

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ
Punjab National Bank
HUMAN RESOURCES MANAGEMENT DIVISION,
HOSPITALISATION CELL
CORPORATE OFFICE- DWARKA-NEW DELHI
(PHONE 011-28075345-emailid-hrdhospitalisation@pnb.co.in)

Date: 16.10.2018

HRMD CIRCULAR NO. 422

REG: IBA'S GROUP MEDICAL INSURANCE SCHEME FOR RETIRED OFFICERS/EMPLOYEES - RENEWAL OF POLICY FROM 01.11.2018 TO 31.10.2019

Last date for submission of Option/amendment: 25.10.2018

Date of debit of premium: 29.10.2018

IBA vide letter dated 15.10.2018 has communicated that the premium for renewal of existing retiree policy for the period 01.11.2018 to 31.10.2019 has been finalized as under:-

CATEGORY	SUM INSURED	PREMIUM WITHOUT DOMICILIARY	PREMIUM WITH DOMICILIARY	Premium in Rs. including GST	
				SUPER TOP UP SUM INSURED	SUPER TOP UP PREMIUM
Officer	400,000.00	28,792.00	82,373.00	5,00,000.00	5,049.00
Award Staff	300,000.00	21,595.00	61,784.00	4,00,000.00	4,657.00

The following changes/stipulations have been made in terms & conditions of the policy:

- The room rent would be restricted to maximum Rs 4,000/- per day.
- All bills/receipts for purchase of medicine upon which a claim is made shall bear the valid GST No. of the issuer of such bills, receipts etc.
- Retirees who have not joined the scheme earlier will not be allowed to join the scheme now.
- Existing retirees who are covered under With Domiciliary (OPD) policy may be allowed to switch over to Without Domiciliary Cover.
- Option to switch over to With Domiciliary (OPD) policy shall not be allowed.
- The employees who retired during the policy period 2017-18 shall be given the option to join either With Domiciliary Option or Without Domiciliary Option. Also retirees who have not joined the IBA GMC Retiree policy 2017-18 by paying 1 month pro-rata premium can join IBA GMC Retiree policy 2018-19 starting 01/11/2018.
- Retirees who are covered under existing retiree's policy but not opted for super-top policy last year can join the Super-top up policy on renewal.
- Retirees who have opted out of the IBA GMC Retiree policies in previous years will not be eligible to join any policy.
- Once the premium is remitted for a retiree, no option change will be allowed.

The retirees are advised to submit their option/request for amendment as above in writing to any branch so that the same may be uploaded in HRMS before the last date i.e.25.10.2018.

Incumbents are advised to bring the content of this circular to the knowledge of all the retirees including those drawing pension from branches. Their request, if any must be accurately uploaded/entered in HRMS so that accurate premium is deducted. Please note that Bank do not have any cushion for amendment thereafter. Retirees should also be advised to maintain sufficient balance in their account. A copy of this circular is also being placed at pnbnet.net.in.

Circles/Zonal Offices/Divisions are also advised to get the exercise completed within stipulated time without fail.

Please ensure compliance

(V. SRINIVAS)
DY. GENERAL MANAGER

Date : _____

The Dy General Manager
Human Resource Development
Division Punjab National Bank
Head Office, New Delhi

Photograph Self	Photograph Spouse
--------------------	----------------------

Re. : IBA’s Group Medical Insurance Scheme for Retired Employees/ Spouse of Retired Employees.

I submit my consent to join Medical Insurance Scheme. My details are as under :

O1	PF No.							
O2	Name							
O3	Date of Birth							
O4	Gender	MALE			FEMALE			
O5	Date of Retirement							
O6	Cadre	OFFICER		CLERK		SUB STAFF		
O7	Designation							
O8	Last Place of Posting							
O9	Separation Reason							
10	WANTS DOMICILIARY COVERAGE	YES/NO						
11	WHETHER WANT SUPER TOP UP	YES/NO						

Details of my spouse :

O1	Name							
O2	Date of Birth							
O3	Gender	MALE			FEMALE			

My contact details :

O1	Mobile/Phone No.							
O2	E-mail Address							
O3	Correspondence Address							
		PIN						

I agree as under :

- 1) I irrecoverably authorize the Bank to debit premium amount to my below mentioned account during current year and also in coming years.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 2) I shall maintain sufficient balance in the aforesaid account.
- 3) In case I intend to withdraw from the scheme, I shall inform the Bank before its due date for not deducting Premium from my account. Once I opt out of the scheme I will not be allowed to rejoin.
- 4) The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
- 5) I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
- 6) The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/settled by the Insurance Company and the Bank will not be involved in such process.

Yours faithfully

(Signature)

ACKNOWLEDGEMENT

Received consent form to join the Medial Insurance Scheme as per Circular No.____, Dt. _____ From ShfSmt _____ PF No._____. The information received shall be entered in HRMS.

(Signature of Bank Official with
Stamp) BO/CO _____