

**Format for joining/renewal of Medical Insurance Scheme for retired employees of the Federal Bank Ltd.**

**One Month Addition (For the Period 01.10.2019 to 31.10.2019)**

The Deputy 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): \_\_\_\_\_

Dear Sir,

**Sub : Renewal of Medical Insurance Scheme for the retired employees for one month**

Please make necessary arrangements to extend the benefits of the Medical Insurance Scheme covering the period 01.10.2019 to 31.10.2019, to me / me and my spouse as per the details given below.

Name of Retired Employee/Spouse to be covered	Date of Birth	Age	Gender

I hereby submit my option as below (Please tick the applicable one)

Select [✓] the Option	Amount remitted by the Retired (Officer)	Amount to be remitted by the Retired Employee (Award Staff)
[ ] Renew policy under Option I	Rs. 1,001/-	Rs. 730/-
[ ] Renew the policy under Option II	Rs. 5,552/-	Rs. 4,143/-

Note: In the case of beneficiaries who have not submitted the application as mentioned above, the coverage will be renewed as per Option I (Without Domiciliary) subject to the payment of applicable premium (Rs. 1,001/- in the case of Officers and Rs. 730/- in the case of Award Staff)

I hereby authorize the Bank to appropriate the applicable premium by debit to my account with Federal Bank for the coverage under Medical Insurance Policy as per the option exercised by me. You are requested to make necessary modifications in address and account details as below **(to be submitted in the case of changes required)**

1) Address for Correspondence : \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Telephone No. with STD code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email id (if any) \_\_\_\_\_

2) 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:**