

**APPLICATION FROM RETIRED STAFF FOR REIMBURSEMENT OF PREMIUM PAID TO
HEALTH INSURANCE POLICY**

The Asst. General Manager,
Indian Bank, HO:HRM Department,
66, Rajaji Salai, Chennai 600 001.

Dear Sir,

I request you to reimburse the health Insurance premium paid by me as per the Scheme for health insurance to retired staff of our Bank. The required details are given below:

1. Name of the Applicant		2. SR no:	
3. Designation (at the time of retirement)		4. Date of Birth:	
5. Branch: (at which last worked)		6. Date of Retirement on superannuation	
7. S B A/C no:		8. Branch: (Where A/c is maintained)	
9. Address	Present Address:	Permanent Address:	
10. Age as on the date of Policy:	Years	11. Year of Claim:	2017
12. Policy Details:	a. Policy No : b. Period : c. sum assured : c. Premium Paid : d. Name of the Insurance Co:		

Declaration by the applicant

I here by declare that I retired from the Bank on superannuation and the particulars given above are true.

Date:

Signature of the Applicant

Branch Manager's Recommendation

Certified that the applicant is maintaining SB account with our Bank and the details furnished have been verified with the Original Policy & Premium Receipt and found correct. We forward the application to HO: HRMD for reimbursement of eligible amount.

Date:

Signature of the Branch Manager & Seal