920	
2,00,000	27557		51047	
1,00,000	15308		25520	

	Retiree Option-I (Without domiciliary for Retired Workmen Staff):		Retiree Option-II (With domiciliary for Retired Workmen Staff):	
Sum Insured	Family Floater	Please put tick (/) mark in the Option selected	Family Floater	Please put tick (/) mark in the Option selected

3,00,000	41334		77920	
2,00,000	27557		51047	
1,00,000	15308		25520	

2. **Details to be given by Single Person:** Either of the below mentioned cases are eligible to opt under Single person policy:
- Retiree without spouse, i.e., widow, widower, Unmarried, separated, Legally Divorced
 - Surviving Spouse (Family Pensioner)

Details of Retiree / Surviving spouse of Retiree			
Name		Name of spouse	
Emp. No		Date of Birth of spouse	
PPO No (If applicable)			
Date of Birth of employee			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No & IFSC Code			
Nominee: Name & DOB(Mandatory)			
Nominee: Relationship with the spouse			
Address			

Premium payable for policy year 2022-23: Single Person Premium with GST

Sum Insured	Retiree Option-I (Without domiciliary for Retired officers):		Retiree Option-II (With domiciliary for Retired officers):	
	Single person	Please put tick (/) mark in the Option selected	Single person	Please put tick (/) mark in the Option selected
4,00,000	39020		65999	
3,00,000	27901		52596	
2,00,000	18600		34457	
1,00,000	10333		17226	

Sum Insured	Retiree Option-I (Without domiciliary for Retired Workmen Staff):		Retiree Option-II (With domiciliary for Retired Workmen Staff):	
	Single person	Please put tick (/) mark in the Option selected	Single person	Please put tick (/) mark in the Option selected
3,00,000	27901		52596	
2,00,000	18600		34457	
1,00,000	10333		17226	

Super Top Up Policy:

Super Top up policy is only available to Workmen staff cadre Retirees who opt 3 lakhs and Officer staff cadre Retirees Rs. 4 lakhs Sum Insured in Base Retirees Policy.

Workmen Staff can opt for 1 lakh to 4 lakhs Sum Insured in Super Top up policy; However, officer can choose sum insured from 1 lakh to 5 lakhs in Super Top up Policy.

Super Top up Policy Premium with GST (without domiciliary coverage):

For Retired Officers:

Sum Insured	Family Floater	Please put tick (/) mark in the Option selected	Single Person	Please put tick (/) mark in the Option selected
5,00,000	15180		10246	
4,00,000	12475		8420	
3,00,000	9639		6507	
2,00,000	6291		4246	
1,00,000	3730		2518	

For Retired Workmen Staff:

Sum Insured	Family Floater	Please put tick (/) mark in the Option selected	Single Person	Please put tick (/) mark in the Option selected
4,00,000	12475		8420	
3,00,000	9639		6507	
2,00,000	6291		4246	
1,00,000	3730		2518	

I hereby undertake to maintain sufficient balance in the accounts specified in the Annexure for availing the health insurance policy with the following conditions:

1. This is One Time Exercise and no more Extensions or similar Window will be allowed during the policy period.
2. The premium payable is the full premium.
3. The period of the coverage will be from **01.12.2022 to 31.10.2023.**

Yours faithfully

SIGNATURE

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