

ANNEXURE I - BHOB

To
The Chief Manager
Personnel Administration Dept.
Indian Overseas Bank
Central Office,
763, Annasalai,
Chennai- 600002.

Date: _____

Dear Sir,

**Willingness/Consent/Authorisation letter to join the New Medical Insurance Scheme as per the circular no. 57 (file : 7F) of 2015-2016 dated 06.11.2015
LAST DATE FOR SUBMISSION-25.03.2016**

I _____ retired etc., from the services of the Bank on (Date of retirement) as Officer/ Clerical/ Sub-staff, have gone through the terms and conditions of the Joint note dated 25.05.2015 on Medical Insurance Scheme and express my willingness to join the said scheme by paying the full premium.

I am maintaining the following SB/ CDCC account with our _____ Branch.

15 digit Account Number:

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I hereby authorise you to recover the insurance premium to the debit of my above account and to pay the premium in future also. I will ensure that the sufficient balance is maintained in the account. In case, if sufficient balance is not maintained, my option/ renewal of policy would be treated as lapsed.

I understand that Bank is facilitating the payment by obtaining this mandate and it will be my responsibility to ensure that annual premium is paid and also accept that the Bank shall act as an intermediary in providing the data to the Insurance Company and is in no way responsible for reimbursement of any amount under the scheme except what is admissible/payable by the Insurance Company.

I also undertake that I will not make any other claim/benefit from the Bank based on this admission to the New Medical Insurance Scheme.

I am furnishing the details of myself and my spouse hereunder:

Details	Name in Full	Date of Birth	Gender
Self			
Spouse			

Yours faithfully,

Place: _____

Signature _____

Date: _____

Name: _____

Roll No. _____

Address for Communication:

<u>Address:</u> <u>PINCODE:</u>	<u>Mobile :</u> <u>Tel. No:</u> <u>Email ID:</u>
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