

CONSENT LETTER TO JOIN THE MEDICAL INSURANCE SCHEME 2024-25

To,
Branch/Office,
Central Bank of India,

_____Branch/Office.

Dear Sir/Madam,

WILLINGNESS TO JOIN THE GROUP MEDICAL INSURANCE SCHEME FOR RETIREES FOR THE PERIOD 1ST NOVEMBER 2024 TO 31ST OCTOBER 2025

I _____ Employee/PF No. _____

had retired from the services of the Bank on _____ (date of retirement) in Officer / Clerical / Sub Staff Cadre, have gone through the revised terms and conditions on Medical Insurance Scheme as applicable to retirees [Pension/CPF Optees] and express my willingness to join the said scheme by paying agreed Insurance Premium in terms of **Central Office HCM Staff Circular No. 1590 dated 10.10.2024.**

**10 Digit Central
Bank Pension /
Savings 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 till the date of debit of premium by Central Office. 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: *WITHOUT DOMICILIARY COVER*

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
300000 (ONLY FOR AWARD STAFF)	₹ 28545/-		₹ 25691/-	
400000 (ONLY FOR OFFICERS)	₹ 40900/-		₹ 36810/-	

PREMIUM FOR SUPER TOP UP POLICY (WITHOUT OPD)

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
200000	₹ 31979/-		₹ 28781/-	
300000	₹ 40239/-		₹ 36215/-	
400000	₹ 48499/-		₹ 43649/-	
500000 (ONLY FOR OFFICERS)	₹ 60299/-		₹ 54269/-	

CONFIRM PLAN DETAILS:- (strike out whichever is not applicable)

1. Family / Single

2. Top-up Sum Insured ₹. _____

3. Total Premium- ₹. _____

I am furnishing the details of myself and my spouse (if applicable) hereunder:-

Details	Full Name	Date of Birth	Present Age	Cadre from which superannuated /retired
Self				
Spouse				Not Applicable

Nomination Details: - (Nominee must be 18 & above)

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

Address for communication

District _____ State _____ PIN _____

Mobile No. _____ E-mail ID: _____

Yours faithfully,

Place: _____

Signature _____

Date: _____

Name of the Retiree/Spouse: _____