

## PRMBS

### POST RETIREMENT MEDICAL BENEFIT SCHEME POST 01.01.2007(EXE & NUS).

**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 Cadre details are as under:**

<b>PRMBS (Post 2007) Exe &amp; NUS</b>						
<b>27.03.2024 to 26.03.2025</b>						
<b>Particulars</b>			<b>85%</b>	<b>15%</b>	<b>Total</b>	<b>To be Paid by Retd. Employee</b>
<b>Retd.Employee + Spouse</b>						
<b>Base Policy</b>	<b>Option - 1</b>	<b>Rs. 4,00,000</b>	₹ 50,174.07	₹ 8,854.25	₹ 8,854.25	₹ 8,854.25
<b>Plus ** Top Up</b>	<b>Option - 2</b>	Rs. 2,00,000	100% premium for the Top - up facility choosen should be borne by the Retired Employee		₹ 17,041.56	₹ 25,895.81
	<b>Option - 3</b>	Rs. 4,00,000			₹ 33,804.64	₹ 42,658.89
	<b>Option - 4</b>	Rs. 6,00,000			₹ 44,991.04	₹ 53,845.29
	<b>Option - 5</b>	Rs. 8,00,000			₹ 56,166.82	₹ 65,021.07
<b>Employee or Spouse</b>						
<b>Base Policy</b>	<b>Option - 1</b>	<b>Rs. 4,00,000</b>	₹ 37,630.55	₹ 6,640.69	₹ 6,640.69	₹ 6,640.69
<b>Plus ** Top Up</b>	<b>Option - 2</b>	Rs. 2,00,000	100% premium for the Top - up facility choosen should be borne by the Retired Employee		₹ 12,778.22	₹ 19,418.91
	<b>Option - 3</b>	Rs. 4,00,000			₹ 25,353.48	₹ 31,994.17
	<b>Option - 4</b>	Rs. 6,00,000			₹ 33,743.28	₹ 40,383.97
	<b>Option - 5</b>	Rs. 8,00,000			₹ 42,128.36	₹ 48,769.05
<b>Note:</b>						
1	Retired Employee will have the option to choose only 1 top - up option of the given options.					
2	No Mid- term additions will be considered .					
3	**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. 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 Mail id: [midhani.prmbs@midhani-india.in](mailto:midhani.prmbs@midhani-india.in) contact no. 040-2418-4405 **on or before 22-Mar-2024(Friday).**

## PRMBS

### POST 2007 APPLICATION FORM - RETIRED EMPLOYEES OF MIDHANI MEDICAL INSURANCE SCHEME

(EXE & NUS) 2024-25

1. Full Name of retired employee :
2. Father Name :
3. Staff No. :
4. Date of Birth (Age as on date) :
5. Designation at the time of Retirement / Death:
6. Department at the time of Retirement / Death:
7. Spouse Name :
8. Spouse Age / Date of Birth (Age as on Date) :
9. Present address for Communication :
  
10. Permanent Address :
  
11. Phone No. Land Line & (Mobile No.) :
12. Alternate Mobile No.:
13. E-mail ID if any :
14. Date of Retirement / Separation Due to death:
15. Employee + Spouse /  
Employee or Spouse (Base policy) :Rs.4 lakhs(Sum Insured)
16. Need Top up if any facility required : 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 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) 2 passport size photos (Employee + Spouse).

3) Self & Spouse Aadhaar card Xerox

4) Payment Receipt or proof of payment

#### Bank details

Bank Name	State Bank of India	A/C No.	34718869509
Beneficiary Name	MEDSMST	IFSC Code	SBIN0003026
Branch Name	Chandrayangutta	MICR No.	500002012

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

Mail id: [midhani.prmbs@midhani-india.in](mailto:midhani.prmbs@midhani-india.in) for further queries you may contact Ms. R Vasundhara,AM(HR) 040 2418 4405