

## <u>GMIS</u>

## **RETIREMENT MEDICAL BENEFIT SCHEME (GMIS) Pre-2007(EXE & NUS & Non EXE).**

Policy Period: 27 Mar 2024 to 26 Mar 2025 (12 Months)

Details to join the Scheme for the year 2024-25 are as under:

I. The Premium amount payable by Retired Executives / Non-Unionized Supervisory / Non-Executives Cadre details are as under:

PRMBS (Pre 2007) 27.03.2024 to 26.03.2025									
Particulars			85%	15%	Total	To be Paid by Retd. Employee			
Employee and Spouse									
Base Policy	Option - 1	Rs. 4,00,000	₹ 50,867.15	₹ 8,976.56	₹ 8,976.56	₹	8,976.56		
Plus ** Top Up	Option - 2	Rs. 2,00,000	100% premiu	m for the Ton	₹17,006.16	₹	25,982.72		
	Option - 3	Rs. 4,00,000	-up facility choosen should be borne by the Retired Employee		₹ 33,687.82	₹	42,664.38		
	Option - 4	Rs. 6,00,000			₹ 44,955.64	₹	53,932.20		
	Option - 5	Rs. 8,00,000			₹ 56,132.60	₹	65,109.16		
Employee or Spouse									
Base Policy	Spouse	Rs. 4,00,000	₹ 38,150.11	₹ 6,732.37	₹ 6,732.37	₹	6,732.37		
Plus ** Top Up	Option - 2	Rs. 2,00,000	100% premium for the Top -up facility choosen should be borne by the Retired Employee		₹ 12,754.62	₹	19,486.99		
	Option - 3	Rs. 4,00,000			₹ 25,266.16	₹	31,998.53		
	Option - 4	Rs. 6,00,000			₹ 33,717.32	₹	40,449.69		
	Option - 5	Rs. 8,00,000			₹ 42,101.22	₹	48,833.59		
Note:									
Retired Employ									
No Mid- term a									
**Mandatory Minimim 60% Enrollments on Top-up to avail Top - up Facility.**									

The interested and eligible retired employees can make payment through RTGS as per bank details given below. The retired employee while sending the application form for joining medical scheme must enclose UTR No. details duly filled in application form. <u>Applications received without UTR details will not be considered for</u> <u>enrollment in to the medical benefit scheme</u>.

<u>Note:</u> Duly filled Application form along with UTR details may be sent through Mail id: <u>midhani.prmbs@midhani-india.in</u> contact no. 040-2418-4405 on or before 22-Mar-2024(Friday).



## <u>GMIS</u>

PRE-2007 APPLICATI	ON FORM - RETIRED EMPLOYEES	OF MIDHAN	MEDICAL INSURANCE SCHEME				
	(EXE & NUS & NEX	2024-25					
1. Full Name of retired employe	ee :						
2. Father Name	:						
3. Staff No.	:						
4. Date of Birth (Age as on date	e) :						
5. Designation at the time of Re	etirement / Death:						
6. Department at the time of Re	etirement / Death:						
7. Spouse Name	:						
8. Spouse Age / Date of Birth (Age as on Date) :							
9. Present address for Commun	ication :						
10.Permanent Address	:						
11.Phone No. Land Line & (Mob	ile No.) :						
12.Alternate Mobile No.:	:						
13.E-mail ID if any	:						
14.Date of Retirement / Separat	tion Due to death:						
15.Employee + Spouse /							
Employee or Spouse (Base po	olicy) :Rs.4 lakhs(Sum l	nsured)					
16. Need Top up if any facility re	equired : YES/No						
If, Yes (Tick below options)							
i. 2 Lakhs							
ii. 4 Lakhs							
iii. 6 Lakhs							
iv. 8 Lakhs							
17. Transfer Details of Amount	:						
18.From which Bank & Branch	:						
19.Date of transfer, UTR No.	:						
Date:	Signature of Retired	Employee	Signature of Spouse				
Enclosures (Xerox copies onl	lv)	• •	<b>c</b> .				
1) Retired employee ID/Family Card (Issued by MIDHANI) both front & back.							
Employee service certificatio 2) 2 passport size photos (En 3) Self & Spouse Aadhaar ca 4) Payment Receipt or proof	rd Xerox	by HR departn	nent)				
<u>Bank details</u>							
Bank Name	State Bank of India	A/C No.	35612620216				

## Bank NameState Bank of IndiaA/C No.35612620216Beneficiary NameMIDHANI emp pre 2007IFSC CodeSBIN0003026Branch NameChandrayanguttaMICR No.500002012

<u>Note:</u> Duly filled Application form along with UTR details may be sent along with enclosures through email. Mail id: <u>midhani.prmbs@midhani-india.in</u> for further queries you may contact Ms. R Vasundhara, AM(HR) 040 2418 4405