

**ANNEXURE I**

To  
The Chief Manager  
Personnel Administration Dept.  
Indian Overseas Bank  
Central Office,  
763, Annasalai,  
Chennai- 600002.

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

Dear Sir,

**Willingness/Consent/Authorisation letter to join the New Medical Insurance Scheme as per  
the circular no. 57 (file : 7F) of 2015-2016 dated 06.11.2015  
LAST DATE FOR SUBMISSION-28.11.2015**

I \_\_\_\_\_ retired etc., from the services of the  
Bank on \_\_\_\_\_ (Date of retirement) as Officer/ Clerical/ Sub-staff, have gone through  
the terms and conditions of the Joint note dated 25.05.2015 on Medical Insurance Scheme  
and express my willingness to join the said scheme by paying the **agreed Insurance premium  
or full premium.**

I am maintaining the following SB/ CDCC account with our \_\_\_\_\_  
Branch.

**15 digit Account Number:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I hereby authorise you to recover the insurance premium to the debit of my above account  
and to pay the premium in future also. I will ensure that the sufficient balance is maintained  
in the account. In case, if sufficient balance is not maintained, my option/ renewal of policy  
would be treated as lapsed.

I also understand that Bank is facilitating the payment by obtaining this mandate and it will  
be my responsibility to ensure that annual premium is paid. I also understand and accept  
that the Bank shall act as an intermediary in providing the data to the Insurance Company  
and is in no way responsible for reimbursement of any amount under the scheme except  
what is admissible/payable by the Insurance Company.

I am furnishing the details of myself and my spouse hereunder:

Details	Name in Full	Date of Birth	Gender
Self			
Spouse			

Yours faithfully,

Place: \_\_\_\_\_

Signature \_\_\_\_\_

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

Name: \_\_\_\_\_

Roll No. \_\_\_\_\_

**Address for Communication:**

<b><u>Address:</u></b>    <b><u>PINCODE:</u></b>	<b><u>Mobile :</u></b>  <b><u>Tel. No:</u></b>  <b><u>Email ID:</u></b>
--	---