



United Bank of India

Annexure -II

Option form for Switch over - IBA Group Insurance Policy for Retirees.

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					

<p>1) We would like to switch over from With OPD (with domiciliary treatment cover) to without OPD (without domiciliary treatment) under IBA Group Medical Insurance Policy for Retirees for 2017-18 and hereby authorize to debit my pension account bearing No. _____ for a sum of Rs _____ as premium for the Scheme with the insurance provider United Insurance Co. Ltd for the Policy year 2017-18.</p>	
Place:	_____
Date:	_____ Signature of Retired Employee / Spouse of Deceased Employee
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:	_____
Date:	_____ Signature of Manager with Seal

*****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