

**CONSENT FOR PAYMENT OF MEDICAL INSURANCE PREMIUM (one month pro-rata) BY EX-STAFF MEMBERS WHO HAVE RETIRED/VRS/RETIRING DURING THE PERIOD 01.10.2021 TO 30.09.2022**

To,  
**BRANCH MANAGER**

\_\_\_\_\_ Branch.

Dear Sir,

**REG: GROUP MEDICAL INSURANCE COVERAGE- PAYMENT FOR ONE MONTH PRO-RATA PREMIUM**

I \_\_\_\_\_ Employee No \_\_\_\_\_ retired/ retiring from the services of the Bank on \_\_\_\_\_ (date of retirement) in Officer/ Clerical/ Sub-staff Cadre, express my willingness for payment of pro-rata premium for Insurance coverage for the month of October 2022 under the following option:

**(TICK THE REQUIRED OPTION) – ANY ONE**

OPTION	OFFICER		AWARD STAFF	
OPTION I (A) SINGLE (Without Domiciliary cover)	Pro- rata premium Rs. 2387/-		Pro- rata premium Rs. 1870/-	
OPTION I (B) FAMILY (Without Domiciliary cover)	Pro- rata premium Rs. 3673/-		Pro- rata premium Rs. 2878/-	
OPTION II (A) SINGLE (With Domiciliary cover)	Pro- rata premium Rs. 4750/-		Pro- rata premium Rs. 3594/-	
OPTION II (B) FAMILY (With Domiciliary cover)	Pro- rata premium Rs. 7308/-		Pro- rata premium Rs. 5529/-	

**Mandatory Details to be filled in:**

Name of Retiree & spouse	Date of Birth	Age	Mobile No	Aadhar No.

Address: \_\_\_\_\_

Nominee Name: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I, HEREBY AUTHORISE THE BANK TO DEBIT Rs. \_\_\_\_\_ FROM MY ACCOUNT NO \_\_\_\_\_ WITH \_\_\_\_\_ BRANCH, FOR PRO-RATA PREMIUM AS TICKED ABOVE.

Yours Faithfully,

Place \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_