

CONSENT FORM - IBA GROUP MEDICAL

THE DY. GENERAL MANAGER
HUMAN RESOURCE MANAGEMENT DEPARTMENT,
PUNJAB NATIONAL BANK,
HEAD OFFICE,
NEW DELHI 110075



REG: IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES/SPOUSE OF RETIRED EMPLOYEES.

I SUBMIT MY CONSENT TO JOIN IBA'S GROUP MEDICAL INSURANCE SCHEME. MY DETAILS ARE AS UNDER:-

PF NO	25442	EMPLOYEE NAME	MADHUKAR HARILAL JOSHI
DOB	15-10-1952	CADRE/DESIGNATION	MMGS III - SR. MANAGER
STATUS OF EMPLOYEE	ALIVE <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/>	GENDER	MALE
RETIREMENT DATE	31-12-2000	SEPERATION REASON	V.R.S.
SPOUSE NAME	KUSUM JOSHI	ALIVE (SPOUSE)	YES/NO <input checked="" type="checkbox"/>
DOB (SPOUSE)	28-11-1958	GENDER	FEMALE
WANTS DOMICILIARY COVERAGE :-		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
COVERAGE FOR*	FAMILY FLOATER <input checked="" type="checkbox"/>	SINGLE <input type="checkbox"/>	
*SINGLE RATE ARE APPLICABLE FOR RETIREE WITHOUT SPOUSE AND SURVIVING SPOUSE (FAMILY PENSIONER)			
SUM INSURED* (BASE POLICY)	100000 <input type="checkbox"/>	300000 <input checked="" type="checkbox"/>	
	200000 <input type="checkbox"/>	400000 <input type="checkbox"/>	
WHETHER WANTS SUPER TOP-UP		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
SUPER TOP-UP	100000 <input type="checkbox"/>	300000 <input type="checkbox"/>	
	200000 <input type="checkbox"/>	400000 <input checked="" type="checkbox"/>	
	500000 <input type="checkbox"/>		
MOBILE NO.	98987 86645		
CORRESPONDENCE ADDRESS	C-5, PRABHAKAR APARTMENTS, NR CHINMAY TOWERS, GURUKUL ROAD, MEMNAGAR, AHMEDABAD (GUJARAT) PIN 380052		
E-MAIL ID	mjoshi422@gmail.com		

I AGREE AS UNDER:

1. I IRRECOVERABLY AUTHORIZE THE BANK TO DEBIT PREMIUM AMOUNT FROM MY BELOW MENTIONED ACCOUNT FOR THE CURRENT POLICY PERIOD AND IN COMING YEARS.

A/C NO.	3937000100031494
IFSC Code	PUNB0393700

2. I shall maintain sufficient balance in the aforesaid account.
3. In case I intend to withdraw from the scheme, I shall inform the Bank before its due date for not deducting Premium from my account. Once I opt out of the scheme I will not be allowed to rejoin.
4. The Insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
5. I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
6. The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/ settled by the Insurance Company on the basis of claim documents and the Bank will not be involved in this process.

Your Faithfully

[Signature]

Signature

Date: 11-10-2021

Place: AHMEDABAD

Received consent form to join the Medial Insurance Scheme as per Circular No. 595/2021, Dt. 28/9/21 Sh/Sr. ff PF No. 25442 The information received shall be entered in HRMS.

Acknowledgement 28/9/21 MADHUKAR JOSHI

Signature of Bank Official with Stamp
Bo/Co