

Step 1

On Behalf Consent for Retirees

Empl ID (b)

Enrolment Year 2024-2025

(c)

On HRMS, please go to the Group Health Insurance page

a) Click on **Add a New Value**

b) Enter **Employee ID**

c) Click on **Add**

The Enrolment Year is 2024-25 by default.



Step 2

Medical Insurance

Medical Insurance

Under Personal Details,
Please enter:
your (a) **Email ID** and
your (b) **Mobile Number**

Personal Details (Mobile Number & Email ID are Mandatory)

Empl ID	052240	SHANTANU MAHADIK	
Job Code	OFF03	Grade	SC3
		For the period of	2024-2025
Department	CO08655	Pension type	VRS Pension
Email ID	<input type="text"/>		
Mobile Number	<input type="text"/>		

(a) mandatory

(b) mandatory



Step 3

Under Confirm Plan Details,

Please enter:

- a) your **Account Number** (Central Bank Savings/Pension Account)
- b) Choose **Plan Type**: Family or Single
- c) Select whether **Top up required** or not

Confirm Plan Details (All fields are Mandatory)

Account Number (a)

Base Sum Insured 400000.00

Top up required (c)

Plan Type (b)

Premium Amount

Family
Single



Step 4

Self & Spouse Details

	Relationship	Full Name	Date of Birth
1	Self	SHANTANU MAHADIK (a)	20/09/1966 (b)
2	Spouse	RASHMI MAHADIK (c)	17/09/1970 (d)

If availing a Family plan,
c) Enter **Spouse's** Full Name
d) Enter **Spouse's** Date of Birth

Under Self & Spouse
Details,

- Enter your **Full Name** on Self
- Enter your **Date of Birth** by clicking on the Calendar icon

If availing a Single Plan,
Delete Spouse row by
e) Clicking on the minus (-) sign on the right

(e)



Step 5

Under Nominee Details,

Please enter:
(a) Nominee’s **Full Name**
(b) Nominee’s **Relationship** with Employee
(c) Nominee’s **Date of Birth** by clicking on the Calendar icon

Nominee Details

1

Display Name

(a)

(b)

Brother
Daughter
Father
Father In Law
Mother
Mother In Law
Others
Sister
Son
Spouse
Step Daughter
Step Son

Date of Birth

(c)

Age

Step 6

Address

Address Type

▼

Correspondence

Domiciliary

Home

Flat/ Door/ Block

Building/ Vill

Area/ Locality

Under Address,

First, choose **Address type** as **Correspondence**



Step 7

Next, enter the Full Correspondence **Address** as per the required fields.

Address

Address Type	<input type="text"/>		
Flat/ Door/ Block	<input type="text"/>		
Building/ Vill	<input type="text"/>		
Area/ Locality	<input type="text"/>		
Country	IND	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	District	<input type="text"/>
Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>



Step 8

Finally, below the Address,

- a) Click on the **box** on the bottom left
- b) Submit the application form by clicking on the **Submit Button**



(a)

I hereby authorize the bank to debit the insurance premium from my above mentioned account, as decided by IBA/me. I will ensure that sufficient balance is maintained in the account. I fully understand that in case of non-debit of premium option/renewal of policy would be treated as lapsed.

I also understand that Bank is only facilitating the payment by obtaining this mandate and it will be my responsibility to understand and accept that the Bank shall act as an intermediary in providing the data to the Insurance Company and the amount under the scheme, except what is admissible / payable by the Insurance Company.

(b) Submit Button

