



United Bank of India

Head Office
11, Hemanta Basu Sarani

Medical Insurance Proposal/Option Form
For the use of Retired Employees only.
All the fields marked with (*) are mandatory

Renewal Premium for Option –II (with domiciliary expenses benefit)

Fill up the form in " BLOCK LETTERS "				
Name of Retired Employee*:			Desig: (as retired)	
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 Insurance premium for joining in the Medical Insurance Scheme with the insurance provider United Insurance Co. Ltd as per settlement signed dated 25.05.2015.
Statement 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 effected, 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 Sri./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 UBI Branch 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 27.10.2016**

	Sum Insured	Premium	Service Tax (15% at present)	Total
Officer :	Rs 400000/-	Rs 17400/-	Rs 2610/-	Rs 20,010/-
Clerk :	Rs 300000/-	Rs 13000/-	Rs 1950/-	Rs 14950/-
Sub Staff :	Rs 300000/-	Rs 13000/-	Rs 1950/-	Rs 14950/-