

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 Applicant:		2. SRNO :	
3. Designation : (at the time of retirement)		4.Date of Birth :	
5. Branch : (at which last worked)		6.Date of Retirement on superannuation	
7. SB A/c No.		8. Branch : Where a/c is maintained	
9. Address:	Present address : Mobile/Land line No:	Permanent address:	
10. Age as on date of the Policy:		11. Year of claim :	
12. Policy Details : (Enclose a copy of the Policy duly attested by the branch Manager.)	a. Policy No : b. Period : c. Sum assured : c. Premium Paid : d. Name of Insurance Co:		
<p align="center"><u>Declaration by the applicant</u></p> <p>I hereby declare that I retired from the Bank on superannuation and the particulars given above are true.</p> <p>Date: _____ Signature of the applicant.</p>			
<p align="center"><u>Branch Manager's Recommendation</u></p> <p>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.</p> <p>Date : _____ Signature of Branch Manager & Seal</p>			