



Bhadri Vetry &lt;bhadrivetry95@gmail.com&gt;

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**Optional Parental medical insurance, Hospitalization Top-Up and Critical Illness Programs - before 19 Dec 2025 (Do not change the subject line)**

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**Bhadri Vetry** <bhadrivetry95@gmail.com>

Fri, Nov 28, 2025 at 1:52 PM

To: LOA Benefits Enrollment &lt;LOA\_benefitsenrollment@bofa.com&gt;

Cc: suresh.ramalingam@bofa.com

Dear Team,

Please find attached my completed enrollment form for the Optional Parental Health Insurance as requested.

I would like to confirm my enrollment for the parental insurance program as per the details filled in the attached Excel file.

**Employee Details:**

- **Employee Name:** Bhadrinath Bhadrinath
- **Person Number:** 25601118
- **Date of Joining:** 22-Jun-2021

I have reviewed the premium details and coverage options and the attachment includes all required information. Kindly process my enrollment.

Please let me know in case any further information is required.

Thank you.

Regards,  
Bhadrinath Bhadrinath

[Quoted text hidden]

**Parental Insurance Enrollment form\_2026.xlsx**

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