

CONSENT LETTER TO JOIN THE MEDICAL INSURANCE SCHEME

To,
Branch Manager,
Central Bank of India,
_____Branch.

Photograph of
retiree

Photograph
of spouse

Dear Sir,

**WILLINGNESS TO JOIN THE GROUP MEDICAL INSURANCE SCHEME FOR
RETIREEES FOR THE PERIOD 1ST NOVEMBER 2022 TO 31ST OCTOBER 2023**

I _____ Employee/PF No. _____
retired from the services of the Bank on _____ (date of retirement)
in Officer / Clerical / Sub Staff Cadre, have gone through the terms and conditions of the Joint
Note/10th BPS dated 25.05.2015 & subsequent addition in Domiciliary Scheme covered in 11th
BPS/ Joint Note dated 11.11.2020 on Medical Insurance Scheme extended to the existing
retirees [Pension/CPF Optees] and express my willingness to join the said scheme by paying
agreed Insurance Premium.

I am maintaining the under mentioned Pension account / SB account with
_____Branch of Central Bank of India.

**10 Digit Account
Number:**

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I hereby authorize the bank to debit the insurance premium from my above mentioned
account, as decided by IBA/Insurance Company and as per option selected by me. I will ensure
that sufficient balance is maintained in the account. I fully understand that in case of non-debit
of premium amount due to any reasons, my option/renewal of policy would be treated as
lapsed.

I also understand that Bank is only facilitating the payment by obtaining this mandate and it
will be my responsibility to ensure that annual premium is paid. I also understand and accept
that the Bank shall act as an intermediary in providing the data to the Insurance Company and
is no way responsible for reimbursement of any amount under the scheme, except what is
admissible / payable by the Insurance Company.

TICK THE REQUIRED OPTION: *OPTION I-RENEWAL WITHOUT DOMICILIARY COVER*

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
100000	15308		10333	
200000	27557		18600	
300000	41334		27901	
400000 (ONLY FOR OFFICERS)	57808		39020	

OPTION II- RENEWAL WITH DOMICILIARY COVER

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
100000	25520		17226	
200000	51047		34457	
300000	77920		52596	
400000 (ONLY FOR OFFICERS)	97776		65999	

:2:

PREMIUM FOR SUPER TOP UP POLICY (WITHOUT OPD)

SUM INSURED	Family Premium	TICK OPTION	Single Premium	TICK OPTION
100000	3730		2518	
200000	6291		4246	
300000	9639		6507	
400000	12475		8420	
500000 (ONLY FOR OFFICERS)	15180		10246	

PREMIUM DETAILS:-

BASE Premium- Rs. _____ Super Top-Up- Rs. _____,

Total Premium- Rs. _____

I am furnishing the details of myself and my spouse hereunder:-

Details	Full Name	Date of Birth	Present Age	Cadre from which superannuated / retired
Self				
Spouse				

Nomination Details:-

Sr. No	Nominee's Name	Relationship	Date of Birth/ Age
1			

Address for communication

Dist _____ State _____ PIN _____

Mobile No. _____ Telephone No. with STD Code: _____

E mail ID _____ PAN No. _____ AADHAR No. _____

Yours faithfully,

Place: _____

Signature _____

Date: _____

Name of the retiree: _____