

ANNEXURE

From Name : Address : Mobile No: Email :	To The Asst. General Manager Andhra Bank Staff Welfare Section H R Department, Head Office Saifabad, Hyderabad - 500 004
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Dear Sir,

STAFF CODE:

Sub: Join / Renewal Group Medical Insurance Policy for retired
Employees for the year 2018-19 w e f 01-11-2018
Ref: Cir. No. 268, Ref. No. 3/34, dt. 15-10-2018

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I wish to join / renew the Group Medical Insurance policy for the retired employees by exercising the following option.

Date of Exit / Retirement: _____ as **Officer / Clerk / Sub Staff**

I have gone through the circular cited and I wish to exercise the following options

- I wish to opt for "With Domiciliary" Cover and accordingly premium amount was Credited
- I wish to opt for "Without Domiciliary" Cover and accordingly premium amount was credited
- I wish to opt for "Super Top-Up" without domiciliary cover and premium amount was credited

I hereby confirm that the Medical Insurance Premium including GST @ 18% was kept in my Account No. _____ and I authorize the Bank to debit premium amount of Rs. _____

I am furnishing the details of myself and my spouse as under:

DETAILS	FULL NAME	DATE OF BIRTH (DD/MM/YY)	GENDER
SELF			
SPOUSE			

Place:

Signature _____

Date :

NAME OF THE STAFF

SUBMIT TO OUR MAIL ID: staff-welfare@andhrabank.co.in

DECLARATION

I,(Name of Retiree), Employee/PF No..... could not submit the option to renew/join the IBA Group Health Insurance for Retirees for 2018-2019 on or before 31-10-2018 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2018-2019 and remit the full premium. I further agree that the period of coverage shall be from 16-12-2018 to 31-10-2019.

Place:

Signature:

Date :

Name:

Employee/PF No:

NOTE: 1) Premium without this Declaration shall not be accepted for coverage.

2) The above guidelines are applicable for Super-top Policy for Retirees also.