

## **Post Retirement Medical Benefit Scheme (PRMBS) Post 01.01.2007.**

Details to join the Scheme for the year 2017 are as under :

Order is placed on M/s. United India Insurance Co. Ltd. The documents to be enclosed along with application form is as under :

2 Passport Size Photographs (each) of retired officer & Spouse, NUS & spouse. .

Signature on passport size photos (rear side) by retired officer / NUS & Spouse.

Age proof ( Photocopy of Voter ID Or SSC Certificate Or Ration Card Or Passport Or Aadhar Card).

The Premium amount payable by Retired Officers / Non Unionized Supervisory Cadre details are as under : Demand Draft to be drawn in favour of

### **“MIDHANI EMPLOYEES DEFINED SUPERANNUATION MEDICAL SCHEMES TRUST”**

Sl. No.	Group	Insured Amount	Retired officer/NUS Premium Amount to be paid
1	A	Rs. 5,00,000 (Grade VI and above)	Rs. 10592/- (Rupees Ten Thousand Five Hundred and Ninety Two only)
2	B	Rs.4,00,000 (Grade EO TO Grade V)	Rs. 9539/- (Rupees Nine Thousand Five Hundred and Thirty Nine only)

#### **PRMBS POST 01.01.2007 BANK DETAILS**

Bank Name : State Bank of India  
Bank Address : Chandrayangutta  
A/C No. : 34718869509  
A/C Type : SB  
IFSC Code : SBIN0003026  
MICR No. : 500002012

The bank details are given for the retired persons who are eligible and interested to make payment through RTGS to join the post retirement medical benefit scheme. The retired employee while sending the application form for joining medical scheme must enclose UTR No. details. Duly filled in application form received without UTR details will not be considered for joining the medical benefit scheme.

**Due date for submission of application form along with UTR No. is 26.12.2016**

**APPLICATION – FORMAT MEDICAL (PRMBS)**  
**FOR RETIRED EMPLOYEES OF MIDHANI POST 01.01.2007**

1. Full Name :
2. Father Name :
3. Staff No. :
4. Date of Birth (Age as on date) :
5. Designation at the time of Retirement / Death :
6. Department at the time of Retirement / Death :
7. Spouse Name :
8. Spouse Age / Date of Birth (Age as on Date) :
9. Present address for Communication :
10. Permanent Address :
11. Phone No. Land Line/Mobile No. :
12. E-mail ID if any :
13. Date of Retirement / Separation :  
Due to death
14. Details of Demand Draft :  
Name of Bank & Branch, Demand Draft No & Date Drawn on Amount
15. Photographs enclosed (2 No's) :  
Self and Spouse

Note : Age Proof should be enclosed, 2 Nos of Passport size photos (Self & Spouse) to be enclosed. Photos rear side signature.

Date : \_\_\_\_\_ Signature of Retired Employee

Place : \_\_\_\_\_ Signature of Spouse

DD In Favour of : “ **Midhani Employees Defined Superannuation Medical Schemes Trust**”