

**Annexure 2**  
**Format for Renewal/Joining IBA Medical Insurance Policy for the period 2024-25**

The Executive Vice President & Chief Human Resources Officer  
The Federal Bank Ltd  
HR Employee Relations & Operations  
Corporate Office, Federal Towers, Aluva -683101

**From**

Name of Retired Employee : \_\_\_\_\_ PF No .....

Cadre (Officer/Award Staff) : \_\_\_\_\_ Date of Retirement \_\_\_\_\_

Type of Retirement (Superannuation/VRS/VSS): \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Telephone No. with STD code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email id (if any) \_\_\_\_\_

Dear Sir,

**Sub : Renewal/Joining of IBA Medical Insurance Scheme for the Retired Employees**

Name of Person(s) to be covered (Retired Employee/Retired Employee without Spouse/ Surviving Spouse )	Date of Birth	Age	Gender

<b>Nominee Name :</b>	<b>Nominee Relation:</b>
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I hereby submit my option as below:

Option for Basic Policy based on type of coverage. (Select [✓] the Option )	Option for Basic Sum Insured (Select [✓] the Option ) Mandatory*	Option for Sum Insured Under the Super Top-Up Policy. (Select [✓] the Option )	Total Coverage (Base Policy + Super Top-Up Policy) (Select [✓] the Option )
<b>Without Domiciliary [ ]</b>	Rs. 4,00,000 [ ] (Only Officers are eligible)	Rs. 5,00,000 [ ]	<b>Rs. 9,00,000 [ ]</b>
		Rs. 4,00,000 [ ]	<b>Rs. 8,00,000 [ ]</b>
		Rs. 3,00,000 [ ]	<b>Rs. 7,00,000 [ ]</b>
		Rs. 2,00,000 [ ]	<b>Rs. 6,00,000 [ ]</b>
		Rs.0 [ ]	<b>Rs. 4,00,000 [ ]</b>
	Rs. 3,00,000 [ ] (Only Award Staff are eligible)	Rs. 4,00,000 [ ]	<b>Rs. 7,00,000 [ ]</b>
		Rs. 3,00,000 [ ]	<b>Rs. 6,00,000 [ ]</b>
		Rs.2 ,00,000 [ ]	<b>Rs. 5,00,000 [ ]</b>
		Rs.0 [ ]	<b>Rs.3,00,000 [ ]</b>

Whether covered under previous year policy (2023-24): Yes  No

I hereby authorize the Bank to appropriate the applicable premium by debit to my below mentioned account with Federal Bank for the coverage under IBA Medical Insurance Policy as per the option exercised by me.

Savings Bank Account No. with IFSC code (A/c with Federal Bank is a must):

A/c No. : \_\_\_\_\_ Branch: \_\_\_\_\_ IFSC \_\_\_\_\_

I have gone through the details of the Scheme and agree to abide by the rules and regulations, as may be modified / amended from time to time.

**Place:**

**Date:**

**Signature:**