

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 16-11-2018 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.