PENSIONERS CONSENT LETTER TO JOIN MEDICAL INSURANCE SCHEME

The Chief Manager, State Bank of Patiala PPFG Dept, Head Office:Patiala

Photograph of Pensioner

Photograph of Spouse

Dear Sir,

(Pensioner) have gone through the terms and conditions of the Joint note dated 25.05.2015 on Medical Insurance Scheme extended to the existing and retired employees and express my willingness to join the said scheme by paying agreed insurance premium. I am maintaining the Pension Account SB/CA/OD bearing Account Number with Branch.

The details of me and my spouse are mentioned below:

S.No	Description	Pensioner	Spouse
1	Full Name		
2	PF Number		
3	Date of Birth		
4	Date of Retirement		
5	Gender		
	Addres	ss for Communication	
i)	House Number		
ii)	Street Number		
iii)	Area Name		
iv)	Village/Mandal/City		
V)	State		
7	Mobile Number		
8	e-mail		

* I retired as an officer and I am aware that I along with my spouse will be eligible for a Health Insurance Cover of Rs.4.00 lakhs under the Group Health Insurance Policy. I hereby authorise you to debit the premium amount of Rs._____ to my Pension A/c ____ now and the policy may be renewed every year by debiting No. the renewal premium as communicated by the insurance company to my above a/c without further reference to me unless my intention not to renew the policy is informed to at least one month in advance of the renewal date. I am aware that once I exit the scheme, I will not be allowed to rejoin later.

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 Rs.3.00 lakhs under the Group Health Insurance Policy. I hereby authorise you to debit the premium amount of Rs._____ to my Pension A/c _ now and the policy may be renewed every year by debiting No. the renewal premium as communicated by the insurance company to my above a/c without further reference to me unless my intention not to renew the policy is informed to at least one month in advance of the renewal date. I am aware that once I exit the scheme, I will not be allowed to rejoin later.

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

Yours faithfully,

*tick whichever is applicable.

(Signature)