

## Application for joining Medical Insurance Scheme for Retired Employees

The Chief Manager,  
The Federal Bank Ltd  
HR Employee Relations & Operations  
HR Department  
Corporate Office, Federal Towers  
Bank Junction, Aluva -683101

Sir,

### **Sub : Medical Insurance Scheme for the retired employees of the Bank**

It is understood that Bank has implemented a Medical Insurance Scheme, in lieu of the existing FedCare Scheme for Retired employees. I hereby authorize you to enroll me as a Member of the new Medical Insurance Scheme. I have gone through the rules and regulations of the Scheme and agree to abide by the provisions of the Scheme. I hereby undertake that the provisions of the Scheme are subject to modifications/amendments from time to time. In this regard I submit the following particulars for your perusal.

1. Name of Retired Employee : \_\_\_\_\_
2. PF No. : \_\_\_\_\_
3. Father's / Husband's Name : \_\_\_\_\_
4. Date of Retirement : \_\_\_\_\_
5. Branch/Office from where retired : \_\_\_\_\_
6. Designation & Scale at the time of Retirement : \_\_\_\_\_
7. Details of members to be covered : (Retired Employee & Spouse only)

SI No.	Name of Retired Employee & Spouse	Date of Birth	Age	Sex	Signature
1.					
2.					

8. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_ Pin Code: \_\_\_\_\_

9. Telephone No. with STD Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

10. E-mail Id (if any) : \_\_\_\_\_

11. Type of Retirement : \_\_\_\_\_

(Superannuation ; VRS ; VSS ; Dismissed ; Compulsorily Retired ; Any Other)

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

A/c No. : \_\_\_\_\_

Branch : \_\_\_\_\_

IFSC Code : \_\_\_\_\_

13. ASSIGNMENT :

I, Mr/Mrs \_\_\_\_\_, retired employee/spouse of the deceased retired employee of the Bank do hereby assign the moneys payable by the United India Insurance Co. Ltd in case of my death to Mr./Mrs . \_\_\_\_\_ Relation \_\_\_\_\_ and I further declare that his/her receipt shall be sufficient discharge of the company.

14. DECLARATION

- (a) I hereby give my consent to join the scheme. I undertake to abide by the terms and conditions as specified by the Insurance Company relating to the said Scheme as may be modified / amended from time to time. I also understand that the claims are settled as per the policy of the insurance company and that the bank is not liable for any deficiency of services by the insurance company.
- (b) I declare that this option / declaration is final, irrevocable and wholly binding on me and my spouse.
- (c) In this connection, I hereby authorise the bank to debit my account \_\_\_\_\_ with Branch \_\_\_\_\_ for the portion of the premium amount for the current year.
- (d) I authorise the bank to renew the policy on due date every year and debit my SB A/C \_\_\_\_\_ with branch \_\_\_\_\_ for the portion of the premium amount each year until otherwise instructed by me in writing.
- (e) I also undertake to inform you in advance in case I do not wish to continue in the scheme / renew the policy in future.

**Signature of Retired Employee**

**Place :**

**Date :**