

(to be faxed on 0175-2301054/ or e-mailed at cmpfc@sbp.co.in)

The Chief Manager
State Bank of Patiala
PPFG Deptt.
Head Office, Patiala

PF No.....

Dear Sir,

REG : IBA MEDICAL INSURANCE SCHEME FOR RETIREES-OPTION FOR DOMICILIARY / NON-DOMICILIARY

I (Name of the retiree) Supervising / Award Staff bearing PF Number and having pension Account Number with ourbranch. I have given my consent last year for including my and my spouse's name in IBA Medical insurance Policy for retirees. Accordingly, I and my spouse were covered under IBA Medical Insurance Policy for retirees.

2. Now as per the instructions received from the Insurance Company we have to exercise

Option -I (one) Normal renewal on As is Basis (without Domiciliary cover)

(Or)

Option-II (two) With Domiciliary expenses Benefits Option (59 diseases as per Employees Policy)

3. In this regard, I want to exercise the **Option** and request you to remit the premium as advised by the Insurance Company by raising a debit to my Pension Account Number.....

Thanking you,

Yours Sincerely

Name:
Retd. Cadre
Mobile No.
Address: