

POST SUPERANNUATION MEDICAL BENEFIT SCHEME – BDL
APPLICATION FOR RENEWAL

Policy Period ()

Select your Scheme

- PSMB-I - Employees (Executives & Non-Executives) Retired/VRS/
Med.Term/Expired etc. before 01.01.2007 ☐
- PSMB-II - Executives Retired/ VRS/Med.Term/Expired etc. after 01.01.2007 ☐
- PSMB-III - Non-Executives Retired/ VRS/Med.Term/Expired etc. after 01.01.2007 ☐

From:

Name in Full :

Staff No. :

Address :

Phone Nos (Landline) with STD Code :

E-mail id :

Mobile No:

To:

The Deputy General Manager(P&A)Welfare
Bharat Dynamics Limited
Kanchanbagh
HYDERABAD.

Dear Sir,

Sub: Renewal of PSMB Cards – reg.

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	If expired, indicate date of demise
	Self		
	Spouse		

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

(Signature of the Ex-Employee with Date)

(Signature of the Spouse of the
Ex-Employee with Date)