

APPLICATION FORM FOR THE RETIRED WORKER
For Group Medical Insurance – 2019-2020
Total Coverage Rs.5,00,000/- per year on family floater basis

Name (Roll No.)	:	
Date of the Birth	:	
Date of Retirement	:	
Name of the Spouse & Date of Birth	:	
Contact No. (Mobile/Land)	:	
E-mail (if any)	:	
Contribution Amount	:	
Details of Cheque/Draft		
Cheque No.	Cheque Date	Bank Name

Self Declaration

I am willing to continue the Group Medical Insurance Policy by contributing 20% of the Premium Amount for the period 31 March 2019 to 30 March 2020.

(Signature of the retired worker)

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- Contribution amount : Rs.4,860/- (self) + Rs.480/-(spouse) = Rs.5,340/- (for the Retired workers who are the member of the existing Group Medical Insurance Scheme)