

ANDHRA BANK

DECLARATION AND UNDERTAKING LETTER FOR CONSIDERING THE SPOUSE AND DEPENDANTS FOR COVERAGE UNDER MEDICAL INSURANCE SCHEME
 NAME OF THE EMPLOYEE: _____

Dependant Particulars	Name MR. / MRS. / MS.	Date of Birth/ Marital Status	Whether Employed (Y/N)	If Yes, Name of the organisation, address etc.	Availability of reimbursement with his/her Orgn. (Y/N)	Monthly income	BRANCH/ZONE:
							CODE NO:
Spouse							
# Daughter/Son						NA	
	1.						
	2.						
	3.						
	4.						
## Brother / Sister						*Rs.	
	1.						
	2.					*Rs.	
Father/Father in Law						**Rs.	
Mother /Mother in law						**Rs.	

* Income should not be more than Rs. 10,000/- P M in case of dependants.

** Aggregate income of both should not be more than Rs.10,000/- PM.

Please specify in case of widow/Dependant divorced / daughters seperated from husband and also specify in case of crippled / physically challenged son / daughter

Please specify in case of widow/dependant divorced / sisters seperated from husband and also specify in case of crippled / physically challenged brother / sister.

Enclosures :

1. Disability certificate issued by the govt. hospital with 40% or more disability.

I HEREBY DECLARE THAT THE PARTICULARS MENTIONED ABOVE ARE TRUE AND CORRECT AS PER THE FAMILY DEFINITION AND ANY MISREPRESENTATION THEREOF IS LIABLE FOR APPROPRIATE ACTION AGAINST ME.

SIGNATURE OF THE EMPLOYEE:

NAME:

DATE :

FORWARDED BY BRANCH MANAGER :

NAME AND CODE/SIGNATURE: