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मानव संसाधन विभाग / HUMAN RESOURCES DEPARTMENT
कर्मचारी कल्याण प्रभाग / STAFF WELFARE DIVISION ,
कॉर्पोरेट कार्यालय, मणिपाल विंग / CORPORATE OFFICE, MANIPAL WING,
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Ref. No.010-2018-NOTI-HRD-SWD

दिनांक/Date: 06.12.2018

NOTIFICATION

SUB: IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIREES - EXTENSION OF LAST DATE FOR RENEWAL/JOINING OF POLICY EXPIRED ON 31.10.2018

Attention is drawn to Bank's Circular.No.410-2018-BC-HRD-88-SWD Dated: 17-10-2018 & Circular.No.438-2018-BC-HRD-94-SWD Dated: 03-11-2018 on IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIREES.

We are pleased to inform you that as per the request of many Banks & IBA, the last date for renewing /joining the IBA Group Health Insurance for Retirees is extended by United India Insurance Company Ltd up to **15/12/2018** subject to the following guidelines:

Guidelines:

1. The period for submitting option for renewing the IBA Group Health Insurance for Retirees with premium is extended up to 15/12/2018 for the respective banks. Please note that no further extension will be given.
2. The premium along with the list is to be remitted to United India Insurance Co. in one lot only on 15/12/2018. No piece meal remittance will be accepted.
3. The premium payable is the full premium as conveyed earlier.
4. The period of coverage will be from 16/12/2018 till the end of the group policy i.e 31/10/2019.
5. A declaration as below shall be obtained from all retirees opting to join during the above period and shall be sent to Corporate Office IBA Health Insurance Cell before 15/12/2018 in Original hard copy for records.
6. Premium without this declaration shall not be accepted for coverage.
7. The above guidelines are applicable for Super top-up Policy for Retirees also.
8. Below guidelines issued earlier in respect of renewal of IBA Group Health Insurance for Retirees for 2018-19 shall continue to apply.

GUIDELINES FOR RENEWAL OF RETIREES POLICY 2018-19:

Please note the following guidelines will apply for the renewal of retiree policy 2018-2019:

1. Only existing retirees who are covered in IBA GMC Retiree policies and employees who have retired during the policy period 2017-18 will be allowed to join the IBA Retiree GMC Policy 2018-19. Retirees who have not joined the scheme earlier will not be allowed to join the scheme now as per Additional condition No. 7 of IBA GMC policy.

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2. Existing retirees who are covered under With Domiciliary (OPD) policy may be allowed to switch over to Without Domiciliary Policy. Option to switch over from Without Domiciliary Policy to With Domiciliary (OPD) Policy shall not be allowed.
3. The employees who retired during the policy period 2017-18 shall be given the option to join either With Domiciliary Option or Without Domiciliary Option. Also retirees who have not joined the IBA GMC Retiree policy 2017-18 by paying 1 month pro-rata premium, can join IBA GMC Retiree policy 2018-19 starting 16/12/2018.
4. Retirees who are covered under existing retiree's policy but not opted for Super-top policy last year can join the Super-top up policy on renewal.
5. Retirees who have opted out of the IBA GMC Retiree Policies in previous years will not be eligible to join any policy as per Additional condition No. 6 of IBA GMC policy.
6. Once the premium is remitted for a retiree, no option for any change or refund will be allowed as per cancellation clause 5.14 of the policy.

The premium payable will be centrally debited at CO:IBA Health Insurance Cell on 15.12.2018 in the morning at 11.00 AM and all the optees shall be informed to maintain sufficient balance in their accounts specified in Annexure I(R) for debiting the premium payable. The pensioners shall invariably mention their SB account for debiting the premium amount for renewal of policy. Once the premium is remitted to insurer, no option for any change or refund will be allowed.



(SATHISH KAMATH)

GENERAL MANAGER (HR)



ANNEXURE-I (R)

Place:

Date:

The General Manager (HR)
IBA Health Insurance Cell
CO: Bengaluru

Dear Sir,

Sub: Medical Health Insurance Scheme introduced by IBA

I am interested in joining the medical Insurance Scheme of IBA for member banks introduced as per X Bipartite Settlement/Joint Note dated 25.05.2015 and furnish here below the required information pertaining to me.

| Details of Pensioner/Retiree | | Details of Spouse of Pensioner/Retiree | |
|---------------------------------|--|--|--|
| Name | | Name of Spouse | |
| Emp. No | | Date of Birth Spouse | |
| Date of Birth | | | |
| Date of Retirement | | | |
| Cadre at the time of retirement | | | |
| Mobile No | | | |
| Email Id | | | |
| Account No | | | |
| Address | | | |

I retired as a officer and I am aware that I along with my spouse will be eligible for a health insurance cover of ₹4.00 lakhs under the Group Health Insurance Policy. I hereby authorize you to debit the premium amount of ₹28,792/-(without Domiciliary) or ₹82,373/- (with Domiciliary) ₹.....& Super Top up: amount of ₹5,049/-₹.....To my SB a/c No and the policy may be renewed for one year from 16.12.2018 to 31.10.2019.

I retired as a clerk/sub-staff and I am aware that I along with my spouse will be eligible for a health insurance cover of ₹3.00 lakhs under the Group Health Insurance Policy. I hereby authorize you to debit the premium amount of ₹21,595/-(without Domiciliary) or ₹61,784/-(with Domiciliary) ₹.....&Super Top up: amount of ₹4,657/- ₹..... To my SB a/c No and the policy may be renewed for one year from 16.12.2018 to 31.10.2019.

I undertake to keep sufficient balance in my above a/c for this purpose failing which the policy cover may not be issued / renewed.

Yours faithfully

Signature

Tick whichever is applicable



DECLARATION

I, (Name of Retiree), Employee / PF no..... Could not submit the option to renew / join the IBA Group Health Insurance for Retirees for 2018-19 on or before 31/10/2018 due to some unavoidable reasons.

I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2018-19 and remit the full premium.

I further agree that the period of coverage shall be from 16/12/2018 to 31/10/2019.

Place:

Signature:

Date:

Name:

Employee/PF no: