

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ
punjab national bank

HOSPITALISATION CELL
(PHONE 011-26174730-emailid-hrdhospitalisation@pnb.co.in)
HEAD OFFICE: NEW DELHI

05.12.2016

URGENT NOTICE

**REG: GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES -
EXTENSION OF DATE UPTO 31.12.2016**

We have been informed by United India Insurance Company that they have given one more opportunity to the retirees, who retired between **01.10.2015 to 30.09.2016**, and have not become member of IBA's Group Medical Insurance Scheme for retired employees and not paid the premium.

Premium will be remitted to United India Insurance Company in two lots:-

Premium collection	Coverage starts from
Up to 15.12.2016	16.12.2016
Up to 31.12.2016	01.01.2017

The rate of premium will be as under:-

Cadre	Premium without Domiciliary treatment (including service tax)	Premium with Domiciliary treatment (including Service Tax)
Officers	16025.00	20010.00
Award staff	12020.00	14950.00

All the branches are advised to deduct the premium from the retirees who retired from 01.10.2015 to 30.09.2016 from those who are not members of IBA's Group Medical Insurance Scheme and credit to our imprest account No. 1988002100141278 **by giving PF number and Name of retiree**. The collected forms duly filled in and photograph affixed must reach us without delay. Please note that the amount received by us till 15.12.2016 will be remitted on 15.12.2016 and amount received by us upto 31.12.2016 on 31.12.2016. The amount received after 31.12.2016 will be refunded back to retired employees through remitting branches.

Incumbents are advised to contact the retirees, who are not members of IBA's group Medical Insurance scheme for retired employees and who are drawing pension from their branches and take their consent in case they are willing for the same, place a copy of this notice also at the notice board. Zonal/Nodal offices to take up with their circles accordingly and also should ensure submission of form timely.

DINESH SAXENA
DY. GENERAL MANAGER

Encl—form

Date : _____

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

Photograph Self	Photograph Spouse
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Re. : Medical Insurance Scheme for Retired Employees/ Spouse of Retired Employees.

With reference to the Notice Dated _____ on the captioned subject. I submit my consent to join Medical Insurance Scheme. My details are as under :

Of	PF No.							
O2	Name							
O3	Date of Birth							
O4	Gender {{(f) on option}}	MALE			CEMALE			
O5	Date of Retirement							
O6	Cadre {{(f) on option}}	OFFICER		CLERK		SUBSTAFF		
O7	Designation							
O8	Last Place of Posting							
O9	Separation Reason							

Details of my spouse :

Of	Name							
O2	Date of Birth							
O3	Gender {{(f) on option}}	MALE			CEMALE			

My contact details :

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

I agree as under :

- f) 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. _____ From Sh/Smt _____ PF No. _____. The information received shall be entered in HRMS.

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