



## **POST RETIREMENT MEDICAL BENEFIT SCHEME- Pre 01.01.2007**

**(Executives, Non- Unionized Supervisors and Non-Executives)**

**Policy Period: 27-March-2025 to 26-March-2026**

The Premium amount payable by Retired Employees is an under :

PRMBS (Pre - 2007) - 27 March 2025 to 26 March 2026						
Particulars			Premium (incl of Tax)	85%	15%	Premium to be paid by Retired Employee
Employee and Spouse						
Base Policy	Option - 1	Rs. 4,00,000	₹ 62,836.18	₹ 53,410.75	₹ 9,425.43	₹ 9,425.00
Plus ** Top Up	Option - 2	Rs. 2,00,000	₹ 17,275.20	100% premium for the Top -up facility choosen should be borne by the Retired Employee		₹ 26,701.00
	Option - 3	Rs. 4,00,000	₹ 34,220.00			₹ 43,645.00
	Option - 4	Rs. 6,00,000	₹ 45,666.00			₹ 55,091.00
	Option - 5	Rs. 8,00,000	₹ 57,018.78			₹ 66,444.00
Employee or Spouse						
Base Policy	Option - 1	Rs. 4,00,000	₹ 47,126.84	₹ 40,057.81	₹ 7,069.03	₹ 7,069.00
Plus ** Top Up	Option - 2	Rs. 2,00,000	₹ 12,955.22	100% premium for the Top -up facility choosen should be borne by the Retired Employee		₹ 20,024.00
	Option - 3	Rs. 4,00,000	₹ 25,663.82			₹ 32,733.00
	Option - 4	Rs. 6,00,000	₹ 34,249.50			₹ 41,319.00
	Option - 5	Rs. 8,00,000	₹ 42,765.56			₹ 49,835.00
Retired Employee will have the option to choose only 1 top - up option of the given options.						
No Mid- term additions will be considered						
**Mandatory Minimim 50% 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. Applications received without UTR details will not be considered for enrollment in to the medical benefit scheme.*

### **BANK ACCOUNT DETAILS**

Bank Name	State Bank of India	A/C No.	35612620216
Bank Address	Chandrayangutta	IFSC Code	SBIN0003026
Beneficiary	MIDHANI emp pre 2007	MICR No.	500002012

#### **Note:**

Duly filled Application form along with UTR details may be sent through email to [midhani.prmbs@midhani-india.in](mailto:midhani.prmbs@midhani-india.in) contact no. 040-2418-4405 on or before **24-Mar-2025** (Monday).

**APPLICATION FORM****PRE 2007 - MIDHANI MEDICAL INSURANCE FOR RETIRED EMPLOYEES**

1	Full Name of retired employee							
2	Staff No.							
3	Date of Birth (Age as on date)							
4	Designation at the time of Retirement / Death							
5	Department at the time of Retirement / Death							
6	Spouse Name							
7	Spouse Age / Date of Birth (Age as on Date)							
8	Present address for Communication							
9	Permanent Address							
10	Phone No.							
11	Alternate Mobile No.							
12	E-mail ID if any							
13	Date of Retirement / Separation due to death							
14	Top up facility (if any) required (If, Yes Tick below options)				Yes/No			
	2 Lakhs		4 Lakhs		6 Lakhs		8 Lakhs	
15	<b>Transfer Details of Amount</b>							
	Bank Name & Branch							
	UTR No. & Date of Transaction							
	Bank Account No. & IFSC Code							

**Enclosures (Xerox copies only)**

1. Retired employee ID/Family Card (Issued by MIDHANI) both front & back. (Or) Employee service certification (issued at the time of Retirement by HR department)
2. passport size photos (Employee + Spouse)
3. Self & Spouse Aadhaar card Xerox
4. Payment Receipt or proof of payment

Date :

Signature of Spouse

Signature of Retired Employee

**BANK ACCOUNT DETAILS**

<b>Bank Name</b>	<b>State Bank of India</b>	<b>A/C No.</b>	<b>35612620216</b>
<b>Bank Address</b>	<b>Chandrayangutta</b>	<b>IFSC Code</b>	<b>SBIN0003026</b>
<b>Beneficiary</b>	<b>MIDHANI emp pre 2007</b>	<b>MICR No.</b>	<b>500002012</b>

**Note:** Duly filled Application form along with UTR details may be sent along with enclosures through email to Mail id: [midhani.prmbbs@midhani-india.in](mailto:midhani.prmbbs@midhani-india.in)