

## Annexure 4

## Format for Renewal/Joining IBA Medical Insurance Scheme for the period 2023-24

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

Name of Person(s) to be covered (Retired Employee/Retired Employee without Spouse/ Surviving Spouse )	Date of Birth	Age	Gender

Nominee Name :	Nominee Relation:
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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 Top- Up Policy. (Select [✓] the Option )	Total Coverage (Base Policy + Top-Up Policy) (Select [✓] the Option )
<b>Without Domiciliary [ ]</b>  <b>With Domiciliary [ ]</b>	Rs. 2,00,000 [ ]  ( Officers & Award Staff are eligible)	Rs. 10,00,000 [ ]	<b>Rs. 12,00,000 [ ]</b>
		Rs. 9,00,000 [ ]	<b>Rs. 11,00,000 [ ]</b>
		Rs. 8,00,000 [ ]	<b>Rs. 10,00,000 [ ]</b>
		Rs. 7,00,000 [ ]	<b>Rs. 9,00,000 [ ]</b>
		Rs. 6,00,000 [ ]	<b>Rs. 8,00,000 [ ]</b>
		Rs. 5,00,000 [ ]	<b>Rs. 7,00,000 [ ]</b>
		Rs. 4,00,000 [ ]	<b>Rs. 6,00,000 [ ]</b>
		Rs. 3,00,000 [ ]	<b>Rs. 5,00,000 [ ]</b>
		Rs. 2,00,000 [ ]	<b>Rs. 4,00,000 [ ]</b>
		Rs. 1,00,000 [ ]	<b>Rs. 3,00,000 [ ]</b>
		Rs. 0 [ ]	<b>Rs. 2,00,000 [ ]</b>

Whether covered under previous year policy (2022-23): Yes ☐ No ☐

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: