**Medical Insurance Scheme for Non-Executives Retired on or after 2007 01.01.2007**.

Details to Join the Scheme for the year 2018 are as under:

Order is placed on M/s. United India Insurance Co. Ltd. The documents to be enclosed along with application form is as under:

**Retired employees those who have joined in the medical scheme for the year 2017 need not enclose Photographs and age proof.**

1 Passport Size Photographs (each) of retired Employee & Spouse. Signature on passport size photos (rear side) by retired Employee. Age proof ( Photocopy of Voter ID Or SSC Certificate Or Ration Card Or Passport Or Aadhar Card).

The Premium amount payable by Retired Employee details are as under : Demand Draft to be drawn in favor of :

**“MIDHANI PRMBSW 2007”**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Insured Amount | Retired Non Executive Premium Amount to be paid  |
| 1 | Rs.4,00,000  | Rs. 7131/- (Rupees Seven Thousand One Hundred and Thirty one only) |

MEDICALINSURANCE SCHEMEFOR NON EXECUTIVES RETIRED ON OR AFTER 2007 BANK DETAILS

Bank Name : State Bank of India

Bank Address : Chandrayangutta

A/C No. : 36700315769

A/C Type : SB

IFSC Code : SBIN0003026

MICR No. : 500002012

The bank details are given for the retired persons who are eligible and interested to make payment through RTGS to join the post retirement medical benefit scheme. The retired employee while sending the application form for joining medical scheme must enclose UTR No. details. Duly filled in application form received without UTR details will not be considered for joining the medical benefit scheme.

Contact Person : M. Venu Gopala Swamy, Executive Grade I, HR Department

Mobile No. 9100192776.

**Due date for submission of application form along with DD/UTR No. is 25.04.2017**

 **APPLICATION – FORMAT MEDICAL (PRMBSW 2007)**

**FOR RETIRED NON EXECUTIVES OF MIDHANI POST 01.01.2007**

1. Full Name :
2. Father Name :
3. Staff No. :
4. Date of Birth (Age as on date) :
5. Designation at the time of :

Retirement / Death

1. Department at the time of :

Retirement / Death

1. Spouse Name :
2. Spouse Age / Date of Birth :

(Age as on Date)

1. Present address for :

Communication

1. Permanent Address :
2. Phone No. Land Line/Mobile No. :
3. E-mail ID if any :
4. Date of Retirement / Separation :

Due to death

1. Details of Demand Draft :

Name of Bank & Branch, Demand

Draft No & Date Drawn on Amount

1. Photographs enclosed (2 No’s) :

Self and Spouse

**Retired employee who has joined in the medical scheme for the year 2018 need not enclose photographs and age proof.**

Note : Age Proof should be enclosed, 2 Nos of Passport size photos (Self & Spouse) to be enclosed. Photos rear side signature.

Date : Signature of Retired Employee

Place : Signature of Spouse

**DD In favour of : MIDHANI PRMBSW 2007**