# CONSENT LETTER TO JOIN THE MEDICAL INSURANCE SCHEME 2025-26

**To,**

# Branch/Office,

# Central Bank of India,

Branch/Office.

Dear Sir/Madam,

**WILLINGNESS TO JOIN THE GROUP MEDICAL INSURANCE SCHEME FOR RETIREES FOR THE PERIOD 1ST NOVEMBER 2025 TO 31ST OCTOBER 2026**

I Employee/PF No.

had retired from the services of the Bank on (date of retirement) in Officer / Clerical / Sub Staff Cadre, have gone through the revised terms and conditions on Medical Insurance Scheme as applicable to retirees [Pension/CPF Optees] and express my willingness to join the said scheme by paying agreed Insurance Premium in terms of **Central Office HCM** **Staff Circular No. 1794 dated 22.09.2025.**

# 10 Digit Central Bank Pension / Savings Account Number:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

I hereby authorize the bank to debit the insurance premium from my above-mentioned account, as decided by IBA/Insurance Company and as per option selected by me. **I will ensure that sufficient balance is maintained in the account till the date of debit of premium by Central Office. I fully understand that in case of non-debit of premium amount due to any reasons, my 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 ensure that annual premium is paid. I also understand and accept that the Bank shall act as an intermediary in providing the data to the Insurance Company and is no way responsible for reimbursement of any amount under the scheme, except what is admissible / payable by the Insurance Company.

**TICK THE REQUIRED OPTION: *WITHOUT ADD ON***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Designation** | **Sum Insured** | **Total Sum Insured (Rs. in Lakh)** | **Retiree With Spouse Premium in Rs.** | **TICK OPTION** | **Single Person Premium in Rs.** | **TICK OPTION** |
| AWARD STAFF  (option I) | Base S.I. 3.00 | 3.00 | 27001 |  | 24301 |  |
| BASE S.I. + TOPUP 1.00 | 4.00 | 39502 |  | 34922 |  |
| BASE S.I. + TOPUP 2.00 | 5.00 | 47002 |  | 41302 |  |
| BASE S.I. + TOPUP 3.00 | 6.00 | 56302 |  | 49202 |  |
| BASE S.I. + TOPUP 4.00 | 7.00 | 66002 |  | 55502 |  |
| AWARD STAFF  (option II) | BASE S.I. 4.00 | 4.00 | 31001 |  | 29251 |  |
| BASE S.I. + TOPUP 1.00 | 5.00 | 43502 |  | 39872 |  |
| BASE S.I. + TOPUP 2.00 | 6.00 | 51002 |  | 46252 |  |
| BASE S.I. + TOPUP 3.00 | 7.00 | 60302 |  | 54152 |  |
| BASE S.I. + TOPUP 4.00 | 8.00 | 70002 |  | 60452 |  |
| All Officers | BASE S.I. 5.25 | 5.25 | 40231 |  | 37181 |  |
| BASE S.I. + TOPUP 1.00 | 6.25 | 52732 |  | 47802 |  |
| BASE S.I. + TOPUP 2.00 | 7.25 | 60232 |  | 54182 |  |
| BASE S.I. + TOPUP 3.00 | 8.25 | 69532 |  | 62082 |  |
| BASE S.I. + TOPUP 4.00 | 9.25 | 79232 |  | 68382 |  |
| Officers SC 6 & above  (Optional) | BASE S.I. 7.00 | 7.00 | 60001 |  | 48001 |  |
| BASE S.I. + TOPUP 1.00 | 8.00 | 72502 |  | 58622 |  |
| BASE S.I. + TOPUP 2.00 | 9.00 | 80002 |  | 65002 |  |
| BASE S.I. + TOPUP 3.00 | 10.00 | 89302 |  | 72902 |  |
| BASE S.I. + TOPUP 4.00 | 11.00 | 99002 |  | 79202 |  |
| GST shall be applicable separately | | | | | | |

**TICK THE REQUIRED OPTION: *WITH SINGLE ADD ON***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Designation** | **Sum Insured** | **Total Sum Insured (Rs. in Lakh)** | **Retiree With Spouse +Add on Premium in Rs.** | **TICK OPTION** | **Single Person + Add on Premium in Rs.** | **TICK OPTION** |
| AWARD STAFF  (option I) | Base S.I. 3.00 | 3.00 | 37002 |  | 34302 |  |
| BASE S.I. + TOPUP 1.00 | 4.00 | 54504 |  | 49924 |  |
| BASE S.I. + TOPUP 2.00 | 5.00 | 67004 |  | 61304 |  |
| BASE S.I. + TOPUP 3.00 | 6.00 | 86304 |  | 79204 |  |
| BASE S.I. + TOPUP 4.00 | 7.00 | 106004 |  | 95504 |  |
| AWARD STAFF  (option II) | BASE S.I. 4.00 | 4.00 | 43502 |  | 41752 |  |
| BASE S.I. + TOPUP 1.00 | 5.00 | 61004 |  | 57374 |  |
| BASE S.I. + TOPUP 2.00 | 6.00 | 73504 |  | 68754 |  |
| BASE S.I. + TOPUP 3.00 | 7.00 | 92804 |  | 86654 |  |
| BASE S.I. + TOPUP 4.00 | 8.00 | 112504 |  | 102954 |  |
| All Officers | BASE S.I. 5.25 | 5.25 | 55232 |  | 52182 |  |
| BASE S.I. + TOPUP 1.00 | 6.25 | 72734 |  | 67804 |  |
| BASE S.I. + TOPUP 2.00 | 7.25 | 85234 |  | 79184 |  |
| BASE S.I. + TOPUP 3.00 | 8.25 | 104534 |  | 97084 |  |
| BASE S.I. + TOPUP 4.00 | 9.25 | 124234 |  | 113384 |  |
| Officers SC 6 & above  (Optional) | BASE S.I. 7.00 | 7.00 | 95002 |  | 83002 |  |
| BASE S.I. + TOPUP 1.00 | 8.00 | 112504 |  | 98624 |  |
| BASE S.I. + TOPUP 2.00 | 9.00 | 125004 |  | 110004 |  |
| BASE S.I. + TOPUP 3.00 | 10.00 | 144304 |  | 127904 |  |
| BASE S.I. + TOPUP 4.00 | 11.00 | 164004 |  | 144204 |  |
| GST shall be applicable separately | | | | | | |

# Note: For multiple add on the premium will be increased accordingly as per following tables:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Add-on Premium details for each Physically/Mentally challenged family member | | | | |
| Sum Insured (SI) | Rs. 3,00,000 | Rs. 4,00,000 | Rs. 5,25,000 | Rs. 7,00,000 |
| Award Staff/Officer (Premium without GST) | Rs. 10,001 | Rs. 12,501 | Rs. 15,001 | Rs. 35,001 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PREMIUM RATES FOR ADD-ON TOP-UP FACILITY**  **(RATE PER ADD-ON MEMBERS, Excl. GST)** | | | | |
| **Top-up Sum Insured** | **Rs.1.00 Lakh** | **Rs.2.00 Lakh** | **Rs.3.00 Lakh** | **Rs.4.00 Lakh** |
| **Retirees (Award Staff/ Officer)** | Rs.5001 | Rs.10,001 | Rs.20,001 | Rs.30,001 |

# CONFIRM PLAN DETAILS:- (strike out whichever is not applicable)

1. Family / Single ₹. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Top-up Sum Insured ₹. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. No. of Add On Members 0 / 1 / 2 / 3 / 4
4. Premium for Add on inc. Top up ₹. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If option 2 & 3 are selected)

1. Total Premium- ₹. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Members having selected Add-on must pay add on top up premium if they opted for add on member.

I am furnishing the details of myself and my spouse (if applicable) hereunder:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details** | **Full Name** | **Date of Birth** | **Present Age** | **Cadre from which**  **superannuated / retired** |
| Self |  |  |  | * Award Staff * Officer SC I to V * Officer SC VI to VII |
| Spouse |  |  |  | Not Applicable |
| Add-on Dependent 1 |  |  |  | Not Applicable |
| Add-on Dependent 2 |  |  |  | Not Applicable |

# Nomination Details in case of single person policy : - (Nominee must be 18 & above)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Nominee’s Name** | **Relationship** | **Date of Birth/ Age** |
| 1 |  |  |  |

**Address for communication**

# District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile No. E-mail ID:**

**Yours faithfully,**

# Place: Signature

**Date: Name of the Retiree/Spouse**: