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**HUMAN RESOURCES MANAGEMENT DIVISION,
HOSPITALISATION CELL**

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

06.10.2020

TO ALL BRANCHES/OFFICES

HRMD CIRCULAR NO.519/2020

(Supersedes our earlier HRMD Cir. No. 517/2020 dated 23.09.2020)

REG: IBA's GROUP MEDICAL INSURANCE SCHEME FOR RETIRED OFFICERS / WORKMEN EMPLOYEES – RENEWAL OF POLICY FROM 01.11.2020 TO 31.10.2021 -REVISED RATES/OPTIONS.

**Last date for submission of Revised Consent Form/Amendment:
23.10.2020**

Date of debit of premium(PNB): 28.10.2020

IBA vide their email letter No. HR&IR/Med/GMB/2020-21/9216 dated October 05, 2020, addressed to MD&CEO of all members Banks have advised the Graded Sum Insured Medical Insurance Scheme with revised rates.

We have also been informed by the National Insurance Company Ltd. Mumbai, vide their email dated 05.10.2020, that they have modified the modalities of the Scheme for Renewal of Group Medical Insurance for the Retirees by introducing a Graded Sum Insured Scheme as advised by the IBA. They have accordingly, conveyed revised rates of premium for the Base and Super Top-Up Policies for renewal of the policy for the retirees for the period from 1st November, 2020 to 31st October 2021 (both days inclusive). Therefore, the rates quoted earlier vide our Circular No. 517/2020 dated 23.09.2020 are hereby stands withdrawn.

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The revised rates of premium for the Base Policy and the Super Top-up Policy for renewal of the IBA's Group Medical Insurance Policy for the retirees for 2020-21 under newly introduced graded system are as under:-

BASE POLICY:

OPTIONS FOR RETIREES (Rates are inclusive of GST (Amount in Rupees)				
Sum Insured	WITHOUT DOMICILARY		WITH DOMICILARY	
	Self + Spouse	Self	Self + Spouse	Self
4,00,000	32264	19358	80067	48040
3,00,000	24199	14520	60054	36032
2,00,000	16133	9680	40036	24021
1,00,000	10890	6534	27024	16215

SUPER TOP-UP POLICY:

OPTIONS (Rates are inclusive of GST - (Amount in Rs.)		
Sum Insured	Self + Spouse	Self
5,00,000	6554	3932
4,00,000	5243	3146
3,00,000	4194	2517
2,00,000	3408	2045
1,00,000	2097	1258

The above rates shall be governed by the followings terms and conditions:-

1. **Award Staff can not opt for 4 Lacs Sum Insured in Base Policy.**They can choose Sum Insured in the range of 1 Lac to 3 Lac.
However, Officers can opt for any SI from 1 Lac to 4 Lac in base policy.
2. **Super Top-up policy is only available to Retirees who opt 3 lacs and 4 lacs Sum Insured in Base Retirees Policy.**

Award Staff can opt for 1 lac to 4 lacs Sum Insured in Super Top-up policy; officer can choose sum insured from 1 lac to 5 lacs in Super Top-up policy. However, Officer who opt 3 lacs Sum Insured in base policy, can avail up to 4 lacs SI in Super Top-up policy.
3. As per the expiring terms and conditions, **domiciliary treatment will remain 10% of Base policy Sum Insured opted.**
4. **Domiciliary expenses are not covered under Super Top-up Policy.**
5. As per request received from IBA, separate rates were given for Single persons i.e., either of the below mentioned cases:-
 - a) **Retiree without Spouse**
 - b) **Surviving Spouse (Family Pensioner)**

6. Retirees who are not covered under expiring Retirees policy 2019-20 can opt under Retirees policy 2020-21.
7. Retirees can opt with/without domiciliary option in Retirees policy 2020-21 irrespective of option they have chosen in the last year policy.
8. Retirees who are not covered under Super Top up policy 2019-20, can avail Super Top up Policy for 2020-21.

Existing PNB Retirees, those who do not want to make any change, need not to submit Revised Consent Form. Retirees who wish to change their option as per revised rates, are advised to submit Revised Consent Form (given hereunder) in their pension disbursing branches for revised premium mandate. They are also advised to maintain sufficient balance in their accounts at the time of debit of premium i.e. on 28.10.2020. Insufficient balance shall be treated as EXIT / NON RENEWAL of the above policy. Branch Heads of all the branches are advised to enter the Revised Consent Form in HRMS system as per the following navigation carefully.

Manager Self Service → NEW MED. INSU. CONSENT (EX-EMPL)

ANNEXURE-I

RENEWAL OF IBA's GROUP MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES –eOBC.

The retired employees of eOBC may opt for different Sum Insured and Super Top-up as per the instructions mentioned above and are required to deposit the revised premium accordingly in **account No. 12372191023768 (Medical Insurance Scheme for retired Employees) at our any branch latest by 23.10.2020 by invariably quoting their PF number, Name & Date of Retirement** for our reference. Also the retired employees send their Consent Form to the e-mail id- sp211540@obc.co.in.

In case of any query of e-OBC, the retirees/staff may contact Shri Santosh Kumar Prasad, Sr. Manager (Contact no.-7735555455) or send the queries on e-mail Id sp211540@obc.co.in.

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ANNEXURE - II

RENEWAL OF IBA's GROUP MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES –eUBI.

The retired employees of eUBI are required to deposit their yearly premium to include them in retiree's policy period from 01.11.2020 to 31.10.2021. Premium under the policy to be credited/paid by retired employees in **Account No. 0098050000189 (COLLECTION OF MEDICAL INSURANCE PREMIUM(UBI- Scheme for retired Employees) at our any branch latest by 23.10.2020 by invariably quoting their PF number and name** for our reference.

The retired employees may deposit the insurance premium amount in the above account by **Cash or cheque** through transfer from their savings account with the Bank quoting their PF No., Name and date of retirement from service, by using the Deposit Challan as per Annexure -II, as the case may be. Dealing officer at Branches are advised to ensure that in transaction Particulars of employee with SPF No., DOB, Sex, Spouse Name, Spouse DOB, Sex of Spouse are entered in system correctly without fail.

Revised Consent Form and Annexure-II (Deposit Challan) (given hereunder) are mandatorily required to be submitted.

Depositing the premium will be considered as consent for Medical Insurance Policy 2020-21

The concerned Branch is requested to scan the Revised Consent Form and mail it to cmest@unitedbank.co.in on daily basis and send the original to Establishment Department (8th Floor), United Tower, 11, HemantaBasuSarani, Kolkata-700 001 on weekly basis without fail for onward transmission to HRD Hospitalisation, Department, Head Office, Dwarka, New Delhi.

In case of any query, the retirees/staff may contact Mr.Debalendu Saha, Manager over his mobile No: 94334-96190 (eUBI) / Subrata Paul, Chief Manager, Mobile No: 76030-10318/Shri Ramji Dass, Sr.Manager,PNB HRD Hospitalisation Cell (Ph.No.011-28075345) or send the queries if any at the above e-mail Id.

All retirees are advised to exercise their option carefully after going through the terms and conditions of the policy mentioned above.

A copy of this circular is also being uploaded on the Bank's website www.pnbnet.net.in -under head "**Retiree Notice**" for reference of all the retirees.

**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"/>
COVERAGE FOR	FAMILY FLOATER <input type="checkbox"/>	SINGLE* <input type="checkbox"/>

* 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.....

(Payslip for retirees)

PUNJAB NATIONAL BANK (e-OBC)

PAYSLIP FOR CASH/CHEQUE

BRANCH: _____

DATE: _____

ACCOUNT NUMBER													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

FOR THE CREDIT OF MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF NO.	NAME:	DATE OF RETIREMENT
	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	PHONE:	E-MAIL:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Drawee Bank	Branch	Cheque No. & Date	Cash Notes/Coins	Amount (Rs.)
Punjab National Bank (e-OBC)			2000x	
			1000x	
			500x	
			200x	
			100x	
			50x	
			20x	
Rupees in Words:			10x	
Signature of retired employee (Depositor)	Cashier	Authorised Officer	5x	
			2x	
			1x	
			Total	

Note for Cashier & Authorised Officer: Please enter the PF no., Name & Date of retirement of the retired employee in Transaction Particulars (PF NO: Name) Transaction Remarks (DOR).

COUNTER FOIL: CASH/ CHEQUE

PUNAJB NATIONAL BANK (e-OBC) B/O-

ACCOUNT NUMBER													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR)	PF NO.	NAME:	DATE OF RETIREMENT
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details of Cash/Cheque			Amount (Rs.)
Rupees in Word:			
Cashier		Authorised Signatory	

Annexure-II - REVISED

Deposit Challan for Renewal of Medical Insurance Scheme for Retired Employees 2020-2021

<u>Bank Copy</u>	<u>Retired Employee Copy</u>
<p>Date: _____</p> <p>United Bank Of India: Branch :</p> <p align="center">DEPOSIT COLLECTION</p> <p>Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189</p> <p align="center"><u>Retired Employee Details:</u></p> <p>Name: SPF No: Date of Birth..... Sex</p> <p>Mob No: Name of Spouse: Shri/Smt Date of Birth of Spouse..... Sex of Spouse.....</p> <p>Category : Officer – Family <input type="checkbox"/>ngle <input type="checkbox"/> Award Staff – Family <input type="checkbox"/>ngle <input type="checkbox"/></p> <p><u>Please enter the amount in words & figures:</u></p> <p>Premium for the year Without Domiciliary: Rs.....</p> <p>Premium for the year With Domiciliary: Rs.....</p> <p>Premium for the year Without Domiciliary + Supertop up: Rs.....</p> <p>Premium for the year With Domiciliary +Supertop up: Rs.....</p> <p>Insurance Premium Deposited: By Cash <input type="checkbox"/> Cheque <input type="checkbox"/> cheque No & Date: -----)-</p> <p>Rs.....(in figures)</p> <p>Amount in words: Rs. </p> <p>Signature of Depositor</p> <p>Bank Signature: _____</p>	<p>Date: _____</p> <p>United Bank Of India: Branch :</p> <p align="center">DEPOSIT COLLECTION</p> <p>Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189</p> <p align="center"><u>Retired Employee Details:</u></p> <p>Name: SPF No: Date of Birth..... Sex</p> <p>Mob No: Name of Spouse: Shri/Smt Date of Birth of Spouse..... Sex of Spouse.....</p> <p>Category : Officer – Family <input type="checkbox"/>ngle <input type="checkbox"/> Award Staff – Family <input type="checkbox"/>ngle <input type="checkbox"/></p> <p><u>Please enter the amount in words & figures:</u></p> <p>Premium for the year Without Domiciliary: Rs.....</p> <p>Premium for the year With Domiciliary: Rs.....</p> <p>Premium for the year Without Domiciliary + Supertop up: Rs.....</p> <p>Premium for the year With Domiciliary +Supertop up: Rs.....</p> <p>Insurance Premium Deposited: By Cash <input type="checkbox"/> Cheque <input type="checkbox"/> cheque No & Date: -----)-</p> <p>Rs.....(in figures)</p> <p>Amount in words: Rs. </p> <p>Signature of Depositor</p> <p>Bank Signature: _____</p>