

Annexure

Format for renewal of Medical Insurance Scheme for retired employees of the Federal Bank Ltd.

The Assistant General Manager
The Federal Bank Ltd
HR Employee Relations & Operations
Corporate Office, Federal Towers
Aluva -683101

From

Name of Retired Employee : _____
PF No. : _____

Dear Sir,

Sub : Renewal of Medical Insurance Scheme for the retired employees

Details of members to be covered under the scheme

Name of Retired Employee/Spouse	Date of Birth	Age	Sex

Change in member details (please tick if applicable)

Please renew my Medical Insurance Policy with the following changes. I have gone through the rules and regulations of the Scheme and agree to abide by the rules and regulations, as may be modified / amended from time to time.

1) In case of change in address,

Address for Correspondence : _____

State: _____ District: _____ Pin Code: _____
Telephone No. with STD code _____ Mobile No. _____
Email id (if any) _____

2) In case of change in account number,

Savings Account No. with IFSC code (A/c with Federal Bank is must) :

A/c No. : _____ Branch: _____ IFSC Code _____

To renew the scheme as per Option II (please tick if applicable)

I have gone through the rules and regulations of the Scheme and agree to abide by the rules and regulations, as may be modified / amended from time to time. I hereby authorize the Bank to debit my account and renew my Medical Insurance policy under Option II with domiciliary coverage.

Place :

Signature

Date :