

To

Head-Human Resources
Dhanlaxmi bank Ltd
HR Department, Corporate Office
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 2021-22 and my option is as under (Please tick):-

Base 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
400000 (Only for Officers)	Rs.43249 <input type="checkbox"/>	Rs.28112 <input type="checkbox"/>	Rs.86042 <input type="checkbox"/>	Rs.55927 <input type="checkbox"/>
300000	Rs.33884 <input type="checkbox"/>	Rs.22025 <input type="checkbox"/>	Rs.65107 <input type="checkbox"/>	Rs.42319 <input type="checkbox"/>
200000 (Not Eligible for Super Top Up)	Rs.22025 <input type="checkbox"/>	Rs.14316 <input type="checkbox"/>	Rs.45213 <input type="checkbox"/>	Rs.29388 <input type="checkbox"/>
100000 (Not Eligible for Super Top Up)	Rs.15248 <input type="checkbox"/>	Rs.9911 <input type="checkbox"/>	Rs.27024 <input type="checkbox"/>	Rs.17566 <input type="checkbox"/>

Super Top-Up rates:

	Retirees(Rate with GST)	
Sum Insured	Family Floater	Single Person
500000 Eligible only if the base policy Sum Insured is 4 Lakhs	Rs.11601 <input type="checkbox"/>	Rs.7540 <input type="checkbox"/>
400000 Eligible only if the base policy Sum Insured is 3 Lakhs or above	Rs.8817 <input type="checkbox"/>	Rs.5731 <input type="checkbox"/>
300000 Eligible only if the base policy Sum Insured is 3 Lakhs or above	Rs.7449 <input type="checkbox"/>	Rs.4842 <input type="checkbox"/>
200000 Eligible only if the base policy Sum Insured is 3 Lakhs or above	Rs.5932 <input type="checkbox"/>	Rs.3856 <input type="checkbox"/>
100000 Eligible only if the base policy Sum Insured is 3 Lakhs or above	Rs.3724 <input type="checkbox"/>	Rs.2421 <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 again.

Date:

Signature:

Place:

Name of Retired employee/Name of Family Pensioner

Employee No :

Contact No:

WhatsApp Number:

Email Id: