

Post Retirement Medical Benefit Scheme (PRMBS) Post 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. The documents to be enclosed along with application form is as under :

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”**

**NOTE : SBI Demand Draft is preferable for faster processing.**

Sl. No.	Group	Insured Amount	Retired officer / Nus Premium Amount to be paid
1	A	Rs. 5,00,000 (Grade VI and above)	Rs. 11151/- (Rupees Eleven Thousand One Hundred and Fifty One only)
2	B	Rs.4,00,000 (Grade EO TO Grade V)	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. : 34718869509  
A/C Type : SB  
IFSC Code : SBIN0003026  
MICR No. : 500002012

**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 - MEDICAL**

**FORMAT FOR POST 2007 RETIRED EMPLOYEES OF MIDHANI**

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 : The retired employees those who are already 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 Employees Defined Superannuation Medical Schemes Trust**”

