

To

Head-Human Resources  
Dhanlaxmi Bank Ltd  
HR Department, Corporate Office  
Punkunnam, Thrissur- 680 002

Sir,

I wish to inform that after due consideration I have decided to **renew / not to renew** (strike whichever is not applicable) the Group Medclaim Insurance for Retirees for 2023-24 and my option is as under (Please tick): -

**Base Premium Rate;**

	Rate with GST			
	<i>Retirees without Domiciliary</i>		<i>Retirees with Domiciliary</i>	
Sum Insured	Family Floater Premium Amount	Single Person Premium Amount	Family Floater Premium Amount	Single Person Premium Amount
200000	Rs.26,454 <input type="checkbox"/>	Rs.17,857 <input type="checkbox"/>	Rs.49,005 <input type="checkbox"/>	Rs.33,079 <input type="checkbox"/>

Super Top-Up Premium Rates with GST

WITHOUT DOMICILIARY			DOMICILIARY		
Sum Insured	Family Floater	Single Person	Family Floater	Single Person	
100000	Rs.27159 <input type="checkbox"/>	Rs.18332 <input type="checkbox"/>	Rs.35307 <input type="checkbox"/>	Rs.23832 <input type="checkbox"/>	
200000	Rs.50919 <input type="checkbox"/>	Rs.34371 <input type="checkbox"/>	Rs.66196 <input type="checkbox"/>	Rs.44683 <input type="checkbox"/>	
300000	Rs.58014 <input type="checkbox"/>	Rs.39159 <input type="checkbox"/>	Rs.75417 <input type="checkbox"/>	Rs.50908 <input type="checkbox"/>	
400000	Rs.60860 <input type="checkbox"/>	Rs.41081 <input type="checkbox"/>	Rs.79118 <input type="checkbox"/>	Rs.53406 <input type="checkbox"/>	
500000	Rs.70078 <input type="checkbox"/>	Rs.47303 <input type="checkbox"/>	Rs.91101 <input type="checkbox"/>	Rs.61493 <input type="checkbox"/>	
600000	Rs.77130 <input type="checkbox"/>	Rs.52063 <input type="checkbox"/>	Rs.100268 <input type="checkbox"/>	Rs.67681 <input type="checkbox"/>	
700000	Rs.80684 <input type="checkbox"/>	Rs.54462 <input type="checkbox"/>	Rs.104889 <input type="checkbox"/>	Rs.70801 <input type="checkbox"/>	
800000	Rs.87070 <input type="checkbox"/>	Rs.58772 <input type="checkbox"/>	Rs.113190 <input type="checkbox"/>	Rs.76404 <input type="checkbox"/>	
900000	Rs.93456 <input type="checkbox"/>	Rs.63083 <input type="checkbox"/>	Rs.121493 <input type="checkbox"/>	Rs.82008 <input type="checkbox"/>	
1000000	Rs.101966 <input type="checkbox"/>	Rs.68828 <input type="checkbox"/>	Rs.132556 <input type="checkbox"/>	Rs.89476 <input type="checkbox"/>	

**NOT to OPT for the above Insurance Scheme.**

The decision is of my own volition and a conscious one. I also understand that having once refused to opt; I will not be eligible for joining the scheme.

Date:

Signature:

Place:

Name of Retired employee/Name of Family Pensioner

Employee No :

Contact No:

WhatsApp Number:

Email Id: