

ANNEXURE- 5

**BRBNMPL POST SUPERANNUATION MEDICAL INSURANCE BENEFIT SCHEME -
APPLICATION FOR RENEWAL**

Policy Period (From _____ To _____)

1. Scheme-I (retired on or before 31.12.2021)
2. **Select your criteria**
 - Employees/Spouse (DGM and above) Retired/VRS/Med. Term/Expired etc.

- Employees/Spouse (Process Supervisors/AM/DM/MGR/AGM) Retired /VRS/ Med.Term/Expired etc.

- Employees/Spouse (Process Assistants from Gr- I to Gr- V) Retired /VRS/ Med.Term/Expired etc.

(Put ✓ (Tick mark) on the applicable scheme)

From:

Name in Full :

Emp. No. :

Address :

Phone Nos (Landline) with STD Code:

Mobile No:

E-mail id:

To:

The Senior General Manager / General Manager,
BRBNMPL,
Bengaluru/Mysuru/Salboni.

Dear Sir,

**Sub: Renewal of BRBNMPL Post Superannuation Medical Insurance Scheme –
Life certificate**

I, (Mr. / Ms.) _____ Ex-Employee /
Spouse of the Ex-Employee certify the following in respect of beneficiaries under the Post
Superannuation Medical Benefit Scheme:

Name of the Beneficiary (To be indicated separately in respect of the Ex- Employee / Spouse)	Relationship (Indicate self or spouse)	Present status of the beneficiary (to indicate surviving / expired)	If expired, indicate date of demise

Note: In case of unfortunate demise of both the beneficiaries, the Family Member has to indicate the same to BRBNMPL.

(Signature of the Ex-employee with
Name & Date)

(Signature of the Spouse with
Name & Date)