

**ANNEXURE-1**  
**APPLICATION FORM FOR GROUP HEALTH INSURANCE**

NAME			
PL NO			
DEPTT.			
DESIGNATION			
MOBILE			
<b>CATEGORY</b>			
1+5(SELF+SPOUSE/HUSBAND+1 OR 2 CHILDREN + PARENTS OF SELF OR PARENTS OF SPOUSE/HUSBAND). NO CROSS PARENTING ALLOWED. <b>Premium Rs.25000/-Approximately</b>			
<b>LIST OF DEPENDANT</b>			
<b>RELATION</b>	<b>NAME</b>	<b>SEX</b>	<b>D.O.B</b>
SELF			
SPOUSE/HUSBAND			
SON/DAUGHTER(1)			
SON/DAUGHTER(2)			
FATHER/FATHER-IN -LAW			
MOTHER/MOTHER-IN-LAW			

**DECLARATION: I here by agreed to pay the premium amount negotiated by RSPEA for the group health insurance scheme from 12.07.2023 to 11.07.2025. The same may be deducted from my salary of June paid in july 2022 as advised by RSPEA.**

**SIGNATURE**