

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ
punjab national bank

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

05.11.2019

HRMD CIRCULAR No. 472

Last date for submission of option - 20.11.2019

Date of debit of premium- 22.11.2019

REG: IBA's Group Medical Insurance Scheme for Retired Employees - One more option to re-join the policy period 2019-20 - Extension of Date of Submission of Option.

Please refer to our Circular No. HRMD 470 dated 23.10.2019, regarding renewal of IBA's Group Medical Insurance Scheme for Retired Employees to Re-join the IBA's Group Medical Insurance Scheme for the policy period 2019-20. The last date for submission of Option was conveyed as 30.10.2019.

In continuation to our above Circular, we further advise that the United India Insurance Company Ltd. has decided to extend the date of Retiree / New Joinees for submission of Option Form, subject to the following conditions:-

- (a) Once the Retiree/New Joinees of the said Scheme has exercised his/ her option for with or without super top-up, no withdrawal / change in the option will be allowed.
- (b) The retirees who were members of the Scheme earlier and had opted for 'With Domiciliary' cover may continue "With Domiciliary" option or may opt for renewal with the option of "Without Domiciliary" cover. However, please note that the new joinees to the Scheme cannot opt for "With domiciliary" cover.

Accordingly, we give below the rates of premium for the IBA's Group Medical Insurance Policy:-

The Renewal Premium per family for Retirees' Policy (Without Domiciliary) – Option-I

Category	Sum Insured (Rs.)/ /Family	Premium Without GST (Rs.)	GST @ 18% (Rs.)	Gross Premium payable per Family including GST (Rs.)
Award Staff	3,00,000/-	Rs. 21,099/-	Rs. 3,798/-	Rs. 24,897/-
Officer	4,00,000/-	Rs. 28,130/-	Rs. 5,063/-	Rs. 33,193/-

**The Renewal Premium per family for Retirees' Policy (With Domiciliary) –
Option-II**

Category	Sum Insured (Rs.)/ /Family	Premium Without GST (Rs.)	GST @ 18% (Rs.)	Gross Premium payable per Family including GST (Rs.)
Award Staff	3,00,000/-	Rs. 52,359/-	Rs. 9,425/-	Rs. 61,784/-
Officer	4,00,000/-	Rs. 69,808/-	Rs.12,565/-	Rs. 82,373/-

The Renewal Premium per family for Super Top Up Policy for Retirees.

Category	Sum Insured (Rs.)/ /Family	Premium Without GST (Rs.)	GST @ 18% (Rs.)	Gross Premium payable per Family including GST (Rs.)
Award Staff	4,00,000/-	Rs. 4,795/-	Rs. 863/-	Rs. 5,658/-
Officer	5,00,000/-	Rs. 5,198/-	Rs. 936/-	Rs. 6,134/-

We further clarify that:-

- (i) Those Retirees who wish to join / renew the Scheme will necessarily fill in the Consent Form given hereunder and submit scanned copy the same through email at hrdhospitalisation@pnb.co.in latest by **20.11.2019**.
- (ii) The original Consent Form be sent to the Chief Manager, Hospitalisation Cell, HRD Division, Floor – I, PNB, Corporate Office, Sector-10, Dwarka New Delhi – 110 075.

All Retirees are hereby advised that the Bank Accounts as declared in the Consent Form should have sufficient balance at the time of debit of premium amount i.e. on 22.11.2019. Please also note that the accounts having insufficient balance / dormant / Lien / Freezed at the time of debit of premium amount i.e. on 22.11.2019, the same will be treated as Exit cases and will have the effect of withdrawing from the above Policy.

(A.K. GUPTA)
ASSTT. GENERAL MANAGER

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. : 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							
10	WANTS DOMICILIARY COVERAGE	YES/NO						
11	WHETHER WANT SUPER TOP UP	YES/NO						

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 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 Shf/Smt _____ PF No._____. The information received shall be entered in HRMS.

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