

**ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ**  
**punjab national bank**

**HUMAN RESOURCES MANAGEMENT DIVISION,  
HOSPITALISATION CELL**

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

**28.08.2019**

**URGENT NOTICE**

**REG:IBA's GROUP MEDICAL INSURANCE SCHEME - OPTION OF EMPLOYEES RETIRED / RETIRING BETWEEN 01.10.2018 TO 30.09.2019.**

We all are aware that current Medical Insurance Policy is expiring on 30.09.2019 and the employees retiring during the policy period from 01.10.2018 to 30.09.2019 are covered as active employees and they have to become the members of the scheme by submitting application through HRMS.

Policy for the retired employees starts from 01.11.2019 and there is a gap of one month i.e. October 2019 for which separate premium with Domiciliary coverage and without Domiciliary, detailed hereunder, as advised by United India Insurance Company shall have to be paid by the retirees.

Pro-Rata premium for one month under retiree policy **without Domiciliary** coverage is as under:-

<b>OPTION - I (WITHOUT DOMICILIARY)</b>					
<b>Cadre</b>	<b>Annual Premium</b>	<b>Sum Insured</b>	<b>Pro-Rata Premium for one month without GST</b>	<b>GST @ 18%</b>	<b>TOTAL Premium</b>
Officers	24400	400000	2072	373	<b>2445</b>
Clerical/ Sub Staff	18301	300000	1554	280	<b>1834</b>

Pro-Rata premium for one month under retiree policy **with Domiciliary** coverage is as under:-

<b>OPTION - II (WITH DOMICILIARY)</b>					
<b>Cadre</b>	<b>Annual Premium</b>	<b>Sum Insured</b>	<b>Pro-Rata Premium for one month without GST</b>	<b>GST @ 18%</b>	<b>TOTAL Premium</b>
Officers	69808	400000	5929	1067	<b>6996</b>
Clerical/ Sub Staff	52359	300000	4447	800	<b>5247</b>

Branch Heads of all branches/offices are advised to take appropriate steps to bring the content of this notice to the knowledge of the retirees, drawing pension from their branches so that willing retirees may become members of the Insurance Scheme by submitting consent application (given hereunder) in the branches which will be uploaded in HRMS by concerned branches/offices duly filled in by the pensioner joining the IBA's Group Medical Insurance Scheme. All concerned are also advised to exercise their option for **Domiciliary / Non Domiciliary** carefully as this will be applicable for the One Year premium also.

Please also ensure to enter the applications at the navigation **Manager Self Service→NEW.MED-INSU.CONSENT (EX-EMPL)**, so received by **13.09.2019 (Friday)** as the HRMS window will be closed by 5.00PM and Bank will not be in a position to cover the retiree whose consent has not been entered by the stipulated date. The amount of premium will be deducted and remitted to United India Insurance Company on 16.09.2019.

**Please note that those retirees opted out from this policy are not entitled to rejoin this scheme.**

Please also ensure to upload the scanned copy of the consent form so received from retirees. Circle Offices/Zonal Offices/HO Divisions for information and necessary compliance.

**V. SRINIVAS  
DY. 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							
<b>10</b>	<b>WANTS DOMICILIARY COVERAGE</b>	<b>YES/NO</b>						
<b>11</b>	<b>WHETHER WANT SUPER TOP UP</b>	<b>YES/NO</b>						

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 irrecoverably 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 Medial Insurance Scheme as per Circular No.\_\_\_\_, Dt. \_\_\_\_\_ From ShfSmt \_\_\_\_\_ PF No.\_\_\_\_\_. The information received shall be entered in HRMS.

(Signature of Bank Official with  
Stamp) BO/CO \_\_\_\_\_