

United India Insurance Co. Ltd. - Medical Insurance Scheme
CONSENT LETTER CUM APPLICATION FORM

Affix stamp size Photo (Self)	Affix stamp size Photo (Spouse)
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1. Name of Retired Staff : Mr./Ms./Mrs.
 2. PPC :
 3. Date of Birth :
 4. Type of Retirement :
 5. Date of retirement :
 6. Designation at the time of Retirement :
 7. Details of spouse:-

- (a) Name :
 (b) Date of Birth :
 (c) Age :

10. Address for correspondence: _____

 _____ Pin: _____

- a. Telephone No. with STD code: _____ Mobile No. 1: _____
 *Mobile No. 2: _____
 b. E-mail Id 1 : _____
 * E-mail Id 2 : _____

11. DECLARATION

- (a) The particulars given above are true to my best knowledge and belief.
 (b) I have also 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 hereby authorise the bank to debit my account _____ with Branch _____ for the portion of the premium amount for joining new insurance policy for the current year and the coming years for renewal of the policy.
 (d) I also undertake to inform you in advance in case I do not wish to continue in the scheme / renew the policy in future.

(* Advised to mention Mobile number 2. and E-mail Id 2 of spouse/children/close relative of retired staff)

Signature of Retired Staff
Place :
Date :

Signature of spouse
 (Not mandatory)