| <u>Annex</u> | ure-II | |
|--------------|--------|-------|
| Date: | - | -2023 |

To,
The General Manager/Asst. General Manager,
Regional Manager,
Aryavart Bank
Regional OfficeDistrict-

Dear Sir,

Re: <u>Group Medical Insurance Scheme for the Retirees and Spouse of the Retirees of the Bank.</u>

I refer to Group Medical Insurance scheme for the Retirees and Spouse of the Retirees of the Bank.

1. Yes, I am willing to join Group Medical Insurance Scheme.

If Yes:-

| Details o | f Self | (Office | r/Cler | ical/Su | ub-sta | ff) | | | | | | |
|---------------------------------------|---------|---------|---------|---------|---------------|---------|---------|---------|--------|---------|--------|---|
| Premium Option:-4 Lacs for officer-3 | 6971.0 | 0 + 66 | 54.78 | (GST @ | 9 18 % |) = Rs. | 4362 | 5.78~ | Rs. 43 | 3626.0 | 00 | |
| 3 Lacs for Award S | taff-30 | 809.00 |) + 554 | 45.62 (| GST @ | 918%) | = Rs. | 36354 | .62~ F | Rs. 363 | 355.00 | , |
| Name | | | | | | | | | | | | |
| Retired Pensioner | () | | | | | | | | | | | |
| Family Pensioner | () | | | | | | | | | | | |
| Date of Birth | - | | - | | Age- | | Y | ears | | | | |
| Gender | Male | () | Fer | nale (|) | | | | | | | |
| Employee Code Number/PF No. | | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | | | |
| Designation at the time of Retirement | Office | er (|), Aw | ard St | aff (Cl | erical, | Sub-s | taff) (|) | | | |
| Retired from Regional Office | | | | | | | | | | | | |
| Details of Spouse (D | epend | lent) (| Only S | pouse | detai | ls to b | e fille | d) | | | | |
| Name | | | | | | | | | | | | |
| Date of Birth | - | | - | 1 | Age- | | Yea | ars | | | | |
| Gender | Male | () | Fei | male (|) | | | | | | | |
| Address for Correspondence | | | | | | | | | | | | |
| Pin Code | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | |
| Account number (must be of Aryavart | | | | | | | | | | | | ĺ |
| Bank for deduction of Premium & | | | | | | | | | | | | l |
| Reimbursement of claim) | | 1 | • | | 1 | | 1 | | | 1 | | |
| IFS Code | В | K | ı | D | 0 | Α | R | Υ | Α | G | В | |

Note- In absence of adequate funds in the account, if premium is not deducted and remitted to insurance
company, the insurance coverage for the said retiree shall stand discontinued. Therefore, it is desired
that account of retiree is duly funded for deduction of the premium amount.

Declaration-

• I declare that the above information is true, to the best of my knowledge & belief and no material information has been concealed.

| I also undertake that for payment of premium, I irrevocably authorize the Bank to debit premium amount from my account number- During current year and also in subsequent renewals in coming years. In case, if my intention is not to renew the policy, I will inform in writing at least one month in advance of the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later. Declare and undertaken by: Signature Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
|--|
| During current year and also in subsequent renewals in coming years. In case, if my intention is not to renew the policy, I will inform in writing at least one month in advance of the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later. Declare and undertaken by: Signature Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms. (Retired staff name) |
| In case, if my intention is not to renew the policy, I will inform in writing at least one month in advance of the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later. Declare and undertaken by: Signature Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| In case, if my intention is not to renew the policy, I will inform in writing at least one month in advance of the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later. Declare and undertaken by: Signature Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| the renewal date. I am that once I exit the scheme, I will not be allowed to rejoin it later. Declare and undertaken by: Signature Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms (Retired staff name) |
| Signature Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms (Retired staff name) |
| Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| Name of applicant- EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| EC No/PF No Retired from Region;- Designation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| Pesignation at the time of retirement:- (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| (Certificate by the reporting authority) I hereby certify that the above information submitted by Mr/Ms |
| (Certificate by the reporting authority) • I hereby certify that the above information submitted by Mr/Ms |
| I hereby certify that the above information submitted by Mr/Ms |
| (Retired staff name) |
| Of the referred deceased/retired staff (Name |
|) are true to the best of my knowledge and |
|) are true to the best of my knowledge and |
| |
| |
| 1 P - f |
| belief. |
| The apparent provided above belongs to him/her and signature bove been absolved and varified from |
| The account provided above belongs to him/her and signature have been checked and verified from Records. |
| Necords. |
| |
| |
| Signature and Seal |
| Regional Manager/In charge/BM |

I undertake that I will immediately inform to the Bank in case of any change in the status of dependents

as detailed above.

Region-