

**ANNEXURE-2**

**Circular. No. IC/ /2023 dated: .10.2023**

To:  
The Senior Manager  
Canara Bank,  
HRM Section, C.O,  
\_\_\_\_\_/\_\_\_\_\_  
HOSA, H.R.Wing, H.O/  
SAS, Inspection Wing, H.O

Date:  
Place:

Dear Sir/Madam,

**SUB: Renewal of IBA Group Health Insurance Scheme for retirees for the year 2023-24.**

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I am interested in joining the IBA Group Medical Insurance Policy for Retirees of IBA for member banks introduced as per 10<sup>th</sup> Bipartite Settlement/Joint Note dated 25.05.2015 and furnish here below the required information pertaining to me.

**1. Details to be given by Family Floater:**

Details of Pensioner / Retiree		Details of spouse of Pensioner / Retiree	
Name		Name of spouse	
Emp. No		Date of Birth	
PPO No (If applicable)			
Date of Birth			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No &			
IFSC Code (Mandatory)			
Nominee: Name & DOB (Mandatory)			
Nominee: Relationship with retiree			
Address			

**Base Premium payable for policy year 2023-24: Family Floater Premium with GST:**

**(Amount in Rupees)**

	Retiree Option-I (Without domiciliary)		Retiree Option-II (With domiciliary)	
Sum Insured	Family Floater	Please put tick (√) mark in the Option selected	Family Floater	Please put tick (√) mark in the Option selected
2,00,000	26,454		49,005	

2. **Details to be given by Single Person:** Either of the below mentioned cases are eligible to opt under Single person policy:

- (i) where Retiree does not have surviving spouse.
- (ii) where Retiree is survived by the spouse (Retiree has passed away).
- (iii) where Retiree does not require the insurance cover for the spouse

Details of Retiree / Surviving spouse of Retiree			
Name		Name of spouse	
Emp. No		Date of Birth of spouse	
PPO No (If applicable)			
Date of Birth of employee			
Date of Retirement			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No & IFSC Code (Mandatory)			
Nominee: Name & DOB (Mandatory)			
Nominee: Relationship with the spouse			

**Base Premium payable for policy year 2023-24: Single Person Premium with GST (Amount in Rupees)**

	Retiree Option-I (Without domiciliary)		Retiree Option-II (With domiciliary)	
Sum Insured	Single person	Please put tick (√) mark in the Option selected	Single person	Please put tick (√) mark in the Option selected
2,00,000	17,857		33,079	

**Top Up Policy:**

Retirees can choose sum insured from 1 lakh to 10 lakhs in Top up Policy 'With Domiciliary' and 'Without Domiciliary'. However, Top up policy can be chosen based on the type of Base policy opted by the Retiree.

**Top up Policy Premium with GST (without domiciliary coverage) as under: (Amount in Rupees)**

Sum Insured	Family Floater	Please put tick (√) mark in the Option selected	Single Person	Please put tick (√) mark in the Option selected
1,00,000	27,159		18,332	
2,00,000	50,919		34,371	
3,00,000	58,014		39,159	
4,00,000	60,860		41,081	

5,00,000	70,078		47,303	
6,00,000	77,130		52,063	
7,00,000	80,684		54,462	
8,00,000	87,070		58,772	
9,00,000	93,456		63,083	
10,00,000	1,01,966		68,828	

**Top up Policy Premium with GST (with domiciliary coverage) as under:**

Sum Insured	Family Floater	(Amount in Rupees)		
		Please put tick (√) mark in the Option selected	Single Person	Please put tick (√) mark in the Option selected
1,00,000	35,307		23,832	
2,00,000	66,196		44,683	
3,00,000	75,417		50,908	
4,00,000	79,118		53,406	
5,00,000	91,101		61,493	
6,00,000	1,00,268		67,681	
7,00,000	1,04,889		70,801	
8,00,000	1,13,190		76,404	
9,00,000	1,21,493		82,008	
10,00,000	1,32,556		89,476	

I hereby undertake to maintain sufficient balance in the accounts specified in Annexure-2 for availing the health insurance policy.

I hereby authorize Canara Bank to debit appropriate premium as per the option provided by me, from my SB a/c No \_\_\_\_\_ maintained at \_\_\_\_\_ Branch with IFSC Code \_\_\_\_\_.

Yours faithfully

(  
SIGNATURE  
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