

## То

Head-Human Resources Dhanlaxmi Bank Ltd HR Department, Corporate Office Thrissur- 680 002

Sir,

I wish to inform that after due consideration I have decided to **renew / not to renew** (strike whichever is not applicable) the Group Mediclaim Insurance for Retirees for 2025-26 and my option is as under (Please tick): -

## **Base Rate with GST**

Sum Insured	Family Floater	Single Person
300000 (Only for Award Staff)	Rs.31861.18	Rs.28675.18
400000 (Only for Award Staff)	Rs.36581.18	Rs.34516.18
525000 (Only for Scale I to Scale 5)	Rs.47472.58	Rs.43873.58
525000 (Scale 6 and above)	Rs.47472.58	Rs.43873.58
700000 (only for Scale 6 and above)	Rs.70801.18	Rs.56641.18

Top Up Rate with GST				
Sum Insured	Family Floater	Single Person		
100000 (Award Staff/Officer)	Rs.14751.18	Rs.12532.78		
200000 (Award Staff/Officer)	Rs.23601.18	Rs.20061.18		
300000 (Award Staff/Officer)	Rs.34575.18	Rs.29383.18		
400000 (Award Staff/Officer)	Rs.46021.18	Rs.36817.18		

Rates with Add-on Premium Rates with GST: (Mentally /physically challenged Dependent family members can be included by way of add-on.

Sum Insured		Retirees with spouse+ Single Physically/Mentally Challenged dependent family member	Retirees (Single Person) + Single Physically/Mentally Challenged dependent family member		
300000 (Only for Award Staff)		Rs.43662.36	Rs.40476.36		
400000 (Only for Award Staff)		Rs.51332.36	Rs.49267.36		
525000 (Only for Scale I to Scale 5)		Rs.65173.76	Rs.61574.76		
525000 (Scale 6 and above)		Rs.65173.76	Rs.61574.76		
700000 (only for Scale 6 and above)		Rs.112102.36	Rs.97942.36		
To up Rates with Add members can be included			ysically challenged Dependent family		
Sum Insured	Retirees with spouse+ Single Physically/Mentally Challenged dependent family member		Retirees (Single Person) + Single Physically/Mentally Challenged dependent family member		
100000 (Award Staff/Officer)	Rs.20652.36		Rs.18433.96		
200000 (Award Staff/Officer)	Rs.35402.36		Rs.31862.36		
300000 (Award Staff/Officer)	Rs.58176.36	6	Rs.52984.36		
400000 (Award Staff/Officer)	Rs.81422.36	5	Rs.72218.36		
Date:		Signature:			
Place:	Name of Retired employee/Name of Family Pensioner				
	Employee No :				
	Contact No:				
	WhatsApp Number:				
		Email Id:			
		Scale/Grade at th	ne time retirement:		