

**ANNEXURE B.**

PART OF ANNEXURE TO CIRCULAR

**BSNL & DOT PENSIONERS ASSOCIATION (INDIA)      √√**

**CONSENT FORM TO JOIN THE MEDICAL INSURANCE SCHEME WITH SUPER TOP UP (To be submitted by retiree/Family pensioner)**

To,  
President,  
BSNL & DOT Pensioners Association (India)  
410-A/411-A, Swaminarayan Avenue, Opp. AEC Over Bridge, Naranpura Ahmeabad-38001

Dear Sir,

**Subject- Joining the Group Medical Insurance Policy of The New India Assurance Co. Ltd for Retired Employees.**

1. I, \_\_\_\_\_, having Membership No. \_\_\_\_\_ retired/ Family pensioner from BSNL & DOT on \_\_\_\_\_.

**GENDER :MALE/FEMALE.**

**ADDRESS :** \_\_\_\_\_  
\_\_\_\_\_

**CITY / PLACE :** \_\_\_\_\_ . **STATE:** \_\_\_\_\_

**PIN CODE:** \_\_\_\_\_.

2. I am providing the details of myself and my spouse here below: \* **Indicates mandatory**

**FULL NAME OF RETIREE:** \_\_\_\_\_.

**DATE OF BIRTH\* :** \_\_\_\_\_ . **GENDER:** MALE / FEMALE.

**AADHAR NO:\*** \_\_\_\_\_ . **PAN NO:\*** \_\_\_\_\_

**MOBILE No.\*** \_\_\_\_\_ . **Email ID:\*** \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_.

**SPOUSE DATE OF BIRTH:\*** \_\_\_\_\_ . **GENDER :MALE/FEMALE.**

**NOMINEE NAME :** \_\_\_\_\_ . **RELATION OF NOMINEE :** \_\_\_\_\_.

**DATE OF BIRTH :** \_\_\_\_\_

3. I hereby submit my option to join Group Medical Insurance Policy of The New India Assurance Company Limited for the insurance cover as under:

**Premium Rate Per Family including GST – Base Group Mediclaim Policy + Super Top Up**

Sum Insured Options	Self + Spouse	Tick any one <input type="checkbox"/>	Self	Tick any one <input type="checkbox"/>
Base 2 lakhs only	18,042		11,727	
Base 2 lakhs + Super Top up 2 lakhs	24,509		15,931	
Base 3 lakhs only	22,066		14,343	
Base 3lakhs + Super top up 3 lakhs	30,443		19,788	
Base 3lakhs + Super top up 4 lakhs	32,120		20,878	
Base 4 lakhs only	27,258		17,718	
Base 4 lakhs + Super Top up 5 lakhs	39,951		25,968	

4. I hereby remit the full premium amount to **BSNL & DOT Pensioners Association A/C No 0317201012977** with **Canara Bank, Bhadra Branch, IFSC CODE CNRB0000317 MICR CODE: 0380015003** as under:

MODE OF PAYMENT	Cheque or Transaction (UTR)# Number	Date of Transaction	TOTALAMOUNT
TRANSFER			
NEFT#			
Cheque			

# mention Transaction(UTR) number for NEFT

5. I hereby authorize BSNL & DOT Pensioners Association (India) to remit the premium amount to The New India Assurance Co Ltd (For Base and Super Top Up), as filled in above to ensure availability of Health insurance cover.

**DECLARATIONS:**

1. I hereby declare, on my behalf and on behalf of my spouse, that the above particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of my spouse.
2. I understand that the information provided by me will form the basis of the insurance policy, and that the policy will come into force only after full receipt of the premium chargeable and the application is in order.
3. I agree to the terms and conditions of the Policy and have understood the same.
4. I/We understand that BSNL & DOT Pensioners Association (India) is only a facilitator and has no liability whatsoever in this regard.
5. I am the retired employee/spouse of retired employee.

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name \_\_\_\_\_ (retiree/family Pensioner).