



**ANNEXURE - II to HO CIRCULAR IC/695/2024**

To:  
The Senior Manager  
Canara Bank,  
HRM Section, C.O,  
\_\_\_\_\_/\_\_\_\_\_  
HOSA, H.R.Wing, H.O/  
SAS, Inspection Wing, H.O

Date:  
Place:

Dear Sir,

**SUB: Renewal of IBA Group Health Insurance Scheme for retirees for the year 2024-25.**

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I am interested in joining the IBA Group Medical Insurance Policy for Retirees of IBA for member banks introduced as per 10<sup>th</sup> 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 :**

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 (Workman/Officer)			
Mobile No			
Email Id			
Bank Account No & IFSC Code			
Nominee: Name & DOB <b>(Mandatory)</b>			
Nominee: Relationship with retiree			
Address			

**Premium payable for policy year 2024-25: Family Floater Premium with GST**

Cadre	Sum Insured	Premium	Total Premium with 18% GST	Please put tick (√) mark in the Option selected
Workman	3,00,000	24,191	28,545	
Officer	4,00,000	34,661	40,900	

Internal



**Premium payable for Top – Up Policy : Family Floater premium with GST**

Cadre	Sum Insured	Premium	Total Premium with 18% GST	Please put tick (√) mark in the Option selected
Workman	4,00,000	41,101	48,499	
Officer	5,00,000	51,101	60,299	

2. **Details to be given by Single Person:** Either of the below mentioned cases are eligible to opt under Single person policy:
- (i) Where retiree does not have surviving spouse.
  - (ii) Where retiree is survived by the spouse (Retiree has passed away)
  - (iii) Where retiree does not require the insurance cover for the spouse.

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 (Workman/ Officer)			
Mobile No			
Email Id			
Bank Account No & IFSC Code			
Nominee: Name & DOB (Mandatory)			
Nominee: Relationship with the spouse			
Address			

**Premium payable for policy year 2024-25: Single Person Premium with GST**

Cadre	Sum Insured	Premium	Total Premium with 18% GST	Please put tick (√) mark in the Option selected
Workman	3,00,000	21,772	25,691	
Officer	4,00,000	31,195	36,810	

**Premium payable for Top – Up Policy : Single person premium with GST**

Cadre	Sum Insured	Premium	Total Premium with 18% GST	Please put tick (√) mark in the Option selected
Workman	4,00,000	36,991	43,649	
Officer	5,00,000	45,991	54,269	



I hereby undertake to maintain sufficient balance in the accounts specified in Annexure-1 for availing the health insurance policy.

I hereby authorize Canara Bank to debit appropriate premium as per the option provided by me, from my SB a/c No \_\_\_\_\_ maintained at \_\_\_\_\_ Branch with IFSC Code \_\_\_\_\_.

**Yours faithfully**

**SIGNATURE**

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