

“SBI Health Assist” Scheme

GROUP MEDICLAIM POLICY FOR SBI RETIREES

APPLICATION FORM FOR ‘SBI Health Assist’ (16.01.2021 – 15.01.2022)

| | |
|-----------------------------------|--|
| Date of payment of premium | |
| Journal No. | |
| Amount paid | |

Chief Manager
State Bank of India,
Branch / Administrative office,

Affix coloured joint photograph
of the member and spouse

Dear Sir,

SUB: Family Floater Group Health Insurance Policy for SBI Retirees
Policy Period : 16.01.2021 – 15.01.2022

I am interested in joining the Family Floater Group Health Insurance Policy of State Bank of India ('SBI Health Assist' Scheme) and furnish the required information as under:

| Sl. | Particulars | Remarks |
|------------|--|--|
| 1A | P.F Index No. / HRMS ID | |
| 1B | PF ID (for pre-merger retirees of e-Abs including PF optees who don't have HRMS ID for example : SBM1234/SBH1234) | |
| 2 | Name | |
| 3 | Date of joining the Bank | |
| 4 | Date of Retirement | |
| 5 | Retired as | Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II |
| 6 | Age (in years) as on the date of retirement | |

| | | | |
|----|---|---|--|
| 7 | Gender | i. Male ii. Female | |
| 8 | Type(please write Pensioner / Family pensioner / Retiree) | | |
| 9 | Category (Please tick mark) | i. SBI retirees on completion of pensionable service in the Bank. ii. Surviving spouses of SBI employee who died whilst in service or after retirement. iii. Existing members of 'SBI Health Care' / Policy-A. iv. Old retiree/ surviving spouses / family pensioners of erstwhile Associate Banks of SBI (e-ABs) v. Pensioners removed from service and receiving pension. vi. Pensioners / Retirees who could not join 'SBI Health Assist' in the past and now wish to join. | |
| 10 | Whether dismissed or terminated from service. (Tick) | Yes / No | |
| 11 | Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed) | Yes / No | |
| 12 | Date of Birth | dd/mm/yyyy | |
| 13 | Date of Death (in case of deceased employee / pensioner) | dd/mm/yyyy | |
| 14 | Address for communication | House No. | |
| | | Building name | |
| | | Street name/Area name | |
| | | Nearest Landmark | |
| | | Post Office | |
| | | City | |
| | | State | |
| 15 | Landline No. (with STD code) | Pin Code | |
| | | | |

| | | | | | | | | | | | |
|--|--|--------------------|----------------------------|--|-------------------|--|------------------------|---------------|--|--|--|
| 16 | Mobile No. (it will be used for registration under e-Pharmacy scheme) | | | | | | | | | | |
| 17 | Email ID | | | | | | | | | | |
| 18 | Name of Spouse (if any) | | | | | | | | | | |
| 19 | Date of Birth of Spouse (dd/mm/yyyy) | | | | | | | | | | |
| 20 | Name of disabled Child / Children (if any). (Attach valid disability certificate issued by medical officer not below the rank of Civil Surgeon) | SI | Name of the disabled child | | | | | Date of Birth | | | |
| | | 1. | | | | | | | | | |
| | | 2. | | | | | | | | | |
| 21 | Name of the pension/family pension paying branch | Name of the Branch | | | | | Code No. | | | | |
| | | | | | | | | | | | |
| 22 | Pension Account No. (11 digit) | | | | | | | | | | |
| 23 | IFSC Code | | | | | | | | | | |
| | | | | | | | | | | | |
| BASIC COVER PLANS | | | | | | | | | | | |
| 24 | Sum Insured | Basic Premium | GST @ 18% | | Gross Premium (A) | | Please Tick Opted Plan | | | | |
| | 3,00,000 | | | | | | | | | | |
| | 5,00,000 | | | | | | | | | | |
| | | | | | | | | | | | |
| CRITICAL ILLNESS COVER ** | | | | | | | | | | | |
| 25 | Sum Insured | Basic Premium | GST @ 18% | | Gross Premium (B) | | Please Tick | | | | |
| | 5,00,000 | | | | | | | | | | |
| | ** Critical Illness Cover will not be available separately and can be taken only with a Base Plan. | | | | | | | | | | |
| N.B. : Pro-rata premium for new retirees will be applicable in both the plans i.e. Basic Cover Plans and Critical Illness Plan. | | | | | | | | | | | |

| | | | |
|--|--|--|--|
| 26 | CALCULATION OF TOTAL PREMIUM (with GST) | | |
| | Premium for Base Plan | Premium for Critical Illness (if any) | Total Premium Paid (with GST) |
| | (A) | (B) | A+B = C |
| | | | |
| 27 Declaration of Nominee/s : | | | |
| <p>I, Mr./Mrs./Ms. _____, pensioner of the Bank / a retired employee / spouse of the deceased employee do hereby assign the money payable by “SBI General Insurance Co. Ltd.” in case of my death to Mr. / Mrs./ Ms. _____ Relation _____ and further declare that his/her receipt shall be sufficient discharge of the company.</p> | | | |
| 28. Debit Authority : | | | |
| <p>I am aware that I along with my spouse and disabled child/children (if any), am eligible for health insurance cover of Rs. _____ lakhs under the Family Floater Group Health Insurance ‘SBI Health Assist’. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account No. ____</p> <p>I undertake to keep sufficient balance in my above account for debiting insurance premium for the policy year 2021-22 failing which the policy may not be issued to me. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policy from time to time.</p> | | | |
| Place : | | | |
| Date : | | <hr/> Signature of Retired Employee / Spouse | |
| For office use only | | | |
| <p>Certified that Shri / Smt. _____ is a retired employee / spouse of the retired / deceased employee of SBI / e-ABs and he / she has remitted the insurance premium as per the following details:</p> | | | |
| Transaction No. (Journal No.) _____ | Date : _____ | Amount : _____ | |
| State Bank of India | | | |
| Name of the Forwarding Branch (Code No.): | | | |
| Place : | | | |
| Date : | | <hr/> Signature of the Branch Manager with seal | |

(On Branch Letter head)

ACKNOWLEDGEMENT OF PREMIUM PAID

(Year 2021-22)

'SBI Health Assist'

GROUP MEDICLAIM POLICY FOR RETIREES

(to be given to the applicant by the Branch receiving this Application Form)

Received from Shri/Smt. _____

PF Index No. _____

This is to certify that Insurance Premium including GST for Rs _____
(Base Plan & Critical Illness Cover) + Rs. _____ (Super Top-up Cover) =
_____ (in words Rupees _____
_____) has been received for enrolment in above
Mediclaime Policy.

Date _____

Signature of the Branch official
issuing the certificate