

ANNEXURE - I

Name :

Staff No:

Residential Address:

Sub: Willingness/Consent/Authroisation letter to join in the Medical Insurance Scheme as per Bipartite Settlement/ Joint Note dated 25th May,2015.

| | | |
|--|---|--|
| Name & Staff No | : | |
| Designation at the time of Retirement | : | |
| Date of Retirement | : | |
| Branch/office last worked | : | |
| Circle office | : | |
| Mode of Exit | : | |
| Pension paying Account No | : | |
| Operative Canara Bank SB Account in case on Non-Pensioners | : | |
| Branch Name | : | |
| DP Code | : | |
| IFSC No. | : | |
| PAN NO | : | |
| Contact Telephone No. | : | |
| Mobile No | : | |
| Contact Email ID of self or spouse or relative | : | |

I have gone through and understood the terms of Medical Scheme by way of insurance cover as mentioned under provisions of the 10th Bipartite Settlement / Joint Note dated 25.05.2015. I have also read and fully understood the contents of HO Circular 443/2015 dated 07.09.2015 and subsequent Circulars issued in the matter including HO Circular 461/2016 dated 19.08.2016 issued by Canara Bank.

I am willing to join said Medical Insurance Scheme as per the Bipartite Settlement/ Joint Note dated 25th May, 2015 which is extended to the existing retirees subject to payment of agreed Insurance Premium by me.

I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme. The detailed information of myself and spouse are as under: [Please furnish in capital letters using black ink. Affix the signature below the Photograph.]

| Sl. No | Full Name of Self & Staff No / Name of Dependent Spouse. | Date of Birth (DD/M/YYYY) | Gender | Relationship | Photograph |
|--------|--|---------------------------|--------|--------------|------------|
| | | | | | Self |
| | | | | | Spouse |

I authorize Canara Bank to debit the annual premium amount (Presently Rs.7559/- in case of officer or Rs.5670/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my Pension SB a/c No. /Operative Canara Bank SB Account No [as I am a non Pensioner] to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option/renewal of Policy would be treated as lapsed.

I also fully understand that Bank is only facilitating the payment by obtaining this mandate, and it will be my responsibility to ensure that annual premium is paid.

Date:

[Signature]