

'SIB- ASHWAS PLUS'
THE SOUTH INDIAN BANK RETIRED EMPLOYEES MEDICAL INSURANCE SCHEME
 [Membership/Declaration/Authorisation form]

Plan Opted	Single	Family (Staff & Spouse)
-------------------	---------------	--

Strike off whichever not applicable

Affix stamp size photo (Self)	Affix stamp size photo (Spouse)
---	---

1. Name of Retired Employee : Mr./Ms./Mrs.
2. PPC :
3. Father's Name :
4. Date of Birth :
5. Date of joining the service :
6. Type of Retirement :
7. Date of retirement :
8. Age as on the date of retirement :
9. Designation at the time of Retirement :
10. Branch/Office from where retired :
11. Details of spouse:-
 - a. Name :
 - b. Date of Birth :
 - c. Age :
 - d. Whether employee of SIB?, if yes, give details :
12. Communication details:-
 - a. Address for correspondence: _____

 _____ Pin: _____
 - b. Telephone No. with STD code: _____ Mobile No.: _____
 - c. E-mail Id : _____

13. Account details:-

- a. Savings Account No. where pension is credited: _____
- b. Branch : _____
- c. IFSC Code : _____

14. Pre-existing Diseases:

	List of Pre existing diseases
Retd Employee	
Spouse	

15. ASSIGNMENT :

I, Mr/Mrs _____, retired employee/spouse of the deceased retired employee of the Bank do hereby assign the moneys payable by the New India Assurance Co. Ltd in case of my death to Mr./Mrs . _____ Relation _____ and I further declare that his/her receipt shall be sufficient discharge of the company.

16. DECLARATION

- (a) The particulars given above are true to my best knowledge and belief.
- (b) I have read and understood the terms and conditions of the scheme and undertake to abide by the same as may be modified / amended from time to time.
- (c) I also note that the Bank has the complete authority to discontinue the scheme at any point of time.
- (d) I hereby authorise the bank to debit my account _____ with Branch _____ for the portion of the premium amount for the current year and the coming years for renewal of the policy.
- (e) I also undertake to inform you in advance in case I do not wish to continue in the scheme / renew the policy in future.

Signature of Retired Employee

Place :

Date :

Signature of spouse

(Not mandatory)