

|                                      |  |                          |
|--------------------------------------|--|--------------------------|
| WITHOUT DOMICILIARY                  |  | ✓ (Tick mark the option) |
| WITHOUT DOMICILIARY WITH SUPER TOPUP |  |                          |

The Asstt. General Manager  
 Oriental Bank of Commerce  
 Establishment Deptt.,  
 Corporate Office, Plot No – 5  
 Institutional Area, Sector – 32  
Gurgaon- 122001

Date: \_\_\_\_\_

|        |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|
| PF NO. |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|

Dear Sir

**MEDICAL INSURANCE SCHEME FOR RETIREES: WITHOUT DOMICILIARY**

I hereby declare that I have read and understood Medical Insurance Scheme for Retirees as being implemented in Bank in terms of 10th Bipartite Settlement / Joint Note dated 25.05.2015. I am willing to avail of the facility of Medical Insurance Scheme and agree to pay the annual Insurance Premium for the year 2018-19, which has been decided by the United Insurance Company from time to time. The particulars of my spouse and myself are as under:

| S.No.. | Name | Relationship | Date of birth | Gender | Photograph |
|--------|------|--------------|---------------|--------|------------|
|        |      | Self         |               |        |            |
|        |      | Spouse       |               |        |            |

I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme except what is admissible /payable by the Insurance Company.

Yours faithfully,

Signature /Name in Full:

Designation (at retirement):

Place of last posting:

Present Residential Address:

E-mail:

Mobile/Landline No.:

Amount paid:

Date: