

**Annexure 4**

The Branch Manager, Union Bank Of India.

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

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

**Sub: RENEWAL cum MODIFICATION Form for Union Health Care Policy**

Certificate No. \_\_\_\_\_ Proposer Name: \_\_\_\_\_

**RENEWAL Declaration** : I having Union Health Care Policy under above Certificate No. And hereby I request you to renew the policy with the **SAME SUM ASSURED** for the year 2018. I also take the responsibility of intimating the branch for renewing my policy during renewal period every year.

**I would like to make the modification as detailed here under:**

**a. Modification in Sum Assured:**

Existing sum Assured	New Sum Assured
Rs. _____	Rs. _____

I agree that the new sum assured will be considered equal to taking the new policy & hence for the modified portion of sum assured all the rules, regulations & clauses related to new policy will be applicable including exclusions as per the Union Health Care prospectus.

**b. Deletion of members:** (for addition of member(s) use **Proposal form**)

Sr No	Name	Age	Relation
1			
2			
3			

**c. Other Modification:**

New Account No.	New Contact No.	New Email	New Address

Signature \_\_\_\_\_



## दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड

(सम्पूर्णतः भारत सरकार का उपक्रम)

बैंक एश्योरन्स मं. का. 131200, न्यू इन्डिया सेंटर, आठवीं मंजिल, 17ए, कूपरेज रोड, मुंबई 400 039.

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**Union Bank**  
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### Annexure 5

The Branch Manager, Union Bank Of India.

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

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

### Sub: Union Health Care Policy Discontinuation Form

Certificate No. \_\_\_\_\_ Membership No. \_\_\_\_\_

I would to discontinue my above Union Health Care Policy which is going to expire on 01.01.2018. I also declare that I will not apply for any medi claim benefits under above policy after its expiry date.

Customer Signature \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_

Account Number: \_\_\_\_\_