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punjab national bank
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**HUMAN RESOURCES MANAGEMENT DIVISION,
HOSPITALISATION CELL
(PHONE 011-28075345-emailid-hrdhospitalisation@pnb.co.in)**

17-09-2020

NOTICE

Last date for left out employees retired/retiring between 01.10.2019 to 30.09.2020- 23 September 2020

REG: IBA's GROUP MEDICAL INSURANCE SCHEME – ONE MORE OPTION FOR THOSE EMPLOYEES RETIRED / RETIRING BETWEEN 01.10.2019 TO 30.09.2020.

We all are aware that current Medical Insurance policy is expiring on 30.09.2020 and the employees retired/retiring during the policy period from 01.10.2019 to 30.09.2020 are covered as active employees and they have to become the members of the scheme by submitting consent form.

In this connection, UIIC has given one more chance for left out employees retired/retiring between 01.10.2019 to 30.09.2020. Policy for the retired employees starts from 01.11.2020 and there is a gap of one month i.e. October 2020 for which separate premium With Domiciliary 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 is as under:-

OPTION – I (WITHOUT DOMICILIARY)					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST @ 18%	TOTAL Premium
Officers	28130	400000	2383	429	2812
Clerical/ Sub Staff	21099	300000	1787	322	2109

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

OPTION - II (WITH DOMICILIARY)					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST @ 18%	TOTAL Premium
Officers	69808	400000	5913	1064	6977
Clerical/ Sub Staff	52359	300000	4435	798	5233

Branch/Circle/Zonal offices are advised to ensure to enter the consent form (**for PNB retirees only**) at the navigation **Manager Self Service→NEW.MED-INSU.CONSENT (EX-EMPL)**, so received by **23.9.2020** 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 above stipulated date. **The amount of premium will be deducted on 24.09.2020 and remitted to United India Insurance Company on 25.09.2020.**

MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES – eOBC

The employees of eOBC who retired/retiring during 01.10.2019 to 30.09.2020 are required to deposit one month pro-rata premium to include them in retiree's policy. Pro-rata premium for one month under the policy to be paid by retired employees in **account No. 12372191023768 (Medical Insurance Scheme for retired Employees) at our any branch latest by 23.09.2020 by invariably quoting their PF number and name** by using the pay slip as per Format-I for our reference. Copy of pay slip is attached for your reference.

The concerned branch shall send scan copy of consent form along with pay slip to mail ID hrdhospitalisation@pnb.co.in.

MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES – eUBI

The employees of eUBI who retired/retiring during 01.10.2019 to 30.09.2020 are required to deposit one month pro-rata premium to include them in retiree's policy. Pro-rata premium for one month under the policy to be paid by retired employees in **account No.0098050000189 (COLLECTION OF MEDICAL INSURANCE PREMIUM-UBI, Scheme for Retired Employees) at our any branch latest by 23.09.2020 by invariably quoting their PF number and name** by using the challan as per Annexure-II for our reference. Copy of Annexure-II is attached for your reference.

The concerned branch shall send scan copy of consent form along with challan as per Annexure-II to mail ID hrdhospitalisation@pnb.co.in.

Branch Heads of all branches/offices are advised to take appropriate steps to bring the content of this notice to the knowledge of the left out retirees, drawing pension from their branches so that willing left out retirees may become members of the above insurance scheme by submitting consent form.

For any query, please call at 011-28075345/28044775 (HRD Hospitalisation, Head Office, Dwarka) or send the queries on e-mail ID hrdhospitalisation@pnb.co.in.

Please note that those retirees opted out from this policy will not be entitled to re-join this scheme.

**(SUSHIL KUMAR SHUKLA)
DY. GENERAL MANAGER**

(Payslip for retirees)

PUNJAB NATIONAL BANK (e-OBC)

PAYSLIP FOR CASH/CHEQUE

BRANCH: _____

DATE: _____

ACCOUNT NUMBER													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

FOR THE CREDIT OF MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF NO.	NAME:	DATE OF RETIREMENT
	<input type="text"/>		<input type="text"/>
ADDRESS:	PHONE:		E-MAIL:
<input type="text"/>	<input type="text"/>		<input type="text"/>

Drawee Bank	Branch	Cheque No. & Date	Cash Notes/ Coins	Amount (Rs.)
Punjab National Bank (e-OBC)			2000x	
			1000x	
			500x	
			200x	
			100x	
			50x	
			Rupees in Words:	
		10x		
Signature of retired employee (Depositor)	Cashier	Authorised Officer	5x	
			2x	
			1x	
			Total	

Note for Cashier & Authorised Officer: Please enter the PF no., Name & Date of retirement of the retired employee in Transaction Particulars (PF NO: Name) Transaction Remarks (DOR).

COUNTER FOIL: CASH/ CHEQUE

PUNAJB NATIONAL BANK (e-OBC) B/O-

ACCOUNT NUMBER													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR)	PF NO.	NAME:	DATE OF RETIREMENT
	<input type="text"/>		<input type="text"/>
Details of Cash/Cheque			Amount (Rs.)
Rupees in Word:			
Cashier		Authorised Signatory	

Deposit Challan for Inclusion of Employee Retired During 01st Oct. 2019 to 30th Sept 2020 for One Month Medical Insurance Premium for IBA

<u>Bank Copy</u>	<u>Retired Employee Copy</u>
Date:	Date:
<p>United Bank Of India: Branch :</p> <p style="text-align: center;">DEPOSIT COLLECTION</p> <p>Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189</p> <p style="text-align: center;"><u>Retired Employee Details:</u></p> <p>Name: SPF No: Date of Birth..... Sex</p> <p>Mob No: Name of Spouse: Shri/Smt Date of Birth of Spouse _____ Sex of Spouse.....</p> <p>Category : Officer / Award Staff (Strike out as applicable)</p> <p><u>Please enter the amount in words & figures:</u></p> <p>Pro-rata Premium for one Month Without Domiciliary: Rs.....</p> <p>Pro-rata Premium for one Month With Domiciliary: Rs.....</p> <p>Insurance Premium Deposited: Rs.....(in figures)</p> <p>Amount in words: Rs.</p> <p>Signature of Depositor</p> <p>Bank Signature: _____</p>	<p>United Bank Of India: Branch :</p> <p style="text-align: center;">DEPOSIT COLLECTION</p> <p>Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189</p> <p style="text-align: center;"><u>Retired Employee Details:</u></p> <p>Name: SPF No: Date of Birth..... Sex</p> <p>Mob No: Name of Spouse: Shri/Smt Date of Birth of Spouse _____ Sex of Spouse.....</p> <p>Category : Officer / Award Staff (Strike out as applicable)</p> <p><u>Please enter the amount in words & figures:</u></p> <p>Pro-rata Premium for one Month Without Domiciliary: Rs.....</p> <p>Pro-rata Premium for one Month With Domiciliary: Rs.....</p> <p>Insurance Premium Deposited: Rs.....(in figures)</p> <p>Amount in words: Rs.</p> <p>Signature of Depositor</p> <p>Bank Signature: _____</p>