

One Month Renewal

Annexure

Format for joining IBA Medical Insurance Scheme for Retired Employees of the Federal Bank Ltd for the period 01.10.2023 to 31.10.2023

The Vice President
The Federal Bank Ltd
HR Employee Relations & Operations
Corporate Office, Federal Towers, Aluva -683101

From

Name of Retired Employee : _____ PF No _____

Cadre (Officer/Award Staff) : _____ Date of Retirement _____

Type of Retirement (Superannuation/VRS): _____

Address for Correspondence : _____

State: _____ District: _____ Pin Code: _____

Telephone No. with STD code _____ Mobile No. _____

Email id (if any) _____

Dear Sir,

Sub : Joining of IBA Medical Insurance Scheme as applicable for the Retired Employees for the period from 01.10.2023 to 31.10.2023

Please make necessary arrangements to extend the benefits of the Retired Employees' Medical Insurance Scheme covering the period from 01.10.2023 to 31.10.2023, to me / me and my spouse as per the details given below:-

<u>Name of Person(s) to be covered</u> <u>(i) Retired Employee and Spouse ii) Retired Employee without Spouse/</u> <u>Surviving Spouse of the deceased Employee)</u>		Date of Birth	Age	Gender
Employee Name				
Spouse Name				

Nominee Name :	Nominee Relation:
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Option Chosen(Tick Applicable one)	Sum Assured(Tick Applicable one)
Option I (Without Domiciliary) <input type="checkbox"/>	4,00,000 (For Officers) <input type="checkbox"/> 3,00,000 (For Award Staff) <input type="checkbox"/>
Option II (With Domiciliary) <input type="checkbox"/>	4,00,000 (For Officers) <input type="checkbox"/> 3,00,000 (For Award Staff) <input type="checkbox"/>

Note In case you wish to avail the coverage under the Scheme as per Option I with Family (Employee & Spouse) for one month, no application need to be submitted.

I hereby authorize Federal Bank to appropriate the applicable premium by debit to my below mentioned account with Federal Bank for the coverage under IBA Medical Insurance Policy as per the option exercised by me.

Savings Bank Account No. with IFSC (A/c with Federal Bank is a must):

A/c No. : _____ IFSC Code _____

I have gone through the details of the Scheme and agree to abide by the rules and regulations, as may be modified / amended from time to time.

Place:

Date:

Signature:

Premium Table

1) Option I Without Domiciliary

Cadre	Sum Insured - Base Policy	Family Floater			Single Person		
		Base Policy Premium – Family (incl. GST)	Bank's Contribution - Family	Balance premium to be remitted by the beneficiary - Family	Base Policy Premium - Single	Bank's Contribution - Single	Balance premium to be remitted by the beneficiary - Single
Officer	4,00,000	4911	2950	1961	3315	2000	1315
Award Staff	3,00,000	3512	2110	1402	2371	1430	941

2) Option II With Domiciliary

Cadre	Sum Insured - Base Policy	Family Floater			Single Person		
		Base Policy Premium – Family (incl. GST)	Bank's Contribution - Family	Balance premium to be remitted by the beneficiary - Family	Base Policy Premium - Single	Bank's Contribution - Single	Balance premium to be remitted by the beneficiary - Single
Officer	4,00,000	8305	2950	5355	5607	2000	3607
Award Staff	3,00,000	6619	2110	4509	4468	1430	3038