



पंजाब नैशनल बैंक
...भरोसे का प्रतीक !



punjab national bank
...the name you can BANK upon !

**HUMAN RESOURCES MANAGEMENT DIVISION,
HOSPITALISATION CELL**

(PHONE [011-28075345](tel:011-28075345)-emailid-hrdhospitalisation@pnb.co.in)

October 13, 2020

TO ALL BRANCHES / OFFICES

HRMD CIRCULAR NO.522/2020

REG: IBA's Group Medical Insurance Scheme for Retired Officers / Workmen - Clarifications for the Renewal of Policy from 01.11.2020 to 31.10.2021.

Please refer to HRMD Circular No. 519/2020 dtd06.10.2020 regarding IBA's Group Medical Insurance Scheme Renewal of policy for period 2020-21.

The National Insurance Company vide their emails dtd October 09, 2020 and October 11, 2020 has provided clarifications along with certain changes for the renewal of policy for period 2020-21:-

01.For Sum Insured Rs. 1 Lac and Rs. 2 Lacs: Room Rent per day shall be payable upto 1.5% of Sum Insured and ICU charges per day shall be payable upto 2% of Sum Insured.

02.For Sum Insured Rs. 3 Lacs and Rs. 4 Lacs: Room Rent per day shall be payable upto Rs. 5000/- and ICU charges up to Rs. 7500/-.

03.Super Top Policy is available only for Retiree Award Staff who opt Rs. 3 Lacs and Retiree Officers who opt for Rs. 4 Lacs Sum Insured in Base Policy.

Award Staff can opt for 1 Lac to 4 Lacs Sum Insured in Super Top up policy; Officers, can avail 1 Lac to 5 lacs Sum Insured in Super Top up policy.

04.Domiciliary treatment will remain 10% of the base policy Sum Insured opted even for those who opted Single Person rate.

CONTD..P2

Further, it is to clarify that those Retirees who were retired between 01.10.2019 to 30.09.2020, are required to submit their Revised Consent Form (given hereunder) indicating revised rates/options. Those Retirees, who have submitted their Consent Form prior to these changes, are also advised to get their options modified as per their revised options/changes.

Existing Retirees already enrolled under Policy period 2019-20, need not to submit Revised Consent Form. If Award Staff has opted Sum Insured of Rs. 3 Lacs and Super Top up for Rs. 4 Lacs and Officers have opted Sum Insured Rs. 4 Lacs and Super Top up for Rs. 5 Lacs then they have to maintain balance in their accounts. Balance of Rs. 29,442/- and Rs. 38,818/- in case of Award Staff and Officers respectively. The premium for Basic Sum Insured for 3 Lacs for Award Staff is Rs. 24,199/- and for Basic Sum Insured for 4 Lacs for Officers is Rs. 32264/-.

Retirees of eOBC and eUNI are advised to deposit their revised amount, if there is any change, in their respective accounts as mentioned in HRMD Circular No. 519/2020 dated 06.10.2020.

Branch Heads of all branches are advised to bring the contents of above referred HRMD Circulars regarding on-going renewal of IBA's Group Medical Insurance Policy to all the Retirees drawing pension from their branches.

They are further advised to extend full cooperation to Retirees, who are our senior/super senior citizens by ensuring that they do not face any problem in exercising/submitting their Revised Consent Form.

We may further inform that there is no change in the dates conveyed earlier for submission of Revised Consent Form and payment of premium. In case of any problem, Retirees may contact over the mobile numbers, already mentioned in our HRMD Circular No. 519/2020 dated 06.10.2020.

All concerned are again advised to ensure meticulous compliance for this time bound exercise.

**GENERAL MANAGER – HRMD
(Dinesh Saxena)**

REVISED CONSENT FORM

DATE

THE DY. GENERAL MANAGER
 HUMAN RESOURCE MANAGEMENT DIVISION
 PUNJAB NATIONAL BANK
 HEAD OFFICE, NEW DELHI

PNB
 EOBC
 EUBI

PHOTOGRAPH SELF	PHOTOGRAPH SPOUSE
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REG: IBA 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.

PF NO.		NAME	
DOB		CADRE/DESIGNATION	
STATUS OF EMPLOYEE	ALIVE <input type="checkbox"/>	GENDER	MALE <input type="checkbox"/>
	DECEASED <input type="checkbox"/>		FEMALE <input type="checkbox"/>
SEPARTION REASON		RETIREMENT DATE	

HAVING SPOUSE	YES <input type="checkbox"/>	GENDER	MALE <input type="checkbox"/>
	NO <input type="checkbox"/>		FEMALE <input type="checkbox"/>
NAME		DOB	

WANTS DOMICILIARY COVERAGE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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COVERAGE FOR	FAMILY FLOATER <input type="checkbox"/>	SINGLE* <input type="checkbox"/>
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* SINGLE RATES ARE APPLICABLE ONLY FOR RETIREE WITHOUT SPOUSE AND SURVIVING SOUSE (FAMILY PENSIONER)

SUM INSURED (BASE POLICY)	100000 <input type="checkbox"/>	300000 <input type="checkbox"/>
	200000 <input type="checkbox"/>	400000 <input type="checkbox"/>

WHETHER WANTS SUPER TOP	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SUPER TOP-UP	100000 <input type="checkbox"/>	400000 <input type="checkbox"/>
	200000 <input type="checkbox"/>	500000 <input type="checkbox"/>
	300000 <input type="checkbox"/>	

MOBILE NO.	
E-MAIL	
CORRESPONDENCE ADDRESS	
	PIN CODE

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.

A/C No.	
IFSC Code	

- 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 this process.

Yours faithfully

Signature

Acknowledgement

Received consent form to join the Medial Insurance Scheme as per Circular No..... , Dt.....
 Sh/Smt..... PF No..... The information received shall be entered in HRMS.

Signature of Bank Official with Stamp
 BO/CO.....