

**पंजाब नैशनल बैंक**  
**punjab national bank**

**HUMAN RESOURCES MANAGEMENT DIVISION,  
HOSPITALISATION CELL  
(PHONE 011-28075345-emailid-hrdhospitalisation@pnb.co.in)  
HEAD OFFICE: NEW DELHI**

July 19, 2018

**सेवानिवृत्त कर्मचारियों हेतु योजनाएं/SCHEMES FOR RETIRED EMPLOYEES**

- पीएनबी परिवार भविष्य आरोग्य योजना-सेवानिवृत्त कर्मचारियों को आईडी कार्ड जारी करना  
**PNB PARIVAR BHAVISHYA AROGYA YOJNA – ISSUE OF IDENTITY CARD TO RETIRED EMPLOYEES.**
- सेवानिवृत्त कर्मचारियों हेतु पीएनबी हॉस्पिटलाइजेशन अंशदायी लाभ योजना  
**PNB HOSPITALISATION CONTRIBUTORY BENEFIT SCHEME FOR RETD. EMPLOYEE**
- सेवानिवृत्त कर्मचारियों हेतु आईबीए द्वारा जारी पीएनबी चिकित्सा बीमा योजना  
**IBA'S GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES**

Bank has introduced aforesaid schemes for Retired Employees which require submission of required forms at the time of retirement for becoming member of the schemes/issuance of I-Card.

1. For becoming member under PNB Hospitalisation Contributory Benefit Scheme for retired employees, retiree will have to remit Rs. 5000/- by way of cheque / draft in favour of "PNB Hospitalisation Contributory Benefit Scheme for retired employees", within a period of 3 months of retirement. The requisite form is enclosed.
2. Further, Bank has obtained a policy cover from Oriental Insurance Company Ltd. in the year 2006, called – PNB Parivar Bhavishya Arogya Yojna, whereby medical insurance to the extent of Rs.50,000/- is available to employees of the Bank, after their retirement.

The matters related to hospitalization and issuance of I-Cards under the scheme are being administered by M/s. MD India Pvt. Ltd., New Delhi, the Third Party Administrator (TPA) appointed by Oriental Insurance Company. In order to facilitate better servicing of the Insurance Policy, cashless facility and convenient registration at various designated hospitals, the TPA is issuing identity cards to retired employees eligible in the scheme. For that purpose, certain basic details & photograph of the retired employee, on format given hereunder, is required by the TPA. ***In case, any retiree has opted for additional sum insured, please also enclose photocopy of the last policy issued by the Insurance Company.***

3. Moreover, the IBA's Group Medical Insurance Policy for retired employees is renewable on 01<sup>st</sup> of November every year. In case any retiree is interested to join the scheme, he may opt by giving option at any branch/office on the prescribed format (enclosed) by September every year to cover in the policy starting from October/November next. The premium will be payable every year. The terms and conditions & operational guidelines have been circulated vide HRDD Circular No. 404 dated 27.03.2018 & 395 dated 08.01.20.18. The policy of the active employees, wherein employee is covered will expire on 30<sup>th</sup> September every year. In the first year of coverage, retiree will have to pay the premium for 13 months and thereafter for 12 months every year and the premium amount will be decided by UIIC/IBA. For any query in this regard, you may contact at 011-28075345.

Please fill-up the information on the format given hereunder and forward the same to Head Office through your Circle Office/Division at the earliest. Further details of the schemes are also available at HRD Division Cir. No. 515 dated 19/02/2009 and HRD Circular No. 321 dated 25/05/2006 & 531 dated 20/03/2009.

**(V. SRINIVAS)  
DY. GENERAL MANAGER**

**APPLICATION/ENROLMENT FORM FOR PNB HOSPITALISATION CONTRIBUTORY BENEFIT SCHEME FOR RETIRED EMPLOYEES**

The Deputy. General Manager  
Punjab National Bank  
Personnel Admn. Division  
Head Office, 7 Bhikhaiji Cama Place  
New Delhi.-110066

<b>For Office use only</b> Enrolment No. _____
Please affix joint photograph of self and spouse

Please **enrol** me as **Member** of the above scheme to which I hereby opt. I have gone through the rules and regulations of the scheme and agree to abide by the rules and regulations of the same as may be modified / amended from time to time . Particulars about myself and my spouse are given below:

1. Name of Employee \_\_\_\_\_ (IN BLOCK LETTERS)

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

3. Name of Spouse \_\_\_\_\_  
(In Block Letters)

4 Father's/Husband's Name \_\_\_\_\_  
(In Block Letters)

5. Date of Birth a) Self \_\_\_\_\_ b) Spouse \_\_\_\_\_

6. Date of retirement \_\_\_\_\_

7. Type of Retirement : **(Attach documentary proof)**

(i) Superannuation (ii) Medical Ground (iii) Demitted the office of GM  
(iv) Dismissed (v) Compulsorily retired (vi) Voluntarily retired under Officers' Service Regulations (vii) Voluntarily retired under Pension Regulations) (viii) VRS under PNBEVRS 2000 (IX) Any other

8. Office from which retired \_\_\_\_\_  
Under CO \_\_\_\_\_  
(Write the name) HO \_\_\_\_\_

9. Date of joining the bank \_\_\_\_\_

10. Enrolment No. of old PNB Hospitalisation Contributory Benefit Scheme for Retired Officers: \_\_\_\_\_

11. Present Address \_\_\_\_\_  
(in Capital Letters) \_\_\_\_\_

12. Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Mob.No. \_\_\_\_\_ Landline Phone No. \_\_\_\_\_

13. I am enclosing herewith a Draft No. /CBS Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ for Rs.5000/ - only favouring PNB Centenary Welfare Trust -A/C **PNB Hospitalisation Contributory Benefit Scheme for Retired Employees** issued by the BO \_\_\_\_\_ (D. No \_\_\_\_\_) drawn on CDPC, New Delhi being my One Time Subscription to the Scheme

14. **DECLARATION**

(i) I have read and understood the PNB Hospitalisation Contributory Benefit Scheme for Retired Employees and agreed to abide by the terms and conditions of HRD Circular No. 515 dated 19.02.2009.

(ii) The information given above by me is true to the best of my knowledge.

(iii). I also undertake that if at any point of time, during the currency of my membership of the scheme, the information submitted by me, either in relation to application form or hospitalisation claim preferred by me, is found to be false/misleading, my membership to the scheme will be terminated without any notice to me. The amount deposited by me towards my subscription of the scheme will stand forfeited and I will not be eligible to become member of the scheme again.

(iv) I will inform the change of my address to the Bank immediately by Registered Post.

Place \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF  
RETIRED EMPLOYEE**

\_\_\_\_\_  
**SIGNATURE /T.I .OF  
SPOUSE**

It is certified that Shri/Smt..\_\_\_\_\_ retired on (date)\_\_\_\_\_ from (Name of office)\_\_\_\_\_ as (Designation) \_\_\_\_\_. Signature of retired employee and signature/Thumb Impression of his/her spouse given above are hereby verified.

\_\_\_\_\_  
(Authorised Signatory)  
Circle/Head Office/Branch  
P.A. No. \_\_\_\_\_

**NOTE:**

1. Application form complete in all respects, must be sent to HO directly.
2. Strike off whichever is not applicable.

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 :

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						
<b>10</b>	<b>WANTS DOMICILIARY COVERAGE</b>	<b>YES/NO</b>					
<b>11</b>	<b>WHETHER WANT SUPER TOP UP</b>	<b>YES/NO</b>					

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

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2. I shall maintain sufficient balance in the aforesaid account. In case balance is not maintained in any year, I will be deemed to be opted out from the scheme.
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, death of the any insured/spouse 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.
7. All terms and conditions will be applicable as issued by IBA/Bank/Insurance Company from time to time.

Yours faithfully

(Signature)

**ACKNOWLEDGEMENT**

Received consent form to join the Medical Insurance Scheme as per Circular No.\_\_\_\_\_, Dt. \_\_\_\_\_  
Shf/Smt \_\_\_\_\_ PF No.\_\_\_\_\_. The information received shall be entered in  
HRMS before scheduled date.

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

**DETAILS OF RETIRING FAMILY MEMBERS OF PUNJAB NATIONAL BANK FOR AVAILING THE BENEFITS UNDER 'PNB PARIVAR BHAVISHYA AROGYA YOJNA.**

Paste unattested  
recent  
passport size  
photograph  
here

<b>Sr. No.</b>	<b>PARTICULARS</b>	
<b>1</b>	<b>Name of Insured Person</b>	
<b>2</b>	<b>Name of employee</b>	
<b>3</b>	<b>PF No. of employee</b>	
<b>4</b>	<b>Date of Birth of Insured Person</b>	
<b>5</b>	<b>Address for Communication (including Ph. No.)</b>	
<b>6</b>	<b>Permanent Address</b>	
<b>7</b>	<b>Policy Number</b>	

**Place:** \_\_\_\_\_

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

(Name & Designation of Authorized  
Bank Officer with official seal)

**(Please fill all details in BLOCK LETTERS)**

**DETAILS OF RETIRING EMPLOYEES OF PUNJAB NATIONAL BANK FOR AVAILING THE BENEFITS UNDER 'PNB PARIVAR BHAVISHYA AROGYA YOJNA'.**

Paste  
Unattested  
recent  
passport size  
photograph  
here

<b>Sr. No.</b>	<b>PARTICULARS OF RETIRING EMPLOYEE</b>	
<b>1</b>	<b>Name</b>	
<b>2</b>	<b>PF No.</b>	
<b>3</b>	<b>Date of Birth</b>	
<b>4</b>	<b>Date of Retirement</b>	
<b>5</b>	<b>Office from where retired</b>	
<b>6</b>	<b>Address for Communication (including Ph. No.)</b>	
<b>7</b>	<b>Permanent Address</b>	

Place: \_\_\_\_\_

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

(Name & Designation of Authorized

Bank Officer with official seal)

**(Please fill all details in BLOCK LETTERS)**