

**“SBI Health Assist” Policy****CONSENT FORM FOR “ADDITIONAL SUPER TOP” PLAN (2021 - 22)**

<b>Date of payment of premium</b>	
<b>Journal No.</b>	
<b>Amount paid</b>	

The Branch Manager  
State Bank of India,  
\_\_\_\_\_Office/ Branch

Dear Sir,

**SUB: Family Floater Group Health Insurance Policy for SBI Retirees**  
**Mid Term Additional Super Top Cover ending on 15.01.2022**

PF No. / HRMS No. (for e-Ab retirees)	
Name of Pensioner/ Retiree/ Family pensioner	
Sum Insured under the Base Plan ; Rs. 3 lacs/ Rs. 5 lacs (taken by the retiree under 'SBI Health Assist')	
Pensioner Type (Pensioner / Retiree / Family Pensioner)	
Mobile No. / Landline No.	
Email Id.	
Name of Zonal /Administrative office	
Name of Circle	
Name of Pension Paying Branch	
Pension Branch code	
Pension Account no.	
IFSC code	
Date of payment of Pro-rata premium (dd/mm/yyyy) on <b>Additional Super Top-up Cover</b>	

In below chart, yearly premium rates are mentioned for **Additional Super Top-up** cover. Please note that **Pro-rata Premium** shall be collected from Retirees as per their date of premium payment.

Pro-rata premium shall be calculated by using below mentioned formula :-

**Pro rata basic Premium = (Basic premium as given below / 365) X no. of days remaining till 15<sup>th</sup> January 2022 including the date of premium payment).**

**Fraction below 50 paise should be ignored and fraction of 50 paise or more should be considered as Rs.1.00 and added to the premium.**

Pensioner with Base Plan of Rs. 3 lakhs can only choose between two options i.e., Rs. 11 or 16 lakhs  
Pensioner with Base Plan of Rs. 5 lakhs can only choose between two options i.e., Rs. 14 or 19 lakhs

Basic Sum Insured (Amt in lakhs)	Additional Super Top-up proposed (Amt in lakhs)	Amount of Basic Premium (Amt in Rupees)	Tax @ 18 % (Amt in Rupees)	Total Premium including Tax (Amt in Rupees)
3.00	11.00	4,186	753	4,939
	16.00	5,191	934	6,125
5.00	14.00	7,942	1,430	9,372
	19.00	9,077	1,634	10,711

I Mr./ Mrs./ Ms. \_\_\_\_\_ intend to join the Mid Term **Additional Super Top Plan** under '**SBI Health Assist**' Policy of State Bank of India. I hereby exercise my option as per the following:

Existing Basic Sum Insured already opted by Retiree in <b>SBI Health Assist</b> (in lakhs)	Additional Super Top-up plan opted by the Retiree (in lakhs)	Pro-Rata Basic premium (in Rupees)	Tax @ 18% (in Rupees)	Total Premium including Tax payable (in Rupees)

**Premium Debit Authorization:**

I am aware that I along with my spouse and disabled child/children (if any) are eligible for **Additional Super Top Up Cover** for Rs. \_\_\_\_\_ lakhs under the '**SBI Health Assist**' Policy expiring on 15<sup>th</sup> January'2022. I hereby authorize the Bank to debit pro-rata insurance premium amount of Rs. \_\_\_\_\_ to my pension / family pension account / Savings Bank Account No. \_\_\_\_\_

**Date:**

**Place:**

**Signature of Retired Employee/ Spouse**

**ACKNOWLEDGEMENT**

***“SBI Health Assist” Policy***

**GROUP MEDICLAIM POLICY FOR RETIREES**  
**ADDITIONAL SUPER TOP UP COVER 2021-22**

*(to be given to the Retiree by the Branch / AO receiving the Form)*

Received from Shri / Smt. \_\_\_\_\_

PF Index / HRMS No. \_\_\_\_\_

Consent Form for the **Additional Super Top-up** Cover under **‘SBI Health Assist’** Policy 2021-22 along with Pro-rata Premium including GST for Rs. \_\_\_\_\_ for onward submission to Administrative Office.

Date \_\_\_\_\_

Branch \_\_\_\_\_

Stamp of the Branch

Signature of the officer  
receiving the Form