

## Form A

The General Manager,  
State Bank of India  
Head Office, H.R. D.

Sir,

**Group Mediclaim Insurance Scheme for Retired Officers/ Award Staff.**  
**Application for joining the Scheme.**

I refer to your circular.

1.) I submit herewith my necessary particulars:

•Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M/ F

•Provident Fund No: \_\_\_\_\_ Date of Superannuation / VRS: \_\_\_\_\_

•Last Position Held: Scale / Designation \_\_\_\_\_

Place: \_\_\_\_\_

•Name of Dependent spouse: Shri/ Smt. \_\_\_\_\_

Date of Birth \_\_\_\_\_

•Contact Details:

Address for Correspondence	
Mobile No.	
Email Id.	

2.) I have understood that the United India Insurance Co. Ltd., has offered the option to join Group Mediclaim Insurance Scheme for the retirees and accordingly I exercise my option as under:

Category	Sum Insured	Option I (Without Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 4,00,000	Rs. 16,443	
Clerk/ Sub- Staff	Rs. 3,00,000	Rs. 12,333	

Category	Sum Insured	Option II (With Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 4,00,000	Rs. 36,998	
Clerk/ Sub- Staff	Rs. 3,00,000	Rs. 27,750	

Category	Sum Insured	Super Top Up Policy ( Without Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 5,00,000	Rs. 3,806	
Clerk/ Sub- Staff	Rs. 4,00,000	Rs. 3,511	

**(Please Tick only One applicable Box)**

4.) I irrevocably authorize the bank to debit premium amount to my A/C No. \_\_\_\_\_ With \_\_\_\_\_ Branch during current year and also for subsequent years. I shall ensure to maintain sufficient balance in my above account.

Yours faithfully,

\_\_\_\_\_

Date: