



**HUMAN RESOURCES MANAGEMENT DIVISION,  
HOSPITALISATION CELL  
(PHONE 011-26174730-emailid-hrdhospitalisation@pnb.co.in)  
HEAD OFFICE: NEW DELHI**

**30.08.2017**

**URGENT NOTICE**

**REG: MEDICAL INSURANCE SCHEME – OPTION OF EMPLOYEES  
RETIRED/RETIRING FROM 01.10.2016 TO 30.09.2017**

We all know that current Medical Insurance Policy is expiring on 30.09.2017 and the employees retiring during the policy period (01.10.2016 to 30.09.2017) are covered as active employees and they have to become members of the scheme by submitting application through HRMS.

Policy for the retired employees starts from 01.11.2017 and there is a gap of one month i.e. October 2017 for which separate premium with Domiciliary coverage and without Domiciliary coverage, 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.

<b>OPTION I (WITHOUT DOMICILIARY)</b>					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST @ 18%	<b>Total Premium</b>
Officers	13935	400000	1184	213	<b>1397</b>
Clerks/Sub staff	10452	300000	887	160	<b>1047</b>

Pro-Rata premium for one month under retiree policy **with Domiciliary** coverage.

<b>OPTION II (WITH DOMICILIARY)</b>					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST @ 18%	<b>Total Premium</b>
Officers	17400	400000	1478	266	<b>1744</b>
Clerks/Sub staff	13000	300000	1104	199	<b>1303</b>

\*The consent format is given hereunder.

Incumbents of all 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 application in the branches which will be uploaded in HRMS by concerned branches/offices.

Please ensure to enter the applications at the navigation **Manager Self Service-New Ex-Employee Consent Form**, so received by 16.09.2017 (Saturday) as the HRMS window will be closed by 5.00 P.M. 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 18.09.2017.

Please do not forget to upload the scanned copy of the form so received from retirees. Circle Offices/Zonal Offices/HO Divisions for information and necessary compliance.

**(DINESH SAXENA)**  
**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. : Medical Insurance Scheme for Retired Employees/ Spouse of Retired Employees.**

With reference to the Notice Dated \_\_\_\_\_ on the captioned subject. I submit my consent to join Medical Insurance Scheme. My details are as under :

Of	PF No.							
02	Name							
03	Date of Birth							
04	Gender {(f) on option}	MALE			☐EMALE			
05	Date of Retirement							
06	Cadre {(f) on option}	O☐ICER		CLERK		SUBSTA☐☐		
07	Designation							
08	Last Place of Posting							
09	Separation Reason							
10	<b>WANTS DOMICILIARY COVERAGE</b>	<b>YES/NO</b>						

Details of my spouse :

Of	Name							
02	Date of Birth							
03	Gender {(f) on option}	MALE			☐EMALE			

My contact details :

Of	Mobile/Phone No.							
02	E-mail Address							
03	Correspondence Address							
		PIN						

I agree as under :

- f) I irrevocably 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 \_\_\_\_\_