Date: - -

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

Dear Sir,

Re: Group Medical Insurance Scheme for the Retirees and Spouse of the Retirees of the Bank.

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

Tick

| 1. | Yes, I am willing to join Group Medical Insurance Scheme. |
|----|--|
| 2. | No, I am not willing to join Group Medical Insurance Scheme. |

If Yes:-

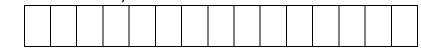
| Details of Self (Officer/Clerical/Sub-staff) | | | | | | | | | | | | | |
|---|------------|--|-----|--------|------|---|-----|-----|-----|---|---|--|--|
| Premium:- for officer-18567+ 3342 (GST @ 18%) = Rs. 21909 | | | | | | | | | | | | | |
| for Award Staff-18400+ 3312 (GST @18%) = Rs. 21712 | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | |
| Date of Birth | - | | - | | Age- | | Yea | ars | | | | | |
| Gender | Male (|) | Fei | male (|) | | | | | | | | |
| Employee Code Number/PF No. | | | | | | | | | | | | | |
| Mobile Number | | | | | | | | | | | | | |
| Designation at the time of Retirement | Office | Officer (), Award Staff (Clerical, Sub-staff) () | | | | | | | | | | | |
| Retired from Regional Office | | | | | | | | | | | | | |
| Details of Spouse (Dependent) | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | |
| Date of Birth | Age- Years | | | | | | | | | | | | |
| Gender | Male | () | Fe | male | () | | | | | | | | |
| Address for Correspondence | | | | | | | | | | | | | |
| Pin Code | | | | | | | | | | | | | |
| Email ID | | | | | | | | | | | | | |
| Account number (must be of Aryavart | | | | | | | | | | | | | |
| Bank for deduction of Premium & | | | | | | | | | | | | | |
| Reimbursement of claim) | | I | I | | I | | | I | 1 1 | I | | | |
| IFS Code | В | К | Ι | D | 0 | Α | R | Y | 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 undertake that I will immediately inform to the Bank in case of any change in the status of dependents as detailed above.
- 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.....

(Retired staff name)..... or by spouse

..... Of the referred deceased/retired staff (Name

.....) are true to the best of my knowledge and belief.

• The account provided above belongs to him/her and signature have been checked and verified from Records.

Signature and Seal Regional Manager/In charge/BM Office/Branch-Region-