

## ANNEXURE

Date:  
Place:To:  
Human Resources Wing  
I R Section  
HO: Bengaluru.Through:  
HRM Section,  
Circle Office

Dear Sir,

**SUB: IBA GROUP HEALTH INSURANCE POLICY FOR RETIREES: PRO RATA PREMIUM FOR THE MONTH OF OCTOBER 2021.**

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I am interested in joining the IBA Group Medical Insurance Scheme for Retirees, introduced as per 10<sup>th</sup> Bipartite Settlement/Joint Note dated 25.05.2015 for the month of October 2021 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 & Relationship with retiree			
Address			

**Pro-rata Premium payable for the month of October 2021: Family Floater**

	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	2740		6800	

	Retiree Option-I (Without domiciliary for Retired Award Staff):		Retiree Option-II (With domiciliary for Retired Award 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	2056		5100	

2. **Details to be given by Single Person :** Either of the below mentioned cases are eligible to opt under Single person policy:

- a) Retiree without spouse, i.e., widow, widower or Unmarried
- b) 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 & Relationship with retiree			
Address			

**Pro-rata Premium payable for the month of October 2021: Single Person**

	Retiree Option-I (Without domiciliary for Retired officers):		Retiree Option-II (With domiciliary for Retired officers):	
Sum Insured	Single person	Please put tick ( / ) mark in the Option selected	Single person	Please put tick ( / ) mark in the Option selected
4,00,000	1644		4080	

	Retiree Option-I (Without domiciliary for Retired Award Staff):		Retiree Option-II (With domiciliary for Retired Award Staff):	
Sum Insured	Single person	Please put tick ( / ) mark in the Option selected	Single person	Please put tick ( / ) mark in the Option selected
3,00,000	1233		3060	

I hereby undertake to maintain sufficient balance in the account specified in Annexure for availing the IBA Group Health Insurance policy for Retirees for the month of October 2021.

I hereby authorize Canara Bank to debit the pro-rata premium of Rs \_\_\_\_\_ from my SB a/c No \_\_\_\_\_ Maintained at..... Branch with IFSC Code is .....

Yours faithfully

SIGNATURE

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