

BANGIYA GRAMIN VIKASH BANK

ANNEXURE-I

Option form for all existing retirees/resigned as on 31.07.2018

Fill in "BLOCK LETTERS" and Submit in duplicate at the BGVB Branch where SB account is maintained

Name of Employee														
Designation: (as retired)						Date of Retirement								
S.P.F. No						P.P.O. No.: (If Any)								
Address for Communication	House No and Street Name													
	City					Police Station								
	Pin Code						Post Office							
Reasons for superannuation (Retirement / Resignation / Death)														
Tel. No								Mobile No.						
Email						Sum Insured (4/3 Lakh)		₹						
Insurance Option (Tick Box)	OPTION-I : Policy without domiciliary cover				Premium Amount (Tick Box)		₹ 12334		₹ 16444					
	OPTION-II : Policy with domiciliary cover						₹ 27751		₹ 36998					
Members Covered (Tick Box)		Retired Employee + Spouse				Spouse of deceased employee								
Name of Members						Date of Birth		Age		Sex				
Retd. Emp														
SPOUSE														

I hereby opt for insurance cover under the scheme and authorize to debit my Savings Account bearing No

_____ for a sum of ₹ _____ (in words _____) as premium for joining in the Medical Insurance Scheme (Option _____) with the insurance provider Oriental Insurance Co. Ltd for the Policy year 2018-19.

Statements made above on my behalf and on behalf of my spouse are true and correct to the best of my knowledge and belief. It is hereby understood and agreed that the statements are the basis on which the insurance is being granted. If, after the insurance is effect, it is found that the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance in respect of me and my spouse proposed for insurance. I also confirm that I have read the terms & condition relating to eligibility to join the scheme

Place: _____

Date: _____

Signature of Retired/Resigned Employee / Spouse of Deceased

Employee

Certified that Shri./Smt. _____, (SPF No. _____) ,a retired employee /spouse of the deceased employee of the Bank maintain savings account No _____ with this branch. His/her signature tallies with the recorded specimen Signature in the Account.

Place: _____

Date: _____

Signature of Manager with Seal

This form duly completed in all respects to be Scanned and emailed to cmacts@bgvb.co.in latest by 20th September 2018. Hard copies to be sent by the Branch in duplicate to the respective Regional Offices for submission to : The Chief Manager, P&A, Bangiya Gramin Vikash Bank. Head Office, Chuanpur, NH 34, P.O-Berhampur, Dist-Murshidabad PIN-742101 by 25.09.2018

Premium Details for Retiree' Policy

Retiree Cadre	Sum Insured	Option-I Without Domiciliary	Option-II With Domiciliary
Office attendant	₹ 300000.00	₹ 12334.00	₹ 27751.00
Office Assistant	₹ 300000.00	₹ 12334.00	₹ 27751.00
Officer	₹ 400000.00	₹ 16444.00	₹ 36998.00