

ANNEXURE**Date:**
Place:To:
Human Resources Wing
Industrial Relations Section
HO: Bengaluru.Through:
Branch Manager,
Branch:_____

Dear Sir,

SUB: Renewal of IBA Group Health Insurance Scheme for retirees for the year 2020-21.

I am interested in joining the Medical Insurance Scheme of IBA for member banks introduced as per 10th 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	
Pension No (If applicable)			
Date of Birth			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No			
IFSC Code			
Address			

Premium payable for policy year 2020-21:

Retiree Option-I (Without domiciliary for Retired officers):

Sum Insured	Family Floater	Please put tick (√) mark in the Option selected	Single Person	Please put tick (√) mark in the Option selected
4,00,000	32264		19358	
3,00,000	24199		14520	
2,00,000	16133		9680	
1,00,000	10890		6534	

Retiree Option-I (Without domiciliary for Retired Award Staff):

Sum Insured	Family Floater	Please put tick (√) mark in the Option selected	Single Person	Please put tick (√) mark in the Option selected
3,00,000	24199		14520	
2,00,000	16133		9680	
1,00,000	10890		6534	

Retiree Option-II (With domiciliary for Retired officers):

Sum Insured	Family Floater	Please put tick (√) mark in the Option selected	Single Person	Please put tick (√) mark in the Option selected
4,00,000	80067		48040	
3,00,000	60054		36032	
2,00,000	40036		24021	
1,00,000	27024		16215	

