

Date : _____

The Dy General Manager
Human Resource Development
Division Punjab National Bank
Head Office, New Delhi

Photograph Self	Photograph Spouse
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Re. : IBA's Group Medical Insurance Scheme for Retired Employees/ Spouse of Retired Employees.

I submit my consent to join Medical Insurance Scheme. My details are as under :

O1	PF No.							
O2	Name							
O3	Date of Birth							
O4	Gender	MALE			FEMALE			
O5	Date of Retirement							
O6	Cadre	OFFICER		CLERK		SUB STAFF		
O7	Designation							
O8	Last Place of Posting							
O9	Separation Reason							
O10	WANTS DOMICILIARY COVERAGE	YES/NO						
O11	WHETHER WANT SUPER TOP UP	YES/NO						

Details of my spouse :

O1	Name							
O2	Date of Birth							
O3	Gender	MALE			FEMALE			

My contact details :

O1	Mobile/Phone No.							
O2	E-mail Address							
O3	Correspondence Address							
		PIN						

I agree as under :

- 1) I irrevocably authorize the Bank to debit premium amount to my below mentioned account during current year and also in coming years.

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- 2) I shall maintain sufficient balance in the aforesaid account.
- 3) In case I intend to withdraw from the scheme, I shall inform the Bank before its due date for not deducting Premium from my account. Once I opt out of the scheme I will not be allowed to rejoin.
- 4) The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
- 5) I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
- 6) The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/settled by the Insurance Company and the Bank will not be involved in such process.

Yours faithfully

(Signature)

ACKNOWLEDGEMENT

Received consent form to join the Medical Insurance Scheme as per Circular No.____, Dt. _____. From Sh/f/Smt _____ PF No._____. The information received shall be entered in HRMS.

(Signature of Bank Official with Stamp) BO/CO _____