

**CONSENT LETTER TO JOIN THE GROUP HEALTH INSURANCE SCHEME FOR RETIREES
WHO COULD NOT JOIN THE SCHEME EARLIER**

To,
**Branch Manager,
Central Bank of India,**

_____Branch.

Dear Sir,

**WILLINGNESS TO JOIN THE GROUP MEDICAL INSURANCE SCHEME FOR RETIREES
DURING THE EXTENDED WINDOW PERIOD 2023-24**

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 **revised terms and conditions of the Joint Note dated 19.07.2023 (MoU signed between IBA & UFBU) on Medical Insurance Scheme 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. 1423 dated 04.11.2023.**

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

10 Digit Account Number:

--	--	--	--	--	--	--	--	--	--

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. **The Policy coverage will be effective from 01.12.2023.**

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:

SUM INSURED	TOTAL SUM INSURED	WITHOUT DOMICILLIARY				DOMICILLIARY			
		FAMILY	TICK	SINGLE	TICK	FAMILY	TICK	SINGLE	TICK
BASE S.I. 200000	200000	26454		17857		49005		33079	
BASE S.I. + TOPUP 100000	300000	53613		36189		84312		56911	
BASE S.I. + TOPUP 200000	400000	77373		52228		115201		77762	
BASE S.I. + TOPUP 300000	500000	84468		57016		124422		83987	
BASE S.I. + TOPUP 400000	600000	87314		58938		128123		86485	
BASE S.I. + TOPUP 500000	700000	96532		65160		140106		94572	
BASE S.I. + TOPUP 600000	800000	103584		69920		149273		100760	
BASE S.I. + TOPUP 700000	900000	107138		72319		153894		103880	
BASE S.I. + TOPUP 800000	1000000	113524		76629		162195		109483	
BASE S.I. + TOPUP 900000	1100000	119910		80940		170498		115087	
BASE S.I. + TOPUP 1000000	1200000	128420		86685		181561		122555	

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

1. Family / Single
2. Without Domiciliary or With Domiciliary
3. Top-up Sum Insured ₹. _____
4. 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

Dist _____ State _____ PIN _____

Mobile No. _____ E-mail ID: _____

Yours faithfully,

Place: _____

Signature _____

Date: _____

Name of the retiree: _____