# **General Secretary**

# All India UCO Bank Pensioners' Federation

Dear Sir				
I hereby apply for TOP-UP Insurance Policy as arranged between our Federation with United Insurance Co.Ltd for the year 2017-18				
My A/c No,				

## <u>SELF</u>

1.	Name in full(Block Letter)	
2.	Erstwhile EMP.No & Designation	
3.	Sex	
4.	Date of Birth	
5.	Date of Retirement	
6.	Branch/Office from which retired	
7.	Branch A/c No, which is debited	
8.	Present Residential address with PIN & State	
9.	Phone No./Mob.No.	
10	e-mail ID if any	
11	Health Card No. of Heritage Health TPA of UCO Bank's GMP for retired employee	

### **SPOUSE**

1.	Name in Full(Block Letter)	
2.	Sex	
3.	Date of Birth	
4	Relation	
5.	Health Card No. of Heritage Health TPA of UCO Bank's GMP for spouse of retired employee	

I have read the terms and conditions of the Top-Up Insurance Policy of United India Insu	urance Co Ltd. I
am agreeable to the same and hereby undertake to abide by the terms & conditions m	entioned herein

Date: Signature of the Member.

Note: We confirm that the above named Pensioner is a member of our Unit.

Signature of State President/Secretary

#### Note:

1.Top-Up Floater Policy Amount &respective Premium(Inclusive of all charges)

i)For Rs.3 lac-Single-Rs.1890/-& with spouse Rs.3155/-

- ii) for Rs.4 lac-Single -Rs.2120/- & with spouse Rs.3500/-
- iii) for Rs 5 lac-Single Rs2276/- & with spouse Rs.3845/-

(Top-up policy will not include Domiciliary treatment)

- 2.Application along with the cheque /Draft/ payment particulars should be submitted to the State President/Secretary.
- 3.Those who have not applied for Group Insurance Policy of the Bank will not be eligible for Top-Up policy.