**Group Medical Insurance Scheme for Officers NUS & Non Executives retired prior to 01.01.2007 details to join the scheme for the year 2022 are as under** :

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Group** | **Insured Amount ( for Retired employee & Spouse)** | **Retired officer/Nus & Non Executive Premium Amount to be paid** |
| 1 | Retired employees prior to 2007 | Rs. 4,00,000 Floater Including OPD Rs. 20,000/- floater. | Rs. 10799 (Rupees Ten Thousand Seven Hundred and Ninety Nine only) |
|  |  |  |  |

**II. Premium amount to be paid by retired Officer/ Non Unionized Supervisory Cadre** /Non Executives **to cover single person either employee or Spouse.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Group** | **Insured Amount ( for Single coverage Retired employee or Spouse)** | **Retired officer/Nus & Non Executive Premium Amount to be paid** |
| 1 | Retired employees prior to 2007 | Rs. 4,00,000 Floater Including OPD Rs. 20,000/- floater. | Rs. 8099/- (Rupees Eight Thousand and Ninety Nine only) |
|  |  |  |  |

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.

**Note : Duly filled Application form along with UTR details may be sent through email to me.**

**Mail id : mvgswamy@midhani-india.in**

Beneficiary Name :Midhani emp pre 2007

Bank Name : State Bank of India

Bank Address : Chandrayangutta

A/C No. : 35612620216

A/C Type : SB

IFSC Code : SBIN0003026

MICR No. : 500002012

**Due date for submission of duly filled in application form along with RTGS details is 23.12.2021.**

**APPLICATION FORM – FORMAT MEDICAL (GMIS)**

**FOR RETIRED OFFICERS/NUS/NON EXECUTIVES OF MIDHANI PRIOR TO 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/VRS**

1. **Department at the time of :**

**Retirement / Death/VRS**

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/VRS**

1. **Transfer Details of Amount :**

**From which Bank & Branch**

**Date of transfer**

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

**Self and Spouse**

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

**Date : Signature of Retired Employee**

**Place : Signature of Spouse**

**Bank Name : State Bank of India**

**Bank Address : Chandrayangutta**

**A/C No. : 35612620216**

**A/C Type : SB**

**IFSC Code : SBIN0003026**

**MICR No. : 500002012**