

ANNEXURE-2**GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY-B)**
CONSENT FOR RENEWAL OF POLICY-'B' (2019-20)

The Branch Manager
State Bank of India,
_____ Office/ Branch

Dear Sir,

SUB: Family Floater Group Health Insurance Policy for SBI Retirees, Policy Period: 16.01.2019 –15.01.2020

PF No.		
Name of Pensioner/ Spouse of Deceased Pensioner	Gender (M/F)	Dt. of Birth (dd/mm/yy)
Name of Spouse	Gender (M/F)	Dt. of Birth (dd/mm/yy)
Name of disabled child (if any)	Gender (M/F)	Dt. of Birth (dd/mm/yy)
Name of the Nominee	Relationship	
Date of Retirement :	Designation at the Time of Retirement	
Pensioner Type (Pensioner / Family Pensioner)		
Pension Paying Branch Code	Name of Zonal Office	
Address		
Mobile No. / Landline No.		
Email Id.		
Date of payment of premium		

(Please write in capital letters and exactly as per your name appearing in the Pension Account)

I intend to join the Family Floater Group Health Insurance Policy 'B' of State Bank of India. I hereby exercise my options as per the following :

Sum Insured (Rs in Lakhs)	Gross Premium (Rs.) per family for Basic Cover (WITH GST)				Super Top Up * (WITH GST)	
	With Domiciliary	Please Tick Opted plan	Without Domiciliary	Please Tick Opted plan	Premium	Please Tick Opted Plan
3,00,000	49,206		18,952		7,019	
4,00,000	74,361		29,920		7,609	
5,00,000	1,02,608		42,636		8,216	
10,00,000	2,51,951		1,27,298		8,874	

***Super Top Up Plan cannot be availed separately and can only be availed with a base plan**

Critical Illness Sum Insured (Rs in Lakhs)	Gross Premium (Rs.) per family for Critical Illness (WITH GST)	Please Tick if opted
5,00,000	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.**

Calculation of Total Premium :

Premium for Basic Plan Optedwith GST (A)	Super Top Up Premium (If any) with GST (B)	Critical Illness Plan Premium (If any) with GST (C)	Total Premium (with GST) A+B+C = D

Please process my request by debiting my SBI Pension Account No. _____ for Rs. _____

OR

I submit cheque for Rs _____ dt. _____ Drawn on _____

Date :

Signature of Retired Employee/ Family Pensioner

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**Acknowledgement
(to be given to the applicant by the Branch receiving the Form)**

Received from Shri/Smt. _____ for joining the policy B with Sum Insured of Rs. _____ for Family Floater Group Medclaim Policy 'B' along with Insurance Premium including GST of Rs. _____/-

Date: _____

Signature of the Branch In-charge

Branch _____

Stamp of the Branch receiving the form