

## ANNEXURE

Place:

Date:

The General Manager (HR)  
IBA Health Insurance Cell  
CO: Bengaluru

Dear Sir,

**Sub: Medical Health Insurance Scheme introduced by IBA**

I am interested in joining the medical Insurance Scheme of IBA for member banks introduced as per X Bipartite Settlement/Joint Note dated 25.05.2015 and furnish here below the required information pertaining to me.

Details of Pensioner/Retiree		Details of Spouse of Pensioner/Retiree	
Name		Name of Spouse	
Emp. No		Date of Birth Spouse	
Date of Birth			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Account No			
Address			

\*I retired as a officer and I am aware that I along with my spouse will be eligible for a health insurance cover of ₹ 4.00 lakhs under the Group Health Insurance Policy. I hereby authorize you to debit the premium amount of ₹ **28,792/- (without Domiciliary)** or ₹ **82,373/- (with Domiciliary)** ₹..... & Top up: amount of ₹ **5,049/- ₹** ..... To my SB a/c No ..... and the policy may be renewed for one year from 01.11.2018 to 31.10.2019.

OR

\*I retired as a clerk/sub-staff and I am aware that I along with my spouse will be eligible for a health insurance cover of ₹ 3.00 lakhs under the Group Health Insurance Policy. I hereby authorize you to debit the premium amount of ₹ **21,595/- (without Domiciliary)** or ₹ **61,784/- (with Domiciliary)** ₹..... & Top up: amount of ₹ **4,657/- ₹** ..... To my SB a/c No ..... and the policy may be renewed for one year one year from 01.11.2018 to 31.10.2019.

I undertake to keep sufficient balance in my above a/c for this purpose failing which the policy cover may not be issued/renewed.

Yours faithfully

\*Tick whichever is applicable

Signature