

ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ
punjab national bank

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

23.10.2019

HRMD CIRCULAR No. 470

Last date for submission of option-29.10.2019
Date of debit of premium- 30.10.2019

REG: IBA's Group Medical Insurance Scheme for Retired Employees- One more option to re-join the policy.

Please refer to our circular no. HRMD 467 dated 27.09.2019 regarding renewal of IBA Group Medical Insurance Scheme for Retired Employees in which renewal premium quotes are advised.

We are in receipt of communication through IBA vide mail/letter no. HR&IR/ Med/BRK/2019-20/8042 dated 22.10.2019 that UIIC has agreed to provide one more option to left out retirees who could not join the Medical Insurance Scheme earlier with following conditions-

1. This is one time option. No further window will be opened for such retirees.
2. There will be waiting period of 30 days (for utilization of policy benefits) from commencement of the policy or from the date of remittance of premium, whichever is later.

The quotes given by the UIIC are mentioned below-

The Renewal Premium per family for Retirees' Policy (Without Domiciliary) – Option-I

Category	Sum Insured (Rs.)/ /Family	Premium Without GST (Rs.)	GST @ 18% (Rs.)	Gross Premium payable per Family including GST (Rs.)
Award Staff	3,00,000/-	Rs. 21,099/-	Rs. 3,798/-	Rs. 24,897/-
Officer	4,00,000/-	Rs. 28,130/-	Rs. 5,063/-	Rs. 33,193/-

The Renewal Premium per family for Retirees' Policy (With Domiciliary) – Option-II

Category	Sum Insured (Rs.)/ /Family	Premium Without GST (Rs.)	GST @ 18% (Rs.)	Gross Premium payable per Family including GST (Rs.)
Award Staff	3,00,000/-	Rs. 52,359/-	Rs. 9,425/-	Rs. 61,784/-
Officer	4,00,000/-	Rs. 69,808/-	Rs.12,565/-	Rs. 82,373/-

The Renewal Premium per family for Super Top Up Policy for Retirees.

Category	Sum Insured (Rs.)/ /Family	Premium Without GST (Rs.)	GST @ 18% (Rs.)	Gross Premium payable per Family including GST (Rs.)
Award Staff	4,00,000/-	Rs. 4,795/-	Rs. 863/-	Rs. 5,658/-
Officer	5,00,000/-	Rs. 5,198/-	Rs. 936/-	Rs. 6,134/-

All incumbents are advised to bring the content of this circular to the knowledge of retirees including those drawing pension from branches. Retirees are requested to submit their consent form via mail/dispatch directly to Head Office HRD Hospitalisation by 30.10.2019. Please note that bank do not have any cushion for amendment thereafter. All retired employees are requested to co-operate with us and ensure completion of the exercise within the set timelines. A copy of this circular is also being placed at pnbnet.net.in

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							
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 _____