

GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY-B)
CONSENT FOR RENEWAL OF POLICY-'B'

(ANNEXURE-II)

The Branch Manager
State Bank of India,
_____office/ Branch

Dear Sir,

SUB: Family Floater Group Health Insurance Policy for SBI Retirees, Policy Period : 16.01.2018 – 15.01.2019

PF No.			
Name of Pensioner/ Spouse of deceased Pensioner		Dt. of Birth (dd/mm/yy):	Gender (M/F):
Name of Spouse:		Dt. of Birth (dd/mm/yy):	Gender (M/F):
Name of disabled child (if any)		Dt. of Birth (dd/mm/yy):	Gender (M/F):
Name of the Nominee		Relationship :	
Date of Joining the Bank :		Dt. of Confirmation in service:	Dt. of Retirement: Designation at the time of retirement :
Pensioner Type (Pensioner / Family Pensioner):		Discharged / Dismissed/removed /compulsory (YES/NO):	
Pension Paying Branch code :		Name of Zonal Office :	
Address	House No./Street No.:	Landmark & other details:	Post Office / Police Station:
	City/ Town:	Pin Code:	State :
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 d . I hereby opt for the Plan _____ with Sum Insured of Rs. _____ as in serial no. _____ in table below.

Sl	WITHOUT DOMICILIARY					WITH DOMICILIARY					
	No domiciliary limit			GST @ 18 %	Total	Sl	10% domiciliary limit			GST @ 18 %	Total
	Category	Tick here	Premium				Category	Tick here	Premium		
1	300000		16,524	2,974	19,498	8	300000		28,110	5,060	33,170
2	400000		26,088	4,696	30,784	9	400000		42,480	7,646	50,126
3	500000		37,175	6,692	43,867	10	500000		59,293	10,673	69,966
4	750000		73,062	13,151	86,213	11	750000		1,03,099	18,558	1,21,657
5	1000000		1,10,996	19,979	1,30,975	12	1000000		1,50,702	27,126	1,77,828
6	1500000		2,17,790	39,202	2,56,992	13	1500000		2,76,084	49,695	3,25,779
7	2500000		2,33,055	41,950	2,75,005	14	2500000		2,89,275	52,070	3,41,345

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

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 Mediclaim Policy 'B' along with Insurance Premium including Service Tax, Swachh Bharat Cess and Krishi Kalyan Cess of Rs. _____/ debit advice _____ for onward submission to Admin Office.

Date: _____
Branch _____ Stamp of the Branch receiving the form

Signature of the pensioner