Post Retirement Medical Benefit Scheme (PRMBS) Post 01.01.2007.

Details to join the Scheme for the year 2021 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 :

The Premium amount payable by Retired Officers / Non Unionized Supervisory Cadre details are as under :

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Group | Insured Amount | Retired officer / Nus Premium Amount to be paid  |
| 1 |  A | Rs. 8,00,000 Floater including OPD Rs. 50,000/- (GM & above) | Rs. 13,728 (Rupees Thirteen Thousand Seven Hundred and Twenty Eight only) |
| 2 |  B | Rs.5,00,000 Floater including OPD Rs. 30,000/- (DGM & AGM) | Rs. 8798/- (Rupees Eight Thousand Seven Hundred and Ninety Eight only)  |
| 3 |  C | Rs. 4,00,000 Floater including OPD Rs. 20,000/- (EO to Senior Manager) | Rs. 5825/- (Rupees Five Thousand Eight Hundred and Twenty Five only) |

The interested and eligible retired employees can also 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 received without UTR details will not be considered for joining the medical benefit scheme.

Bank Name : State Bank of India

Bank Address : Chandrayangutta

A/C No. : 34718869509

A/C Type : SB

IFSC Code : SBIN0003026

MICR No. : 500002012

**Due date for submission of application form along with Demand Draft / RTGS details is 24.12.2020**

**APPLICATION - MEDICAL**

**FORMAT FOR POST 2007 RETIRED EMPLOYEES OF MIDHANI**

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. **Transfer Details of Amount :**

**From which Bank & Branch**

**Date of transfer**

1. **Photographs enclosed (1 No) :**

**Self and Spouse for new joinees only.**

**Note : The retired employees those who are already in the post retirement medical benefit scheme need not enclose photos and age proof.**

**Date : Signature of Retired Employee**

**Place : Signature of Spouse**

**Benficiary Name : MEDSMST**

**Bank Name : State Bank of India**

**Bank Address : Chandrayangutta**

**A/C No. : 34718869509**

**A/C Type : SB**

**IFSC Code : SBIN0003026**

**MICR No. : 500002012**