

CONSENT FORM –IBA GROUP MEDICAL INSURANCE SCHEME

THE DY. GENERAL MANAGER
HUMAN RESOURCE MANAGEMENT DEPARTMENT,
PUNJAB NATIONAL BANK,
HEAD OFFICE,
NEW DELHI 110075

PHOTOGRAPH SELF	PHOTOGRAPH SPOUSE
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REG: IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES/SPOUSE OF RETIRED EMPLOYEES.

I SUBMIT MY CONSENT TO JOIN IBA'S GROUP MEDICAL INSURANCE SCHEME. MY DETAILS ARE AS UNDER:-

PF NO		EMPLOYEE NAME	
DOB		CADRE/DESIGNATION	
STATUS OF EMPLOYEE	ALIVE <input type="checkbox"/>	GENDER	
	DECEASED <input type="checkbox"/>	SEPERATION REASON	
RETIREMENT DATE			
SPOUSE NAME		ALIVE (SPOUSE)	YES/NO
DOB (SPOUSE)		GENDER	
WANTS DOMICILIARY COVERAGE :- YES <input type="checkbox"/> NO <input type="checkbox"/>			
COVERAGE FOR*	FAMILY FLOATER <input type="checkbox"/>	SINGLE	<input type="checkbox"/>
*SINGLE RATE ARE APPLICABLE FOR RETIREE WITHOUT SPOUSE AND SURVIVING SPOUSE (FAMILY PENSIONER)			
SUM INSURED* (BASE POLICY)	100000 <input type="checkbox"/>	300000	<input type="checkbox"/>
	200000 <input type="checkbox"/>	400000	<input type="checkbox"/>
WHETHER WANTS SUPER TOP-UP YES <input type="checkbox"/> NO <input type="checkbox"/>			
SUPER TOP UP	100000 <input type="checkbox"/>	300000	<input type="checkbox"/>
	200000 <input type="checkbox"/>	400000	<input type="checkbox"/>
	500000 <input type="checkbox"/>		
MOBILE NO.			
CORRESPONDENCE ADDRESS			
			PIN
E-MAIL ID			

I AGREE AS UNDER:

1. I IRRECOVERABLY AUTHORIZE THE BANK TO DEBIT PREMIUM AMOUNT FROM MY BELOW MENTIONED ACCOUNT FOR THE CURRENT POLICY PERIOD AND IN COMING YEARS.

A/C NO.	
IFSC Code	

- I shall maintain sufficient balance in the aforesaid account.
- 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.
- The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
- I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
- The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/ settled by the Insurance Company on the basis of claim documents and the Bank will not be involved in this process.

Your Faithfully

Date;
Place:

Signature

Acknowledgement

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

Signature of Bank Official with Stamp
Bo/Co.....