

**“SBI HEALTH ASSIST” SCHEME (2022-23)****CONSENT FOR RENEWAL**

<b>Date of payment of premium</b>	
<b>Journal No.</b>	
<b>Amount paid</b>	

The Branch Manager  
State Bank of India,  
\_\_\_\_\_ Office/ Branch

Dear Sir,

**SUB: Family Floater Group Health Insurance Policy ‘B’ for SBI Retirees,**  
**Policy Period: 16.01.2022 –15.01.2023**

PF No. /HRMS ID		
Pensioner Type ( Pensioner / Retiree / Family Pensioner)		
Name of Retiree/ Spouse of Deceased Retiree (Family pensioner)	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of Spouse	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of disabled child (if any) 1. 2.	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of the Nominee	Relationship of Nominee	
Date of Retirement :		
<b>Address of pensioner</b>		
City		
State		
Pincode		
<b>Mobile No. (For e-Pharmacy Scheme)</b>		
Landline No.		
Email Id.		
Name of Zonal/Administrative office		
Name of LHO		

Name of Pension Branch	
Pension Branch code	
Pension Account no.	
IFSC code	

I intend to renew the Family Floater Group Health Insurance under 'SBI Health Assist' scheme of State Bank of India. I hereby exercise my options as per the following :

Sum Insured (Rs. in Lakhs)	Premium details for Basic Cover			
	Basic Premium	GST @ 18%	Gross Premium (A)	Please Tick Opted Plan
3,00,000	16,542	2,978	19,520	
5,00,000	36,771	6,619	43,390	

Premium details for Additional Super Top cover					
Base plan (Amt. in lakhs)	Additional Super Top-up (Amt. in lakhs)	Amount of Basic premium (Rs.)	GST @ 18 % (Rs.)	Total Premium including Tax (B) (Rs.)	Please Tick Opted Plan
3.00	11.00	5,023	904	5,927	
	16.00	6,229	1,121	7,350	
5.00	14.00	9,530	1,715	11,245	
	19.00	10,892	1,961	12,853	

Critical Illness Cover				
Sum Insured	Basic Premium	GST @ 18%	Gross Premium (C) (Rs.)	Please Tick Opted Plan
5,00,000**	13,774	2479	16253	

**\*\*Critical Illness Cover & Additional Super Top-up cover will not be available separately and can be taken only with a Base Plan.**

Calculation of Total Premium :

Premium for Basic Plan Opted with GST (A)	Additional Super top-up Premium (If any) with GST (B)	Critical Illness Plan Premium (If any) with GST (C)	Total Premium (with GST) A+B+C = D

**Debit Authority :**

I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. \_\_\_\_\_ lakhs under the Family Floater Group Health Insurance policy 'B'. I hereby authorize the Bank to debit the insurance premium amount of Rs. \_\_\_\_\_to my pension / family pension account / Savings Bank Account No. \_\_\_\_\_.

**Date :**

**Signature of Retired Employee/ Spouse**

(On Branch Letter head)

**ACKNOWLEDGEMENT OF PREMIUM PAID**

**(Year 2022-23)**

**'SBI Health Assist'**

**GROUP MEDICLAIM POLICY FOR RETIREES**

**(to be given to the applicant by the Branch receiving this Application Form)**

**Received from Shri/Smt. \_\_\_\_\_**

**PF Index No. \_\_\_\_\_**

**This is to certify that Insurance Premium including GST for Rs \_\_\_\_\_**

**(Base Plan + Critical Illness Cover + Additional Super Top-up cover) +  
Rs. \_\_\_\_\_ (Super Top-up Cover) = \_\_\_\_\_ (in words  
Rupees \_\_\_\_\_)**

**has been received for enrolment in above Mediclaim Policy.**

**Date \_\_\_\_\_**

**Signature of the Branch official  
issuing the certificate**