

UNITED INDIA INSURANCE CO. LTD. DIVISION – IV

2, BRABOURNE ROAD, KOLKATA-700 001



Ref. No. :

Memb. No. :

ENROLMENT FORM (2017-2018)

For the Member of The Bank Employees' Co-operative Bank Ltd.

NAME OF MEMBER : _____
 MEMBER SPF. NO. : _____
 DESIGNATION (PLEASE TICK) : OFFICERS () OR NON-OFFICERS ()
 MDID / ID NO. : _____
 NAME OF TPA : _____
 BANK WHERE EMPLOYED : _____
 BRANCH NAME / TELEPHONE NO. : _____
 RESIDENTIAL ADDRESS : _____
 MOBILE NO. : _____

(BLOCK LETTER)

INSURED PERSON DETAILS

A.	NAME (IN BLOCK LETTER)	SEX	RELATIONSHIP WITH MEMBER	D.O.B. (DD/MM/YYYY)	FLOATER SUM INSURED OPTED*	PREMIUM PER FAMILY RS.
I)	_____	M / F	Self	_____	<input type="text"/>	<input type="text"/>
II)	_____	M / F	_____	_____		
III)	_____	M / F	_____	_____		
IV)	_____	M / F	_____	_____		
V)	_____	M / F	_____	_____		
VI)	_____	M / F	_____	_____		

NEAREST RUPEE (ROUNDED OFF TO) Add : Service Tax @ 15.00%

MODE OF PAYMENT

L.A / DRAFT / PAY ORDER / CHEQUE _____ DATE _____ RS. _____

TOTAL RS.

Signature of Member

N.B. 1. Only persons covered under Bank's IBA Policy Coverage are to be included under this scheme.

2. A complete separate D.D. / P.O. / Cheque / Letter of Authority should be made in favour of

"The Bank Employees' Co-operative Bank Ltd." A/c. Loss Recovery (Hospitalisation) Scheme.

Membership No.

ACKNOWLEDGMENT SLIP

Received Enrolment Form of Sri/Smt. _____ of Bank _____

Branch _____ for No. _____ Persons for Rs. _____ as per details below.

	NAME	SEX	D.O.B. (DD/MM/YYYY)	FLOATER SUM INSURED
I)	_____	M / F	_____	<input type="text"/>
II)	_____	M / F	_____	
III)	_____	M / F	_____	
IV)	_____	M / F	_____	
V)	_____	M / F	_____	
VI)	_____	M / F	_____	

Premium Chart for LR (Hospitalisation) Scheme
THE BANK EMPLOYEES' CO-OPERATIVE BANK LTD.
Premium does not include service tax

FLOATER SUM INSURED	PREMIUM PER FAMILY FOR OFFICERS PLUS ST	PREMIUM PER FAMILY FOR EMPLOYEES PLUS ST
₹ 1,00,000	₹ 3,430	₹ 3,798
₹ 3,00,000	₹ 4,339	₹ 4,804
₹ 5,00,000	₹ 5,250	₹ 5,814
₹ 7,00,000	₹ 6,630	₹ 7,340
₹ 9,00,000	₹ 8,021	₹ 8,881
₹ 11,00,000	₹ 9,704	₹ 10,746
₹ 13,00,000	₹ 11,743	₹ 13,002
₹ 15,00,000	₹ 14,210	₹ 15,731

[এই FORM-এর XEROX কপিও গ্রহণযোগ্য]

সদস্য/সদস্যগণ তার নিজ নিজ TPA-র নিকট জমা করা
আবেদনের সাথে প্রেরিত সমস্ত নথি XEROX ও প্রত্যায়িত করিয়ে
(Manager Attestation) আমাদের এখানে জমা দিবেন।