



Uploading date  
16-5-2019

मानव संसाधन विभाग / HUMAN RESOURCES DEPARTMENT

कर्मचारी कल्याण प्रभाग / STAFF WELFARE DIVISION ,

कॉरपोरेट कार्यालय, मणिपाल विंग / CORPORATE OFFICE, MANIPAL WING,

Telephone: 0820 2571181/ FAX: 0820 2572420 Email: hoswd@syndicatebank.co.in

Ref no: No.03-2019-NOTI-HRD-SWD

दिनांक /Date: 16.05.2019

**NOTIFICATION**

**SUB: REIMBURSEMENT OF HEALTH INSURANCE PREMIUM UPTO ₹ 2500/- PER YEAR TO RETIREES – EXTENSION OF LAST DATE FOR SUBMISSION OF CLAIMS FOR REIMBURSEMENT OF PREMIUM ON THE POLICIES PURCHASED WITH REVISED RATES**

(३०६)

Kind attention of retiree employees is drawn to the notification no 01-2019-NOTI-HRD-SWD, dated 15-03-2019 wherein reimbursement of health insurance premium to retirees was enhanced from ₹1000/- to ₹2500/- per year with last date to submit the claims up to 31.03.2019. The eligibility criteria stipulated in the circular are as under.

**Eligibility:**

1. In case of Synd Arogya policy, those retirees who have renewed the policy with United India insurance Co Ltd on or after 20/12/2018 (UICo Ltd has revised Synd Arogya premium with effect from 20/12/2018) by paying the revised premium **ONLY** are eligible for claiming enhanced premium reimbursement subject to maximum of ₹ 2500/- per financial year. **The claim should be submitted immediately on receipt of the policy not more than two months from the date of policy.**
2. The eligible retirees/Spouse of retirees/deceased employee who have already claimed ₹1000/- (Rupees one thousand only) reimbursement of Synd Arogya Scheme/IBA health insurance premium paid are eligible to claim the difference amount of ₹ 1500/- against insurance premium paid for the current period (IBA Health Insurance Policy for the current year commencing from 01.11.2018 onwards).
3. The claim shall be made during the financial year and **there is no provision for carryover of the claim for the subsequent year** for whatsoever reason.

We have been receiving representations from various Retirees and their Associations to consider extension of the last date, as many of them were not aware of the enhancement due to various reasons. As such, we are pleased to inform that the last date for submission of claims stands **extended up to 30.06.2019.**

(R Ponraj Kumar)

उप महा प्रबंधक (मा.सं.) DY.GENERAL MANAGER (HR)

६. ६

**ANNEXURE – I**

**Claim for reimbursement of Synd Arogya Insurance Premium paid by Retired Employee / spouse of Retired Employee (including dying in harness).**

1	Name of the retired employee	
2	Employee Number	
3	Designation	
4	Branch / Office last worked (BIC)	
5	Date of Birth	
6	Date of Joining the Bank	
7	Date of Retirement	
8	Name of the Spouse if he / she is claiming	
9	Synd Arogya Policy Number	
10	Policy valid up to	
11	Policy amount	₹
12	Insurance Premium paid	
13	Claim for reimbursement ( subject to maximum of Rs 2500/-)	₹

I hereby declare that the above details submitted by me are true and **I have not claimed reimbursement** under the Health Insurance Scheme during this Financial Year. I am enclosing Original premium paid receipt and attested copy of Synd Arogya policy. The eligible amount may please be credited to my account no. ....with you.

Place:

Date:

**SIGNATURE OF THE CLAIMANT**

-----  
**FOR USE BY SANCTIONING AUTHORITY**

Verified the details, sanctioned ₹..... (₹ .....)  
being eligible amount of reimbursement of Synd Arogya Policy Premium.

Branch:

Date:

**Sanctioning Authority  
(With Seal)**

**ANNEXURE – II**

**Claim for reimbursement of IBA Health Insurance premium paid by Retired employees / spouse of retired Employee (including dying harness).**

1	Name of the retired employee	
2	Employee Number	
3	Designation	
4	Branch / Office last worked (BIC)	
5	Date of Birth	
6	Date of Joining the Bank	
7	Date of Retirement	
8	Name of the Spouse if he / she is claiming	
9	Date of IBA Health Insurance premium paid	
10	Health Insurance Period (from...to).	
11	Health Insurance Policy amount	₹
12	Account No of Insurance Premium debited	
13	Claim for reimbursement ( subject to maximum of Rs 2500/-)	₹

I hereby declare that the above details submitted by me are true and I **have not claimed reimbursement** under Synd Arogya Scheme during this Financial Year. I am enclosing the copy of my SB Pass Book showing debit of IBA Health Insurance Premium. The eligible amount may please be credited to my account no. .... with you.

Place:

Date:

**SIGNATURE OF THE CLAIMANT****FOR USE BY SANCTIONING AUTHORITY**

Verified the details, sanctioned ₹..... (₹ .....)  
being eligible amount of reimbursement of Health Insurance Premium.

Branch :

Date:

**Sanctioning Authority  
(With Seal)**

**ANNEXURE – III**

**Format of Claiming reimbursement of additional / difference amount of Synd Arogya Insurance Premium / IBA Health Insurance premium paid by retired Employee / Spouse of retired Employee (including dying harness).**

1	Name of the retired employee	
2	Employee Number	
3	Designation	
4	Branch/Office last worked (BIC)	
5	Date of Birth	
6	Date of Joining the Bank	
7	Date of Retirement	
8	Name of the Spouse if he / she is claiming	
9	Synd Arogya- IBA health Insurance details	
10	Policy valid up to	
11	Policy amount	
12	Insurance Premium paid	
13	Premium amount already claimed	
14	Date of Claim	
15	Difference amount now claimed for reimbursement	₹

I hereby declare that the above details submitted by me are true. I have already claimed ₹ ..... (Rs ..... ) being the reimbursement of premium of Health Insurance policy under the scheme during the current Financial Year (i.e 01.04.2018 to 31.03.2019). I am enclosing the copy of my SB Pass Book showing debit of IBA Health Insurance Premium / original premium paid receipt under Synd Arogya Policy and attested copy of Synd Arogya Policy. The difference of eligible amount of health insurance premium reimbursement of Rs ..... ( Rs ..... ) may please be credited to my account no. .... with you.

Place:

Date:

**SIGNATURE OF THE CLAIMANT****FOR USE BY SANCTIONING AUTHORITY**

Verified the details, sanctioned ₹..... (₹ ..... ) being difference of eligible amount of health insurance premium reimbursement.

Branch :

Date:

**Sanctioning Authority  
(With Seal)**