

पंजाब नैशनाल बैंक punjab national bank

HUMAN RESOURCES MANAGEMENT DIVISION,
HOSPITALISATION CELL
CORPORATE OFFICE- DWARKA-NEW DELHI
(PHONE [011-28075345](tel:011-28075345)-emailid-hrdhospitalisation@pnb.co.in)

06.11.2018

URGENT NOTICE

REG:IBA'S GROUP MEDICAL INSURANCE SCHEME - OPTION OF EMPLOYEES RETIRED/RETIRING (BETWEEN 01.10.2017 TO 30.09.2018) - RENEWAL / JOINING OF POLICY EXPIRED ON 31.10.2018.

We draw your attention towards our HRMD Circular No. 422 dated 16.10.2018 on IBA Group Medical Insurance Scheme for Retirees.

We are pleased to inform that as per the request of many Banks & IBA, the last date for renewing/joining the IBA Group Medical Insurance Scheme for retiree has been extended by United India Insurance Company up to **15.11.2018** subject to the following guidelines.

- The period for submitting option for renewing the IBA Group Medical Insurance Scheme for retirees with premium is extended upto **15.11.2018**. Please note that no further extension will be given.
- The premium payable is as per HRMD circular No. 422 dated 16.10.2018.
- The period of coverage will be from 16.11.2018, for those retirees whose premium will be debited from 01.11.2018 to 15.11.2018 till the end of the policy i.e. upto 31.10.2019.
- A declaration/consent form shall be submitted by all the concerned retirees who opt during the above period, clearly mentioning Domiciliary / Non Domiciliary and Super Top up option shall be sent to HRD Hospitalisation Cell HO and scanned copy of the same through email at hrdhospitalisation@pnb.co.in before the last date i.e. 15.11.2018.
- Premium already deducted for the policy period 2018-19, in respect of the retirees, need not to apply.
- Following guidelines issued earlier in respect of renewal of IBA Group Medical Insurance Scheme for retirees for 2018-19 shall continue to apply.

GUIDELINES FOR RENEWAL OF RETIREES POLICY 2018-19:

- 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 requested to submit their consent/option for amendment in writing directly to Head Office latest by 15.11.2018. They are advised to maintain required balance in their concerned accounts as per their option given in the consent letter. Retirees are also advised to submit the Declaration Form (attached) as per Annexure-A alongwith their consent form (Hard Copy) directly to Head Office, Dwarka, Plot No. – 4, Sector -10 New Delhi.

(V. SRINIVAS)
DY. GENERAL MANAGER

ANNEXURE-A

The Chief Manager, HRD
Punjab National Bank
Head Office, Plot No. – 4
Sector – 10, Dwarka
NEW DELHI – 110 075.

DECLARATION

I, _____(Name of Retiree), Employee
No. _____

could not submit the option to renew/join the IBA Group Health Insurance for Retirees for 2018-19 on or before 31.10.2018 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2018-19 and remit the full premium. I further agree that the period of coverage shall be from 16.11.2018 to 31.10.2019.

Signature: _____

Name: _____

Employee/PF No. _____.

PLACE:

DATE”