

Annexure 2

Format for Renewal/Joining IBA Medical Insurance Scheme for Retired Employees of the Federal Bank Ltd. (2021-22)

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/VSS): _____

Address for Correspondence : _____

State: _____ District: _____ Pin Code: _____

Telephone No. with STD code _____ Mobile No. _____

Email id (if any) _____

Dear Sir,

Sub : Renewal/Joining of IBA Medical Insurance Scheme for the Retired Employees

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

Nominee Name :	Nominee Relationship:
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I hereby submit my option as below:

Option for Basic Policy based on type of coverage. (Select [✓] the Option) Mandatory*	Option for Basic Sum Insured (Select [✓] the Option) Mandatory*	Option for Sum Insured Under the Super Top-Up Policy. (Select [✓] the Option)	Total Coverage (Base Policy + Super Top-Up Policy) (Select [✓] the Option)	
Without Domiciliary []	Rs. 4,00,000 [] (only Officers are eligible)	Rs. 5,00,000 []	Rs. 9,00,000 []	
		Rs. 4,00,000 []	Rs. 8,00,000 []	
		Rs. 3,00,000 []	Rs. 7,00,000 []	
		Rs. 2,00,000 []	Rs. 6,00,000 []	
		Rs. 1,00,000 []	Rs. 5,00,000 []	
		Rs.0 []	Rs. 4,00,000 []	
	With Domiciliary []	Rs. 3,00,000 [] (Officers & Award Staff are eligible)	Rs. 4,00,000 []	Rs. 7,00,000 []
			Rs. 3,00,000 []	Rs. 6,00,000 []
			Rs.2 ,00,000 []	Rs. 5,00,000 []
			Rs. 1,00,000 []	Rs. 4,00,000 []
			Rs.0 []	Rs.3,00,000 []
			Rs. 2,00,000 [] (Officers & Award Staff are eligible)	Not eligible to avail Super Top-Up Policy
Rs. 1,00,000 [] (Officers & Award Staff are eligible)	Not eligible to avail Super Top-Up Policy	Rs. 1,00,000 []		

I hereby authorize the 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 code (A/c with Federal Bank is a must):

A/c No. : _____ Branch: _____ 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:**