Annexure-II	
A THE RESERVE TO THE PARTY OF T	

Date:

-2024

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

Sir,

1.

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.

1.		Yes, I am willing to join (Group N	Лес	lical	Insura	nce S	cheme	е.					
f Yes														
1 103	•	Details	of Self	(Of	ficer	/Cleri	cal/Su	ıb-sta	ff)					
	Pre	emium Option:-4 Lacs for of 3 Lacs for Aw												
Nan	ne													
Reti	red Pensi	oner	()									V and		
Fam	ily Pensio	oner	())										
Date	e of Birth							Age-		Y	ears			
Gen	der		Male	()	Fen	nale ()						
Emp	oloyee Co	de Number/PF No.		8						15				
Mol	bile Numl	per												
Des	ignation a	at the time of Retirement	Officer (), Award Staff (Clerical, Sub-staff) ()											
Reti	ired from	Regional Office										aless for the second		
		Details of Spouse (Depen	den	t) (0	Only S	pouse	e deta	ils to b	e fille	d)			
Nan	ne													
Dat	e of Birth			-		-		Age-		Yea	ars			
Ger	nder		Male	e ()	Fer	nale	()						
Add	dress for (Correspondence												
Pin	Code													
Em	ail ID													
Bar	nk for ded	nber (must be of Aryavart luction of Premium & ent of claim)				10								
IFS	Code	3	В		K	1	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.



Dec	larat	tion-
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- 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.

•	l also u number	take	tha	t for	payr	ment	of pr	emiu	m, I	irrev	ocably	y aut	thorize	e the	Bank	to	debit	premium	amount	from	my	account
													-									

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/Office;-				
Designation at the time of retirement:-				
(Certifica	ate by the report	ting authority)	-	
I hereby certify that the above information sub-	mitted by Mr/Ms			
(Retired staff name)	EC No/PF	No	or by s	spouse
	Of the referred	deceased/retired	staff (Name	
) are tru	ue to the best of m	y knowledge and	d 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-Date:

