

“SBI Health Assist” Scheme**GROUP MEDICLAIM POLICY ‘B’ FOR SBI RETIREES****APPLICATION FORM FOR Policy ‘B’ (16.01.2022 – 15.01.2023)**

Date of payment of premium	
Journal No.	
Amount paid	

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

Dear Sir,

Affix coloured joint photograph
of the member and spouse

SUB: Family Floater Group Health Insurance Policy ‘B’ for SBI Retirees**Policy Period : 16.01.2022 – 15.01.2023**

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

Sl.	Particulars	Remarks
1 A	P.F Index No./ HRMS ID	
1 B	PF ID (for pre-merger retirees of e-Abs who don't have HRMS ID) for example “ SBM1234/SBH1234, SBP1234..... ”	
2	Name of retiree / Family pensioner	
3	Date of Birth of retiree / Family pensioner	dd/mm/yyyy
4	Date of joining the Bank	
5	Date of Retirement	
6	Date of Death of deceased employee/ pensioner (applicable for Family pensioners)	

7	Retired as	Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II	
8	Age (in years) as on the date of retirement		
9	Gender	i. Male ii. Female	
10	Type (please write Pensioner / Family pensioner / Retiree)		
11	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.	
12	Whether dismissed or terminated from service. (Tick)	Yes / No	
13	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	
14	Address for communication	Address	
		Nearest Landmark	
		Post Office	
		City / District	
		State	
		Pin Code	
15	Landline No. (with STD code)		

16	Mobile No. (it will be used for registration under e-Pharmacy scheme)										
17	Alternate Mobile no. (if any)										
18	Email ID										
19	Name of Spouse (if any)										
20	Date of Birth of Spouse (dd/mm/yyyy)										
21	Name of disabled Child / Children (if any). (Attach valid disability certificate issued by medical officer not below the rank of Civil Surgeon)	Sl	Name of the disabled child			Date of Birth (dd/mm/yyyy)			Gender		
		1.									
		2.									
22	Name of the pension/family pension paying branch	Name of the Branch					Branch Code No.				
23	Pension Account No. (11 digit)										
24	IFSC Code										
BASIC COVER PLANS											
25	Sum Insured	Basic Premium	GST @ 18%	Gross Premium (A)			Please Tick Opted Plan				
	3,00,000										
	5,00,000										
ADDITIONAL SUPER TOP-UP COVER**											
26	Base plan	Sum Insured of Additional Super top-up	Basic Premium	GST @ 18%			Gross Premium (B)		Please Tick Opted Plan		
	3,00,000	11,00,000									
		16,00,000									
	5,00,000	14,00,000									
		19,00,000									

CRITICAL ILLNESS COVER **					
27	Sum Insured	Basic Premium	GST @ 18%	Gross Premium (C)	Please Tick if applied
	5,00,000				
<p>** Critical Illness Cover and Additional Super top-up cover will not be available separately and can be taken only with a Base Plan.</p> <p>** Critical illness cover is not available for new members with age 65 years and above</p> <p>N.B. : Pro-rata premium for new retirees will be applicable in all the plans i.e. Basic Cover Plans Additional super top up and Critical Illness Plans.</p> <p>Employees retiring during currency of the policy should apply by paying the pro-rata premium within 90 days from next day of their date of retirement.</p>					
28	CALCULATION OF TOTAL PREMIUM (with GST)				
	Premium for Base Plan	Premium for Additional Super top-up Plan (if any)	Premium for Critical Illness (if any)	Total Premium Paid (with GST)	
	(A)	(B)	(C)	A + B + C	
<p>29. Declaration Nominee/s :</p> <p>I, Mr./Mrs./Ms. _____, a 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>					

30. Debit Authority :

I am aware that I along with my spouse and disabled child/children (if any) will be eligible for a health insurance cover under the Family Floater Group Health Insurance 'Health Assist'. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account No. _____

I undertake to keep sufficient balance in my above account for debiting insurance premium for the policy year 2022-23 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.

Place :**Date :**

Signature of Retired Employee / Spouse

For office use only

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:

Transaction No. (Journal No.)

Date : _____**Amount :** _____**State Bank of India****Name of the Forwarding Branch (Code No.) :****Place :****Date :**

Signature of the Branch Manager with seal

(On Branch Letter head)

ACKNOWLEDGEMENT OF PREMIUM PAID

(Year 2022-23)

'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 + Additional Super Top-up cover) +
Rs. _____ (Super Top-up Cover) = _____ (in words
Rupees _____)**

has been received for enrolment in above Mediclaim Policy.

Date _____

**Signature of the Branch official
issuing the certificate**

