



United Bank of India

Head Office

11, Hemanta Basu Sarani

Medical Insurance Proposal/Option Form

For the use of Retired Employees only.

All the fields marked with () are mandatory*

Pro-rata premium for one month i.e. October 2019.

Fill up the form in " BLOCK LETTERS "							
Name of Retired Employee*: retired)						Desig: (as	
Date of Retirement*:	Date		Month		Year		
S.P.F. No.*:		P.P.O. No.:		(If Any)			
House No. & Street Name*:							
Landmark*:							
Post Office*:		Police Station*:		City*:		Pin Code*:	
Tel. No. (with STD Code):					Mobile No.*:		
Email ID (To help us reach you better)*:							
Pension A/c No.(13 digit No.)*:				IFSC Code* (Mandatory):			
Mode of Retirement*: Superannuation/Voluntary Retirement under Service/Pension Regulations/Under VRS							

Details of Members Covered* (Retired Employee + Spouse) / (Spouse of deceased employee)							
S	Name on Members*		Desig	Date of Birth*	Age	Sex (M/F)	Premium
1		Self					
2		Spouse					
<p>I hereby opt for insurance cover under the scheme and authorize to debit my pension account bearing No _____ for a sum of Rs _____ as Insurance premium for joining in the Medical Insurance Scheme with the insurance provider United Insurance Co. Ltd as per settlement signed dated 25.05.2015.</p> <p>Statement made above on my behalf and on behalf of my spouse is true and correct to the best of my knowledge and belief. It is hereby understood and agreed that the statements are the basis on which the insurance is being granted. If, after the insurance is effect, it is found that the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance in respect of me and my spouse proposed for insurance. I also confirm that I have read the terms & condition relating to eligibility to join the scheme. I shall keep informed the name of the member to be excluded from the dependent list due to the ineligibility under the scheme in future..</p>							
Place:							
Date:		Signature of Retired Employee / Spouse of Deceased Employee					

***This form duly complete in all respects may be sent by the Branch in duplicate to: The Chief Manager, Establishment Division, United Bank of India. Head Office, 8th Floor, 11, Hemanta Basu Sarani, Kolkata-700001 (Tel. No. 033-2248-7634) by 15.09.2018**

Cadre	Option 1 (Without Domiciliary)			Option II (With Domiciliary)		
	Pro-Rata Premium	GST@ 18%	Total Prem.	Pro-Rata Premium	GST @18 %	Total Prem.
Officer	2072	373	2445	5929	1067	6996
Award Staff	1554	280	1834	4447	800	5247