

The General Manager
Personnel Services Department
Head Office,
3&4, DD Block, Sector-1
Salt Lake, Kolkata-700 064.

Date:

Sub : Application for New Membership / Renewal of Membership under Group
Mediclaim Insurance Policy for the retired employees with United_India
Insurance Co. Ltd.

I,

[EMP No(erstwhile PFM No.).....], Date of Birth.....an
ex-employee of the Bank, wish to renew my membership under the existing Group
Mediclaim Insurance Policy/ become a new member of the Group Policy(strike out
whichever is not applicable).

Details of my Spouse is as under :

- 1. Name (in full & Capital Letters) :
- 2. Sex : 3. Date of Birth : Relation : Husband/Wife

I undertake to abide by the terms and conditions as specified by the Insurance
Company relating to the said Scheme. I also note that Bank will not be involved or liable
in any way for settlement of insurance claim.

I hereby authorize the Bank to debit my SB a/c no. _____
(14 digit-CBS a/c no.) with our _____ Branch with Rs. _____
towards my contribution to the insurance premium for renewal/new membership of the
policy.

My old Health Card No. is _____(required in case of
renewal of the existing membership).

Signature
Address:

Phone/Mobile Number :

Email Id :

[Note : Contribution by the retired employee to the insurance premium for the full
year from to) Is Rs.....]