



HUMAN RESOURCE MANAGEMENT DEPARTMENT, HEAD OFFICE  
PLOT NO.4, SECTOR-10, DWARKA, NEW DELHI-110075  
(PHONE 011-28075345, EMAIL-ID: - HRDHOSPDATA@PNB.CO.IN)

TO ALL BRANCHES/OFFICES

02-11-2021

## HRMD CIRCULAR NO. 600/2021

**REG: IBA's GROUP MEDICAL INSURANCE SCHEME FOR RETIRED OFFICERS / WORKMEN EMPLOYEES – RENEWAL OF IBA's GROUP MEDICAL INSURANCE POLICY FROM 01.11.2021 TO 31.10.2022 - EXTENDED UPTO 25.11.2021 – COVERAGE TO COMMENCE FROM 01/12/2021.**

- ✓ Revised Consent Form is to be submitted by all willing/left retirees who have not submitted their Consent Form up to 28.10.2021 or insurance premium has not been debited from their accounts.
- ✓ Last date for submission of Consent Form: 25.11.2021
- ✓ Date of debit of premium: 26.11.2021

We draw attention of all retirees towards our HRMD Circular No. 595 dated 28.09.2021 and 596/2021 dated 12.10.2021 vide which all existing/willing retirees were requested to submit their Consent Form latest by 26.10.2021.

Retirees those who have submitted Consent Form as per above mentioned Circulars, premium has been debited and remitted to the National Insurance Company Ltd. on 30.10.2021 along with data for their coverage from 01.11.2021 to 31.10.2022.

**The National Insurance Company Ltd. vide their email dated 28.10.2021 has informed that they have decided to extend the last date as 30.11.2021 for the retirees who could not exercise their option up to 30.10.2021 on the following terms and conditions:**

1. This is One Time Exercise and no more extensions or similar window will be allowed during the policy period.
2. For the retirees who are already covered under IBA-GMC policy till now but could not join in the renewal policy on time for obvious reasons, we are allowing them to use this window to enrol into the scheme. However, **any treatment/claim during the break period will be excluded from the cover.**

**PUNJAB NATIONAL BANK**  
**HUMAN RESOURCE MANAGEMENT DEPARTMENT, HEAD OFFICE**

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3. The coverage for the members enrolling during the extension period will commence with effect **from 01/12/2021** or receipt of premium at our office from the Bank, whichever is later.
4. Since it is an optional exercise which is offered to those left out retirees on the request from banks/associations and is only to facilitate them, there can be **No pro-rata reduction in premium** and it will only be Annual (Yearly) premium.

All left out retirees, those who could not exercise their option earlier, are requested to submit their Consent Form given below duly filled in to **Any Branch of PNB** latest by **25.11.2021 positively**.

Branch Head/Office Heads and staff members posted at branches/COs/ZOs are again advised to extend warm helping hand and be extremely considerate with regard to submission/uploading Consent Form of retirees and deal with their concerns empathetically. The navigation to **enter/upload Consent Form Manager Self Service→ Welfare Schemes→ NEW Ex-Employee Consent Form**,

**All concerned are advised to ensure compliance of the above instructions meticulously.**

**GENERAL MANAGER**  
(S K Rana)

**CONSENT FORM –IBA GROUP MEDICAL INSURANCE SCHEME**

THE DY. GENERAL MANAGER  
HUMAN RESOURCE MANAGEMENT DEPARTMENT,  
PUNJAB NATIONAL BANK,  
HEAD OFFICE,  
NEW DELHI 110075

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 IBA'S GROUP MEDICAL INSURANCE SCHEME. MY DETAILS ARE AS UNDER:-

PF NO		EMPLOYEE NAME	
DOB		CADRE/DESIGNATION	
STATUS OF EMPLOYEE	ALIVE <input type="checkbox"/>	GENDER	
	DECEASED <input type="checkbox"/>	SEPERATION REASON	
RETIREMENT DATE			
SPOUSE NAME		ALIVE (SPOUSE)	YES/NO
DOB (SPOUSE)		GENDER	
<b>WANTS DOMICILIARY COVERAGE :-</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>COVERAGE FOR*</b>	<b>FAMILY FLOATER</b> <input type="checkbox"/>	<b>SINGLE</b> <input type="checkbox"/>	
*SINGLE RATE ARE APPLICABLE FOR RETIREE WITHOUT SPOUSE AND SURVIVING SPOUSE (FAMILY PENSIONER)			
<b>SUM INSURED* (BASE POLICY)</b>	100000 <input type="checkbox"/>	300000	<input type="checkbox"/>
	200000 <input type="checkbox"/>	400000	<input type="checkbox"/>
<b>WHETHER WANTS SUPER TOP-UP</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>SUPER TOP UP</b>	100000 <input type="checkbox"/>	300000	<input type="checkbox"/>
	200000 <input type="checkbox"/>	400000	<input type="checkbox"/>
	500000 <input type="checkbox"/>		
MOBILE NO.			
CORRESPONDENCE ADDRESS			
			PIN
E-MAIL ID			

I AGREE AS UNDER:

**1. I IRRECOVERABLY AUTHORIZE THE BANK TO DEBIT PREMIUM AMOUNT FROM MY BELOW MENTIONED ACCOUNT FOR THE CURRENT POLICY PERIOD AND IN COMING YEARS.**

A/C NO.	
IFSC Code	

- I shall maintain sufficient balance in the aforesaid account.
- 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.
- The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
- I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
- The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/ settled by the Insurance Company on the basis of claim documents and the Bank will not be involved in this process.

Your Faithfully

Date;

Place:

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

