

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ
punjab national bank

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

31.08.2018

URGENT NOTICE

REG:IBA'S GROUP MEDICAL INSURANCE SCHEME – OPTION OF EMPLOYEES RETIRED / RETIRING BETWEEN 01.10.2017 TO 30.09.2018.

We all are aware that current IBA's Group Medical Insurance Policy is expiring on 30.09.2018 and the employees retiring in between the policy period 01.10.2017 to 30.09.2018 are covered as active employees. They have to become the members of the scheme by submitting application through HRMS.

Policy for the retired employees starts from 01.11.2018 and there is a gap of one month i.e. October 2018. United India Insurance Company vide their email dated 30.08.2018 has advised the pro rata premium without Domiciliary coverage and with Domiciliary coverage that has to be paid by the retirees, in case they are willing to join. Rates of pro rata premium are as under:-

OPTION - I (WITHOUT DOMICILIARY)					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST @ 18%	TOTAL Premium
Officers	13935	400000	1184	213	1397
Clerical/ Sub Staff	10452	300000	888	160	1048

OPTION - II (WITH DOMICILIARY)					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST @ 18%	TOTAL Premium
Officers	31354	400000	2663	479	3142
Clerical/ Sub Staff	23517	300000	1997	359	2356

Incumbents are advised to take appropriate steps to bring the content of this notice to the knowledge of all the retirees including those who are drawing pension from their branches so that willing retirees may become members of the Insurance Scheme by submitting application, on the format given hereunder. The branches/offices will upload the scanned copy of the format and will also enter the required details correctly in HRMS as per navigation **Manager Self Service →NEW-MED.INSU.CONSENT(EX-EMPL)** by **12.09.2018 (Wednesday):5.00 PM.**

Because the premium will be deducted at Head Office level on 13.09.2018 and will be paid to United insurance Company on 14.09.2018 as such the HRMS link will be closed at 5.00PM on 12.09.2018. **There will not be any extension after this date.** Also please note that Bank will not be in a position to cover the retiree whose consent has not been entered in HRMS by the stipulated date. Retirees/retiring employees should be made clear that the consent forms must reach at appropriate level by the stipulated date. They should also be communicated that they must maintain the balance in their accounts on date and there should not be anything which may hamper the deduction of premium.

Zonal Offices/Circle Offices & branches are advised to go through the provisions carefully and to take up accordingly for expeditious compliance so that the benefits available can be claimed in a proper manner and within the stipulated time. Nodal Officers are also advised to get it implemented strictly as per guidelines.

(V. SRINIVAS)
DY. GENERAL MANAGER - HRMD

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 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 _____