



मानव संसाधन प्रभाग, प्रधान कार्यालय,  
प्लॉट सं 4, सेक्टर 10, द्वारका, नयी दिल्ली  
HUMAN RESOURCES DIVISION HEAD OFFICE,  
PLOT No. 4, SECTOR 10, DWARKA, NEW DELHI

TO ALL BRANCHES/OFFICES.

11.10.2022

**NOTICE**

**INDIAN BANK ASSOCIATION (IBA) GROUP MEDICAL INSURANCE SCHEME FOR RETIRED OFFICERS/ WORKMEN EMPLOYEES – WEBINAR ON MEDICAL INSURANCE SCHEME FOR BANK RETIREE-2022-23**

Please refer to HRMD Circular No. 654/2022 dated 04.10.2022 vide which we have circulated premium and other terms and conditions for renewal of the IBA's Group Medical Insurance Policy for Retired Officer and Workmen Employees-2022-23.

We have received communication from IBA that individual bank retirees as well as retiree associations are raising various queries. Based on the queries received by IBA, a consolidated list (Annexure I) is forwarded to National Insurance Co. Ltd (NICL) by them. IBA has arranged a Knowledge session (Webinar) on the Medical Insurance Scheme on **13.10.2022, 3.00 PM**, wherein Officials from NICL shall endeavor to arrange response to the list of queries.

The retirees may join the same through a "You Tube Link" which shall have live streaming. The recordings of the meeting shall be available in You Tube, after the meeting also.

The link for Live Streaming of the Webinar is as under:

<https://youtu.be/wd8GE1WBKQg>

**Time: 3.00 PM to 3.30 PM on Thursday 13.10.2022**

**The retirees may join the Webinar for resolution of their queries.**

**(PARMESH KUMAR)  
DEPUTY GENERAL MANAGER**

**QUESTIONS FOR PROPOSED WEBINAR WITH NICL**

1. We should have a copy of the proposed policy in advance so that we know what are the inclusions / exclusions, room rent entitlement, co-pay, etc.
2. If we now take a base policy of Rs 2 Lakh this year, can we increase the BASE POLICY Amount WITH OR WITHOUT SUPER TOP UP Policy next year (ie., for 2023-24)? Or will there be any restrictions or caps?
3. Will the upcoming policy for 2022-23 cover targeted immunotherapy for cancer patients? Will there be any cap for the same?
4. If I decide not to take upcoming policy under the IBA arrangement this year, can I join the GMIS next year with full freedom or will there be any restrictions / waiting periods / caps for making claims, etc., on re-joining?
5. We can request for flexibility in base policy to take cover with super Top up policy? That is, can there be a relaxation in the base policy amount in order to be eligible for taking a Super Top Up?
6. Is there a possibility of reduction in insurance premium at par with Star Medical Insurance – they are charging approx. Rs 15,000 for a cover of Rs 10 lakhs.
7. Can NICL introduce a 'No claim discount' it would be of benefit all those people who pay hefty premia, but do not have any claims during the year?
8. Presently all the vulnerable insured are grouped under Retirees Policy, who shoulder the maximum burden. The younger and healthier group has a separate policy. NICL should work out the actuarial impact on combining the two policies (ie: For Employees and Retirees) as one Corporate Entity and workout the claim outlay and refix viable Premium rates. I am sure, if many other Insurance Companies can provide floater policies with much lower premium for age group from 18 years to 80 years or more, IBA-sponsored NICL Policy should be able to reduce premium level after doing actuarial impact study.
9. Single premium benefit should be made available to the retired staff (only for self) even where the spouse is alive and has alternate medical insurance and does not need floater cover.

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10. GMIS premium can be reduced substantially with some percentage of, say 10-15%, as co-pay, as an additional option.
11. For any serious ailments like heart, liver, kidney etc., only 25% should be contributed by proposer ie., patient Cancer to be given full cover. Most important is to consider giving single coverage if spouse is other way covered.
12. Can the insurance company add one comprehensive health checkup for the insured any time during the currency of policy year?
13. Premium for those slabs in Base policy, for which the benefit of low super Top premium benefit is not available, can be substantially reduced ie: For Officers, Premium for Rs.1,00,000 to Rs.3,00,000 and for Award Staff for Rs.1,00,000 and Rs.2,00,000. .
14. Large number of retirees not being IT savvy, uploading claim documents would be difficult. Therefore physical submission of documents to the designated addresses, including local offices of TPA, should continue.
15. Claim related communication, including full reasons of rejection or partial disallowance, should be directly sent by the TPA to the retiree through email/SMS, instead of to BOI HO. Sufficient time should be allowed for submission.
16. Policy Annexure, where ceiling on various specified ailments is fixed is notified, should also be provided to all the retirees.
17. Premium paid receipts should be automatically emailed to the retirees before December-end.
18. With such high premium proposed, NICTL should cover all the critical illness in the proposed policy without a cap.
19. Top up should be allowed at least for equal amount of our option. For example, if we opt for Rs.2 lakh, the top up should also be allowed for Rs.2 lakh
20. A review of the premium structure by at least 10% would encourage many not to leave the Group. Feedback indicates there will be large scale reduction in the number of applicants.