

The Dy. General Manager  
Human Resource Management Division  
Punjab National Bank  
Head Office, New Delhi

Photograph Self	Photograph Spouse
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**Reg. : IBA’s Group Medical Insurance Scheme for Retired Employees/ Spouse of Retired Employees.**

I submit my consent to join Medical Insurance Scheme. My details are as under:

01	PF No.										
02	Name										
03	Date of Birth										
04	Gender	MALE					FEMALE				
05	Retired From	PNB		eOBC		eUBI					
05	Date of Retirement										
06	Cadre/Designation										
08	Last Place of posting										
09	Separation Reason										
10	<b>WANTS DOMICILIARY COVERAGE</b>	<b>YES</b>		<b>NO</b>							
	<b>WHETHER WANT SUPER TOPUP</b>	<b>YES</b>		<b>NO</b>							
<b>My Spouse Details:-</b>											
01	Name										
02	Date of Birth										
03	Gender	MALE					FEMALE				
<b>My Contact Details:-</b>											
01	Mobile/Phone No.										
02	E-mail Address										
03	Correspondence address										
		PIN									

I agree as under :

1) **I irrecoverably authorize the Bank to debit premium amount to my below mentioned account during current year and also in coming years.**

A/C No.																		
IFSC Code																		

- 2) I shall maintain sufficient balance in the aforesaid account.
- 3) In case I intend to withdraw from the scheme, I shall inform the Bank before its due date for not deducting Premium from my account. Once I opt out of the scheme I will not be allowed to rejoin.
- 4) The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
- 5) I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
- 6) The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/ settled by the Insurance Company and the Bank will not be involved in this process.

Yours faithfully

(Signature)

Date: \_\_\_\_\_

**ACKNOWLEDGEMENT**

Received consent form to join the Medial Insurance Scheme as per Circular No..... , Dt. Shf/Smt.....  
PF No..... The information received shall be entered in HRMS.

(Signature of Bank Official with Stamp)  
BO/CO\_\_\_\_\_