Date: - -

To, The General Manager/Asst. General Manager, Regional Manager, Aryavart Bank Regional Office-District-

Dear Sir,

Re: Group Medical Insurance Scheme for the Retirees and Spouse of the Retirees of the Bank.

I refer to Group Medical Insurance scheme for the Retirees and Spouse of the Retirees of the Bank.

Tick

1.	Yes, I am willing to join Group Medical Insurance Scheme.
2.	No, I am not willing to join Group Medical Insurance Scheme.

If Yes:-

Details of Self (Officer/Clerical/Sub-staff)													
Premium:- for officer-18567+ 3342 (GST @ 18%) = Rs. 21909													
for Award Staff-18400+ 3312 (GST @18%) = Rs. 21712													
Name													
Date of Birth	-		-		Age-		Yea	ars					
Gender	Male ()	Fei	male ()								
Employee Code Number/PF No.													
Mobile Number													
Designation at the time of Retirement	Office	Officer (), Award Staff (Clerical, Sub-staff) ()											
Retired from Regional Office													
Details of Spouse (Dependent)													
Name													
Date of Birth	Age- Years												
Gender	Male	()	Fe	male	()								
Address for Correspondence													
Pin Code													
Email ID													
Account number (must be of Aryavart													
Bank for deduction of Premium &													
Reimbursement of claim)		I	I		I			I	1 1	I			
IFS Code	В	К	Ι	D	0	Α	R	Y	Α	G	В		

• Note- In absence of adequate funds in the account, if premium is not deducted and remitted to insurance company, the insurance coverage for the said retiree shall stand discontinued. Therefore, it is desired that account of retiree is duly funded for deduction of the premium amount.

Declaration-

• I declare that the above information is true, to the best of my knowledge & belief and no material information has been concealed.

- I undertake that I will immediately inform to the Bank in case of any change in the status of dependents as detailed above.
- I also undertake that for payment of premium, I irrevocably authorize the Bank to debit premium amount from my account number-



During current year and also in subsequent renewals in coming years.

• In case, if my intention is not to renew the policy, I will inform in writing at least one month in advance of the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later.

Declare and undertaken by:

Signature

Name of applicant-

EC No/PF No.-

Retired from Region;-

Designation at the time of retirement:-

.....

(Certificate by the reporting authority)

• I hereby certify that the above information submitted by Mr/Ms.....

(Retired staff name)..... or by spouse

..... Of the referred deceased/retired staff (Name

.....) are true to the best of my knowledge and belief.

• The account provided above belongs to him/her and signature have been checked and verified from Records.

Signature and Seal Regional Manager/In charge/BM Office/Branch-Region-