

Group Medical Insurance Scheme for Officers NUS & Non Executives retired prior to 01.01.2007 details to join the scheme for the year 2018 are as under :

Order is placed on M/s. United India Insurance Co. Ltd. Demand Draft / RTGS details is to be enclosed along with application form.

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

“ Midhani Superannuation Prior 2007 Med. Scheme Trust”

NOTE : SBI Demand Draft is preferable for faster processing.

Sl. No.	Group	Insured Amount	Retired officer/Nus & Non Executive Premium Amount to be paid
1	Retired employees prior to 2007	Rs. 4,00,000 Floater Including OPD Rs. 20,000/- floater.	Rs. 9912/- (Rupees Nine Thousand Nine Hundred and Twelve only)

The interested and eligible retired employees can also make payment through RTGS as per bank details given below. 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

Bank Name : State Bank of India
Bank Address : Chandrayangutta
A/C No. : 35612620216
A/C Type : SB
IFSC Code : SBIN0003026
MICR No. : 500002012

Note : The retired employees those who are already in the post retirement medical benefit scheme need not enclose photos and age proof.

Due date for submission of application form along with Demand Draft / RTGS details is 23.12.2017.

Contact Person : M. Venu Gopala Swamy, Mob No. 9100192776

APPLICATION FORM – FORMAT MEDICAL (GMIS)
FOR RETIRED OFFICERS/NUS/NON EXECUTIVES OF MIDHANI **PRIOR TO**
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/VRS :
6. Department at the time of Retirement / Death/VRS :
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/VRS :
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 : The retired employees those who already joined in the post retirement medical benefit scheme need not enclose photos and age proof.

Date :

Signature of Retired Employee

Place :

Signature of Spouse

DD In Favour of : “ **Midhani Superannuation Prior 2007 Med. Scheme Trust**”