

ANNEXURE- 5

**BRBNMPL POST SUPERANNUATION MEDICAL INSURANCE BENEFIT SCHEME -
APPLICATION FOR RENEWAL**
Policy Period (From _____ To _____)

1. Scheme-II (retired on or after 01.01.2022)
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)