



United Bank of India

Annexure -I

Fresh Option form for all existing retirees -2017-18 who are not member of IBA Policy

Fill up the form in " BLOCK LETTERS "					
Name of Retired Employee*: (retired)				Desig: (as)	
Date of Retirement*:	Date	Month	Year		
Pension Drawing From*(Branch Name):					
S.P.F. No.*:		P.P.O. No.: (If Any)			
House No. & Street Name*:					
Landmark*:					
Post Office*:		Police Station*:		City*:	
Pin Code*:					
Any additional information regarding the address:					
Tel. No. (with STD Code):				Mobile No.*:	
Email ID (To help us reach you better)*:					
Pension A/c No.(13 digit No.)*:				IFSC Code* (Mandatory):	
Mode of Retirement*: Superannuation/Voluntary Retirement under Service/Pension Regulations/Under VRS					

Details of Members Covered* (Retired Employee + Spouse) / (Spouse of deceased employee)				
Name on Members*	Date of Birth*	Age	Sex (M/F)	Sum Insured
Retd. Emp.				
Wife/Husband				

I hereby opt for insurance cover under the scheme and authorize to debit my pension account bearing No . _____ for a sum of Rs _____ as premium for joining in the Medical Insurance Scheme with the insurance provider United Insurance Co. Ltd for the Policy year 2017-18. Statements made above on my behalf and on behalf of my spouse are true and correct to the best of my knowledge and belief. It is hereby understood and agreed that the statements are the basis on which the insurance is being granted. If, after the insurance is effect, it is found that the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance in respect of me and my spouse proposed for insurance. I also confirm that I have read the terms & condition relating to eligibility to join the scheme. I shall keep informed the name of the member to be excluded from the dependent list due to the ineligibility under the scheme in future..

Place:	_____ Signature of Retired Employee / Spouse of Deceased Employee
Date:	

Certified that Shri./Smt. _____, (SPF No. _____) is a retired employee/spouse of the deceased employee of the Bank and maintain pension account with this branch.

Place:	_____ Signature of Manager with Seal
Date:	

*****This form duly complete in all respects may be sent by the Branch in duplicate to: The Chief Manager, Establishment Division, United Bank of India. Head Office, 8th Floor, 11, Hemanta Basu Sarani, Kolkata-700001 (Tel. No. 033-2248-7634) by 25.10.2017***

Cadre	Option 1 (Without Domiciliary)			
	Sum insured (Rs.)	Premium without GST (Rs)	GST @ 18% (Rs)	Gross Premium Payable per family inclusive of GST . (Rs)
Officer	4,00,000	13,935	2,508	16,443
Award Staff	3,00,000	10,452	1,881	12,333