



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

**(Non-Executives)**

**Policy Period: 04-May-2024 to 03-May-2025**

Details to join the Scheme for the year 2024 are as under:

**The Premium amount payable by Retired Non-Executive Employees is an under :**

PRMBS (Post 2007) Non - Executives 04.05.2024 to 03.05.2025							
Particulars	Sum Assured	Premium	GST	Total (inclusive of Tax)	85%	15%	To be Paid by Employee
Employee and Spouse	₹ 4,00,000.00	₹ 51,522.00	₹ 9,273.96	₹ 60,795.96	₹ 51,676.57	₹ 9,119.39	₹ 9,119.39
Employee or Spouse	₹ 4,00,000.00	₹ 38,642.00	₹ 6,955.56	₹ 45,597.56	₹ 38,757.93	₹ 6,839.63	₹ 6,839.63
<b>Note</b>	No Mid- term additions will be considered .						

*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) or contact on **040-2418-4405** for any further details.

**Last date for submission of application forms and payment of premium is 27-04-2024**

**MEDICAL INSURANCE SCHEME FOR NON-EXECUTIVES RETIRED ON OR AFTER 2007  
BANK DETAILS**

<b>Bank Name</b>	<b>State Bank of India</b>	<b>A/C No.</b>	<b>36700315769</b>
<b>Bank Address</b>	<b>Chandrayangutta</b>	<b>IFSC Code</b>	<b>SBIN0003026</b>
<b>A/C Type</b>	<b>SB</b>	<b>MICR No.</b>	<b>500002012</b>
<b>Beneficiary Name</b>	<b>MIDHANI PRMBSW 2007</b>		



**APPLICATION FORM**

**MIDHANI MEDICAL INSURANCE FOR RETIRED EMPLOYEES POST 2007 - Non Executive**

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.	
12	Alternate Mobile No.	
13	E-mail ID if any	
14	Date of Retirement / Separation due to death	
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 :  
Place

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>36700315769</b>
<b>Bank Address</b>	<b>Chandrayangutta</b>	<b>IFSC Code</b>	<b>SBIN0003026</b>
<b>A/C Type</b>	<b>SB</b>	<b>MICR No.</b>	<b>500002012</b>
<b>Beneficiary Name</b>	<b>MIDHANI PRMBSW 2007</b>		

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