

**CONSENT LETTER TO JOIN THE MEDICAL INSURANCE SCHEME FOR RETIREES WHO
COULD NOT JOIN THE SCHEME EARLIER
(In terms of Circular No. 1165 dated 02.11.2021)**

To,
Branch Manager,
Central Bank of India,
_____ Branch.

Photograph of
retiree

Photograph
of spouse

Dear Sir,

**WILLINGNESS TO JOIN THE GROUP MEDICAL INSURANCE SCHEME FOR RETIREES
DURING THE EXTENDED WINDOW PERIOD**

I _____ Employee/PF No. _____
retired from the services of the Bank on _____ (date of retirement)
in Officer / Clerical / Sub Staff Cadre, have gone through the terms and conditions of the Joint
Note/10th BPS dated 25.05.2015 & subsequent addition in Domiciliary Scheme covered in 11th
BPS/ Joint Note dated 11.11.2020 on Medical Insurance Scheme extended to the existing
retirees [Pension/CPF Optees] and express my willingness to join the said scheme by paying
agreed Insurance Premium.

I am maintaining the under mentioned Pension account / SB account with
_____ Branch of Central Bank of India.

**10 Digit Account
Number:**

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I hereby authorize the bank to debit the insurance premium from my above mentioned
account, as decided by IBA/Insurance Company and as per option selected by me. I will ensure
that sufficient balance is maintained in the account. I fully understand that in case of non-debit
of premium amount due to any reasons, my option/renewal of policy would be treated as
lapsed.

I also understand that Bank is only facilitating the payment by obtaining this mandate and it
will be my responsibility to ensure that annual premium is paid. I also understand and accept
that the Bank shall act as an intermediary in providing the data to the Insurance Company and
is no way responsible for reimbursement of any amount under the scheme, except what is
admissible / payable by the Insurance Company.

TICK THE REQUIRED OPTION: *OPTION I-RENEWAL WITHOUT DOMICILIARY COVER*

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
100000	15248		9911	
200000	22025		14316	
300000	33884		22024	
400000 (ONLY FOR OFFICERS)	43249		28112	

OPTION II- RENEWAL WITH DOMICILIARY COVER

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
100000	27024		17566	
200000	45213		29388	
300000	65107		42319	
400000 (ONLY FOR OFFICERS)	86042		55927	

:2:

PREMIUM FOR SUPER TOP UP POLICY (WITHOUT OPD)

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
100000	3724		2421	
200000	5932		3856	
300000	7449		4842	
400000	8817		5731	
500000 (ONLY FOR OFFICERS)	11601		7540	

PREMIUM DETAILS:-

BASE Premium- Rs. _____ Super Top-Up Premium- Rs. _____,

Total Premium- Rs. _____

I am furnishing the details of myself and my spouse hereunder:-

Details	Full Name	Date of Birth	Present Age	Cadre from which superannuated / retired
Self				
Spouse				

Nomination Details:-

Sr. No	Nominee's Name	Relationship	Date of Birth/ Age
1			

Address for communication

Dist _____ State _____ PIN _____

Mobile No. /Telephone No. with STD Code _____ / _____

E mail ID _____

Yours faithfully,

Place: _____

Signature _____

Date: _____

Name of the retiree: _____