

ANNEXURE- II

WITH DOMICILIARY		✓ (Tick mark the option)
WITH 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: WITH 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 2019-20, 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: