

GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY-B)

APPLICATION FORM FOR POLICY-'B' (16.01.2019 – 15.01.2020)

Chief Manager
State Bank of India,
Branch / Zonal office,

Affix coloured joint photograph
of the member and spouse

Dear Sir,

SUB: Family Floater Group Health Insurance Policy for SBI Retirees
Policy Period : 16.01.2019 – 15.01.2019

I am interested in joining the Family Floater Group Health Insurance Policy 'B' of State Bank of India and furnish the required information as under:

Sl.	Particulars	Remarks
1	P.F Index No.	
2	Name	
3	Date of joining the Bank	
4	Date of confirmation in service	
5	Date of Retirement	
6	Retired as	Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II
7	Age (in years) as on the date of retirement	
8	Gender	i. Male ii. Female
9	Type	i. Pensioner ii. Family Pensioner
10	Category (Please tick mark)	i. SBI retirees on completion of pensionable service in the Bank. ii. Surviving spouses of SBI employee who died whilst in service or after retirement. iii. Existing members of Policy-A. iv. Pensioners removed from service

		and receiving pension. v. Pensioners who could not join Policy-B in the past and now wish to join.									
11	Whether dismissed or terminated from service. (Tick)	Yes / No									
12	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed)	Yes / No									
13	Date of Birth	dd/mm/yy									
14	Date of Death (in case of deceased employee / pensioner)	dd/mm/yy									
15	Address for communication	House No.									
		Street No.									
		Nearest Landmark									
		Post Office									
		Police Station									
		City									
		State									
Pin Code											
16	Landline No. (with STD code)										
17	Mobile No.										
18	Email ID										
19	Name of Spouse (if any)										
20	Date of Birth of Spouse (dd/mm/yy)										
21	Name of disabled Child / Children (if any). (Attach valid disability certificate issued by medical officer not below the rank of Civil Surgeon)	Sl	Name of the disabled child						Date of Birth		
		1.									
		2.									
22	Name of the pension/family pension paying branch	Name of the Branch						Code No.			
23	Pension Account No. (11 digit)										
24	IFSC Code										

BASIC COVER PLANS									
25	Sum Insured	Without Domiciliary Cover				With Domiciliary Cover			
		Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan	Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan
	3,00,000	16,061	2,891	18,952		41,700	7,506	49,206	
	4,00,000	25,356	4,564	29,920		63,018	11,343	74,361	
	5,00,000	36,132	6,504	42,636		86,956	15,652	1,02,608	
	10,00,000	1,07,880	19,418	1,27,298		2,13,518	38,433	2,51,951	
SUPER TOP UP PLANS *									
26	Sum Insured	Basic Premium		GST @ 18%		Gross Premium		Please Tick Opted Plan	
	3,00,000	5,948		1,071		7,019			
	4,00,000	6,448		1,161		7,609			
	5,00,000	6,963		1,253		8,216			
	10,00,000	7,520		1,354		8,874			
*Super Top Up Plan cannot be availed separately and can only be availed with a base plan									
CRITICAL ILLNESS COVER **									
27	Sum Insured	Basic Premium		GST @ 18%		Gross Premium		Please Tick Opted Plan	
	5,00,000	13,812		2,486		16,298			
** Critical Illness Cover will not be available separately and can be taken only with a base plan and Super Top Up Plan taken together.									
N.B. : Pro-rata premium for new retirees will be applicable in all the three plans i.e. Basic Cover Plans, Super Top Up Plans and Critical Illness Plan.									
28	Option for left-out retirees to join Policy-B								
I am an old retiree and I HAVE NOT TAKEN Medclaim Policy in the past. I wish to join Policy-B and agree to pay one-time additional premium of 20% over and above the normal Basic Premium of the plan I have chosen.									
YES AGREED									
Signature of the left-out retiree									

29	PREMIUM FOR LEFT-OUT RETIREES (20% additional)								
	BASIC COVER PLAN FOR LEFT-OUT RETIREES ***								
	Sum Insured	Without Domiciliary Cover				With Domiciliary Cover			
		Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan	Basic Premium	GST @ 18%	Gross Premium	Please Tick Opted Plan
3,00,000	19,273	3,469	22,742		50,040	9,007	59,047		
***Additional 20 % premium will be on Base plan only. There will be no additional 20% premium on Super Top Up and Critical Illness Plans									
30	CALCULATION OF TOTAL PREMIUM (with GST)								
	Premium for Base Plan	Premium for Super Top Up (if any)		Premium for Critical Illness (if any)	Total Premium (with GST)				
	(A)	(B)		(C)	A+B+C = D				
31	Declaration of Nominee/s : I, Mr./Mrs./Ms. _____, a retired employee / spouse of the deceased employee / pensioner of the Bank do hereby assign the money payable by " United India Insurance Co. Ltd. " in case of my death to Mr. / Mrs./ Ms. _____ Relation _____ and further declare that his/her receipt shall be sufficient discharge of the company.								
	Debit Authority : I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. _____ lakhs under the Family Floater Group Health Insurance policy. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account No. _____. I undertake to keep sufficient balance in my above account for debiting insurance premium failing which the policy may not be issued to me. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policy from time to time.								

