



Circular No.012-2019-NOTI-HRD-SWD

ದಿನಾಂಕ /Date: 06-11-2019

**IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIREES - EXTENSION OF LAST DATE FOR RENEWAL/JOINING OF POLICY EXPIRED ON 31.10.2019.**

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Attention is drawn to Bank's Notification No.09-2019- NOTI-HRD-SWD dated 04-09-2019 and Notification .No.11-2019- NOTI-HRD-SWD dated: 24-10-2019 on IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIREES.

We are pleased to inform you that as per the request of many Banks, IBA and United India Insurance Company Ltd have extended one more option for retirees till **25/11/2019** to renew the policy for 2019-20 and also retirees who could not join the IBA HEALTH INSURANCE SCHEME- GROUP MEDICLAIM POLICY earlier subject to the following conditions.

**Guidelines:**

1. This is a onetime option without setting precedence.
2. There will be a waiting period of 30 days (for utilization of the policy benefits) from the commencement of the policy or from the date of remittance of premium whichever is later.
3. Retirees who have not opted for Super-top policy earlier can join the Super-top up policy now.
4. The premium payable is the full premium.
5. The period of coverage will be from 01/12/2019 till the end of the group policy i.e. 31/10/2020.

**Eligible pensioners are requested to submit and confirm the details in Consent / Authorization Letter (Annexure I).**

Clarification required, if any, on this circular may be sought from IBA Health Insurance Cell, CO: Bengaluru through email: [coibahealth@syndicatebank.co.in](mailto:coibahealth@syndicatebank.co.in) on or before 25.11.2019 (Phone: 080-22350302 / 8277890809 for reference).

(R PONRAJ KUMAR)  
DEPUTY GENERAL MANAGER (HR)

**ANNEXURE - I**

Date:  
Place:

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

**SUB: Medical Health Insurance Scheme for retirees- Request for renewal of Group Mediclaim Policy for 2019-20.**

I am interested in joining the Medical Insurance Scheme of IBA for member banks introduced as per 10<sup>th</sup> 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	
Pension No (If applicable)			
Date of Birth			
Date of Retirement			
Type of retirement (Superannuation/ death/VRS/ CRS etc.)			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No			
Address			

**Premium payable for policy year 2019-20:**

OPTIONS	OFFICERS	CLERK / SUB STAFF
With Domiciliary	82,373/-	61,784/-
Without Domiciliary	33,193/-	24,897/-
Super Top up Without Domiciliary	6,134/-	5,658/-

I retired as an Officer / Award Staff and I am aware that I along with my spouse will be eligible for a health insurance cover of ₹ 4.00 lakhs /₹ 3.00 lakhs under the Group Health Insurance policy. I hereby authorize you to debit the premium amount.

**Or**

I am Spouse of the deceased Officer / Workmen employee. I am aware that I will be eligible for a health insurance cover of of ₹ 4.00 lakhs/₹ 3.00 lakhs under the Group Health Insurance policy. I hereby authorize you to debit the premium amount.

**With following conditions:**

- **This is a onetime option without setting a precedence.**
- **There will be a waiting period of 30 days (for utilization of the policy benefits) from the commencement of the policy or from the date of remittance of premium whichever is later.**
- **The premium payable is the full premium.**
- **The period of coverage will be from 01/12/2019 till the end of the group policy i.e. 31/10/2020 for existing policy holders and from 01/01/2020 till the end of the group policy i.e. 31/10/2020 for the new optee's.**

I hereby authorize you to debit the premium amount of ₹ \_\_\_\_\_ from my SB a/c No \_\_\_\_\_ with IFSC Code- \_\_\_\_\_

Yours faithfully

Signature

( \_\_\_\_\_ )