

ANNEXURE B.

PART OF ANNEXURE TO CIRCULAR

BSNL & DOT PENSIONERS ASSOCIATION (INDIA) √√

CONSENT FORM TO JOIN THE MEDICAL INSURANCE SCHEME WITH SUPER TOP UP FOR THE YEAR 2023-24 (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: _____

POLICY: FRESH / RENEWAL

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: