

Annexure-II

Date: - -2024

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

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.

If Yes:-

Details of Self (Officer/Clerical/Sub-staff)	
Premium Option:-4 Lacs for officer- Rs. 55,457 + 9,982.26 (GST @ 18%) = Rs. 65,439.26 3 Lacs for Award Staff- Rs. 46,214 + 8,318.52 (GST @18%) = Rs. 54,532.52	
Name	
Retired Pensioner	()
Family Pensioner	()
Date of Birth	- - Age- Years
Gender	Male () Female ()
Employee Code Number/PF No.	
Mobile Number	
Designation at the time of Retirement	Officer (), Award Staff (Clerical, Sub-staff) ()
Retired from Regional Office	
Details of Spouse (Dependent) (Only Spouse details to be filled)	
Name	
Date of Birth	- - Age- Years
Gender	Male () Female ()
Address for Correspondence	
Pin Code	
Email ID	
Account number (must be of Aryavart Bank for deduction of Premium & Reimbursement of claim)	
IFS Code	B K I D O A R Y A G B

- 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.



