



ANNEXURE - II

To:
The Senior Manager
Canara Bank
HRM Section, Circle Office, -----
HOSA Section, HR Wing, Head Office
SA Section, Inspecting Wing, Head Office

Date:
Place:

Dear Sir/ Madam,

Sub: Renewal of IBA Group Health Insurance Scheme for Retirees for the year 2026-27

I am interested in joining the IBA Group Medical Insurance Policy for Retirees of IBA for member banks introduced as per 10th Bipartite Settlement / 7th Joint Note dated 25.05.2015 and furnish here below the required information pertaining to me.

1. Retiree With Spouse

Premium Payable for the Policy year 2026-27: (18% GST shall be applicable)

Designation	Base Sum Insured (SI)	Base Premium - Retiree With Spouse (Premium without GST)	Add on premium for each Physically/ Mentally Challenged dependent child (Premium without GST)
Award Staff	₹ 3,00,000	₹ 27,996	₹ 10,001
	₹ 4,00,000	₹ 32,144	₹ 12,501
Officer Scale 1 to 5	₹ 5,25,000	₹ 41,714	₹ 15,001
Officer Scale 6 and Above	₹ 5,25,000	₹ 41,714	₹ 15,001
	₹ 7,00,000	₹ 62,213	₹ 35,001

Retirees with Spouse Top-Up Policy Premium Rates: (18% GST shall be applicable)

Designation	Sum Insured (SI)	Retiree With Spouse (Premium without GST)	Top up Policy premium for Add-on for each Physically/ Mentally Challenged dependent family member
Award Staff/ Officer	₹ 1,00,000	₹ 13,126	₹ 5,001
	₹ 2,00,000	₹ 21,001	₹ 10,001
	₹ 3,00,000	₹ 30,801	₹ 20,001
	₹ 4,00,000	₹ 41,001	₹ 30,001

Details to be given if both Retiree and spouse are alive.

Details of Retiree		Details of Spouse of Retiree	
Name		Name of the spouse	
Staff No.			
PPO No. (if applicable)			
Date of Birth		Date of Birth	
Date of Retirement			
Scale at the time of retirement			
Mobile No.			
E-mail ID			
Canara Bank A/c No. & IFSC Code			
Nominee: Name & DOB			
Nominee: Relationship with Retiree			
Address			

Details of Physically/ Mentally Challenged dependent children to be included as Add-on			
	Details of Child 1	Details of Child 2	Details of Child 3
Name			
Date of Birth			
Relationship with the Retiree			
Disability type (Proof to be enclosed)			
Disability %age			



2. Retiree Single Person:

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

Premium Payable for the Policy year 2026-27: (18% GST shall be applicable)

Designation	Base Sum Insured (SI)	Base Premium - Retiree Single Person (Premium without GST)	Add on premium for each Physically/ Challenged family member (Premium without GST)
Award Staff	₹ 3,00,000	₹ 25,197	₹ 10,001
	₹ 4,00,000	₹ 30,329	₹ 12,501
Officer Scale 1 to 5	₹ 5,25,000	₹ 38,552	₹ 15,001
Officer Scale 6 and Above	₹ 5,25,000	₹ 38,552	₹ 15,001
	₹ 7,00,000	₹ 49,770	₹ 35,001

Retirees Single Person Top-Up Policy Premium Rates: (18% GST shall be applicable)

Designation	Sum Insured (SI)	Retiree Single Person (Premium without GST)	Top up Policy premium for Add-on for each Physically/ Mentally Challenged dependent family member
Award Staff/ Officer	₹ 1,00,000	₹ 11,152	₹ 5,001
	₹ 2,00,000	₹ 17,851	₹ 10,001
	₹ 3,00,000	₹ 26,176	₹ 20,001
	₹ 4,00,000	₹ 32,801	₹ 30,001

Details to be given by Retiree Single person:

Details of Retiree		Details of surviving Spouse of Retiree	
Name		Name of the surviving spouse	
Name of the Main Policy Holder		--	
Staff No.		--	
PPO No. (if applicable)		--	
Date of Birth of the employee		Date of Birth	
Date of Retirement		--	

Scale at the time of retirement	--	--	
Mobile No.	--	Mobile No.	
E-mail ID	--	e-mail ID	
Canara Bank A/c No. & IFSC Code	--	Bank A/c No. & IFSC Code	
Nominee: Name & DOB (Mandatory)	--	Nominee: Name & DOB (Mandatory)	
Nominee: Relationship with Retiree	--	Nominee: Relationship with the surviving spouse	
Address		Address	

Details of Physically/ Mentally Challenged dependent children to be included as Add-on			
	Details of Child 1	Details of Child 2	Details of Child 3
Name			
Date of Birth			
Relationship with the Retiree			
Disability type			
Disability %age			

3. I confirm that I have read and understood the contents of the Circular and the Application format and I wish to opt for the policy detailed as under:

Policy Type Selected (Please put tick (✓) mark in the option selected)	Retiree With Spouse
	Retiree Single Person
Base Sum Insured Selected	
Base Premium (A)	
No. of Physically/ Mentally Challenged dependent family members to be covered under Add-on (B)	
Base premium for each Physically/ Mentally Challenged dependent family member to be covered under Add-on (C)	
Total Base premium for Add-on (D = B*C)	
Top Up Sum-Insured Selected	
Top up Premium (E)	
Top up Selected for Add-on (Please put tick (✓) mark in the option selected)	Yes
	No
Top up premium for Add-on (F)	
Total (G = A + D + E + F)	
GST @ 18% (H)	
Grand Total (I = G + H)	

I hereby undertake to maintain sufficient balance in the accounts specified in the annexure 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

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