



POST RETIREMENT MEDICAL BENEFIT SCHEME- Post 01.01.2007

(Executives and Non- Unionized Supervisors)

Policy Period: 27-March-2026 to 26-March-2027

The Premium amount payable by Retired Employees is an under:

PRMBS (Post 2007) Exe & NUS - 27.03.2026 to 26.03.2027						
Particulars		Premium (incl of Tax)	85%	15%	Premium to be paid by Employee	
Employee and Spouse						
Base Policy	Option - 1	Rs. 4,00,000	₹ 62,933.00	₹ 53,493.00	₹ 9,440	₹ 9,440.00
Plus ** Top Up	Option - 2	Rs. 2,00,000	₹ 19,662.00	100% premium for the Top -up facility choosen should be borne by the Retired Employee		₹ 29,102.00
	Option - 3	Rs. 4,00,000	₹ 39,004.00		₹ 48,444.00	
	Option - 4	Rs. 6,00,000	₹ 51,913.00		₹ 61,353.00	
	Option - 5	Rs. 8,00,000	₹ 64,804.01		₹ 74,244.00	
Employee or Spouse						
Base Policy	Option - 1	Rs. 4,00,000	₹ 47,200.00	₹ 40,120.00	₹ 7,080.00	₹ 7,080.00
Plus ** Top Up	Option - 2	Rs. 2,00,000	₹ 14,744.01	100% premium for the Top -up facility choosen should be borne by the Retired Employee		₹ 21,824.00
	Option - 3	Rs. 4,00,000	₹ 29,256.00		₹ 36,336.00	
	Option - 4	Rs. 6,00,000	₹ 38,934.01		₹ 46,014.00	
	Option - 5	Rs. 8,00,000	₹ 49,460.60		₹ 56,541.00	
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.	34718869509
Bank Address	Chandrayangutta	IFSC Code	SBIN0003026
Beneficiary	MEDSMST	MICR No.	500002012

Note:

Duly filled Application form along with UTR details may be sent through email to midhani.prmbs@midhani-india.in contact no. 040-2418-4405 on or before 26-Mar-2026 (Thursday).



APPLICATION FORM

Post 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	<input type="checkbox"/>	4 Lakhs	<input type="checkbox"/>	6 Lakhs	<input type="checkbox"/>	8 Lakhs
15	Transfer Details of Amount						
	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. Payment Receipt or proof of payment

Date :

Signature of Spouse

Signature of Retired Employee

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Note: Duly filled Application form along with UTR details may be sent along with enclosures through email to Mail id: midhani.prmb@midhani-india.in