

## ANNEXURE

Date:

Place:

To:  
The Senior Manager  
Canara Bank  
HRM Section  
Circle Office

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Dear Sir,

**SUB: Renewal of IBA Group Health Insurance Scheme for retirees for the year 2021-22.**

I am interested in joining the IBA Group Medical Insurance Policy for Retirees of IBA for member banks introduced as per 10<sup>th</sup> Bipartite Settlement/Joint Note dated 25.05.2015 and furnish here below the required information pertaining to me.

- 1. Details to be given by Family Floater** (If both employee and spouse are alive, Family Floater premium have to be paid).

Details of Pensioner / Retiree		Details of spouse of Pensioner / Retiree	
Name		Name of spouse	
Emp. No		Date of Birth	
PPO No (If applicable)			
Date of Birth			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No & IFSC Code			
Nominee: Name & DOB			
Nominee: Relationship with retiree			
Address			

**Premium payable for policy year 2021-22: Family Floater Premium with GST**

	Retiree Option-I (Without domiciliary for Retired officers):		Retiree Option-II (With domiciliary for Retired officers):	
Sum Insured	Family Floater	Please put tick ( / ) mark in the Option selected	Family Floater	Please put tick ( / ) mark in the Option selected
4,00,000	43249		86042	
3,00,000	33884		65107	
2,00,000	22025		45213	
1,00,000	15248		27024	

	Retiree Option-I (Without domiciliary for Retired Award Staff):		Retiree Option-II (With domiciliary for Retired Award Staff):	
Sum Insured	Family Floater	Please put tick ( / ) mark in the Option selected	Family Floater	Please put tick ( / ) mark in the Option selected
3,00,000	33884		65107	
2,00,000	22025		45213	
1,00,000	15248		27024	

2. **Details to be given by Single Person :** Either of the below mentioned cases are eligible to opt under Single person policy:
- Retiree without spouse, i.e., widow, widower or Unmarried
  - Surviving Spouse (Family Pensioner)
  - Legally Divorced ex-employee.

Details of Retiree / Surviving spouse of Retiree			
Name		Name of spouse	
Emp. No		Date of Birth of spouse	
PPO No (If applicable)			
Date of Birth of employee			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No & IFSC Code			
Nominee: Name & DOB			
Nominee: Relationship with the spouse			
Address			

**Premium payable for policy year 2021-22: Single Person Premium with GST**

Sum Insured	Retiree Option-I (Without domiciliary for Retired officers):		Retiree Option-II (With domiciliary for Retired officers):	
	Single person	Please put tick ( / ) mark in the Option selected	Single person	Please put tick ( / ) mark in the Option selected
4,00,000	28112		55927	
3,00,000	22025		42319	
2,00,000	14316		29388	
1,00,000	9911		17566	

Sum Insured	Retiree Option-I (Without domiciliary for Retired Award Staff):		Retiree Option-II (With domiciliary for Retired Award Staff):	
	Single person	Please put tick ( / ) mark in the Option selected	Single person	Please put tick ( / ) mark in the Option selected
3,00,000	22025		42319	
2,00,000	14316		29388	
1,00,000	9911		17566	

**Super Top Up Policy:**

Super Top up policy is only available to Retirees who opt 3 lacs and 4 lacs Sum Insured in Base Retirees Policy.

Award Staff can opt for 1 lac to 4 lacs Sum Insured in Super Top up policy; However officer can choose any sum insured from 1 lac to 5 lacs in Super Top up Policy.

**Super Top up Policy Premium With GST (without domiciliary coverage):**

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
5,00,000	11601		7540	
4,00,000	8817		5731	
3,00,000	7449		4842	
2,00,000	5932		3856	
1,00,000	3724		2420	

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
4,00,000	8817		5731	
3,00,000	7449		4842	
2,00,000	5932		3856	
1,00,000	3724		2420	

I hereby undertake to maintain sufficient balance in the accounts specified in Annexure-1 for availing the health insurance policy.

I hereby authorize Canara Bank to debit the pro-rata premium of Rs \_\_\_\_\_ from my SB a/c No \_\_\_\_\_ Maintained at \_\_\_\_\_ Branch with IFSC Code \_\_\_\_\_.

Yours faithfully

SIGNATURE

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