

**ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ**  
**punjab national bank**  
HUMAN RESOURCES MANAGEMENT DIVISION,  
HOSPITALISATION CELL  
(PHONE 011-26174730-emailid-hrdhospitalisation@pnb.co.in)  
HEAD OFFICE: NEW DELHI

03.11.2017

**NOTICE**

**REG: IBA'S GROUP MEDICAL INSURANCE POLICY FOR RETIRED  
EMPLOYEES - EXTENSION OF DATE UPTO 20.11.2017**

At the request of Banks, United India Insurance Company has extended the last date for renewing/joining the IBA's Group Medical Insurance Scheme for retired employees subject to following guidelines:-

1. The period for submitting option for renewing/joining the IBA's Group Medical Insurance Scheme for Retired employees is extended by 1 month from 01/11/2017 to 30/11/2017.
2. The premium along with the list is to be remitted to United India Insurance Co. in one lot only latest by 30/11/2017.
3. Full premium is payable.
4. The period of coverage will be from 01/12/2017 till the end of the policy period i.e. 31/10/2018.
5. A declaration as per proforma given below shall be submitted by the retirees who opt to become member during the above period and hard copy of declaration shall be sent, by HO, to United India Insurance Company in original.
6. Without hard copy of declaration premium shall not be accepted by Insurance Company.
7. The above guidelines are applicable for Super-top up Policy also.
8. All other guidelines in respect of renewal of IBA's Group Medical Insurance Scheme for Retired Employees for 2017-18 shall continue to apply.

Circle Offices are advised to instruct all the offices in the Circle to collect the hard copy of undertakings from retirees and send the same in one lot, so as to reach us latest by 20.11.2017, to HO for deduction of premium and onward submission of undertakings to Insurance Company. In the past, it has been observed that instead of updating requests of retired employees in HRMS, Branches as well as Circles kept on sending mails as well as SMS and did not adhere to guidelines contained in HRMD circular No.378 dated 10.10.2017. Copy of this notice is also being placed at pnbnet.net.in for information of the retirees.

It should also be ensured that branches give receipt to the retirees on the duplicate copy of declaration.

**(Dinesh Saxena)**  
**Dy. General Manager**

**DECLARATION**

I, .....(Name of Retiree), Employee/PF no..... could not submit the option to renew/join the the IBA Group Health Insurance for Retirees for 2017-18 on or before 31/10/2017 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2017-18 and remit the full premium. I further agree that the period of coverage shall be from 01/12/2017 to 31/10/2018.

Place\_\_\_\_\_

Signature:\_\_\_\_\_

Date\_\_\_\_\_

Name \_\_\_\_\_

Designation\_\_\_\_\_

P.F.No.\_\_\_\_\_

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Additional Information:-

Dy. General Manager  
Punjab National Bank  
HO: New Delhi.

1. I want/donot want to avail the facility of Domiciliary Coverage.\*
2. I want/donot want to avail the Super top up coverage.

\*not applicable for retirees who were earlier covered under non domiciliary policy.

Please deduct the premium accordingly.

Signature:\_\_\_\_\_

P.F.No.\_\_\_\_\_

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

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

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

Photograph Self	Photograph Spouse
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**Reg. : 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:

01	PF No.										
02	Name										
03	Date of Birth										
04	Gender	MALE					FEMALE				
05	Date of Retirement										
06	Cadre	OFFICER			CLERK			SUB STAFF			
07	Designation										
08	Last Place of Posting										
09	Separation Reason										

Details of my spouse :

01	Name										
02	Date of Birth										
03	Gender	MALE					FEMALE				

My contact details :

01	Mobile/Phone No.										
02	E-mail Address										
03	Correspondence Address										
		PIN									

I agree as under :

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

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- 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 Medical Insurance Scheme as per Circular No.\_\_\_\_, Dt. \_\_\_\_\_  
ShfSmt \_\_\_\_\_ PF No. \_\_\_\_\_.

(Signature of Bank Official  
with Stamp) BO/CO \_\_\_\_\_

