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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.09-2019-NOTI-HRD-SWD

दिनांक /Date: 01.10.2019

NOTIFICATION

SUB: IBA HEALTH INSURANCE SCHEME-GROUP MEDICLAIM POLICY (RETIRES) EXPIRING ON 31.10.2019

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We have received the renewal premium rates from the United India Insurance Co Ltd for renewal of above referred Group Health Insurance Policy for Retirees for the year 2019-20 as under.

1. PREMIUM FOR IBA RETIREE GMC POLICY WITHOUT DOMICILIARY TREATMENT (WITHOUT OPD) 2019-20:

CATEGORY	SUM INSURED (₹.)	PREMIUM WITHOUT GST (₹.)	GST @ 18% (₹.)	GROSS PREMIUM PAYABLE PER FAMILY INCLUDING GST (₹.)
Officer	400,000	28,130	5,063	33,193
Award Staff	300,000	21,099	3,798	24,897

2) PREMIUM FOR IBA RETIREE GMC POLICY WITH DOMICILIARY TREATMENT (WITH OPD) 2019-20:

CATEGORY	SUM INSURED (₹.)	PREMIUM WITHOUT GST (₹.)	GST @ 18% (₹.)	GROSS PREMIUM PAYABLE PER FAMILY INCLUDING GST (₹.)
Officer	400,000	69,808	12,565	82,373
Award Staff	300,000	52,359	9,425	61,784

The limit of the domiciliary cover(OPD) which is 10% of the Sum Insured i.e. maximum of ₹ 40,000/- for officers and ₹ 30,000/- for Award staff and that the Total Sum insured of ₹ 4 lakhs for officers & ₹ 3 lakhs for Award Staff is including the 10% limit for OPD (i.e. domiciliary).

3) PREMIUM FOR SUPER TOP-UP POLICY WITHOUT OPD COVER FOR ALL RETIREES HAVING A BASE POLICY WITH OR WITHOUT DOMICILIARY COVER 2019-20:

CATEGORY	SUM INSURED UNDER TOP UP POLICY	BASE POLICY	PREMIUM WITHOUT GST (₹.)	GST @ 18% (₹.)	GROSS PREMIUM PAYABLE PER FAMILY INCLUDING GST (₹.)
Officer	500,000	400,000	5,198	936	6,134
Award Staff	400,000	300,000	4,795	863	5,658

The following changes have been made in terms & conditions of the policy:

1. The room rent would be restricted to ₹ 5,000/- per day.
2. All bills/receipts for purchase of medicine upon which a claim is made shall bear the valid GST No of the issuer of such bills, receipts etc.
3. All terms & conditions shall remain the same as that of last year.

4. GUIDELINES FOR RENEWAL OF RETIREE POLICY 2019-20

Please note the following guidelines will apply for the renewal of retiree policy 2019-20:

Only existing retirees who are covered in IBA GMC Retiree policies and employees who have retired during the **policy period 2018-19** i.e.; from 01.10.2018 to 30.09.2019 will be allowed to join the IBA Retiree GMC Policy 2019-20. **Retirees who have not joined the scheme earlier shall not be allowed to join the scheme now as per Additional condition No. 7 of IBA GMC policy.**



Further guidelines:

1. Existing retirees who are covered under "With Domiciliary (OPD) policy" may be allowed to switch over to "Without Domiciliary Cover".
2. Option to switch over to With Domiciliary (OPD) policy shall not be allowed.
3. The employees who retired during the policy period 2018-19 i.e.; from 01.10.2018 to 30.09.2019 shall be given an option to join either With Domiciliary Option or Without Domiciliary Option. **Also retirees who have not joined the IBA GMC Retiree policy 2018-19 by paying 1 month pro-rata premium can join IBA GMC Retiree policy 2019-20 starting 01.11.2019.**

4. Retirees who are covered under existing retiree's policy but not opted for super-top up 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 shall not be eligible to join any policy as per Additional condition No. 7 of IBA GMC policy.**
6. Once the premium is remitted for a retiree, no option change will be allowed. Any refund after 1st Nov 2019, would be strictly as per cancellation clause 5.14 of the policy.

Only existing retirees who are covered in IBA GMC Retiree policies and employees who have retired/ spouse of the deceased employees during the **policy period 2018-19** i.e.; from 01.10.2018 to 30.09.2019 who are desirous of joining the scheme shall immediately approach the nearest branch for submission of the consent / authorization letter (**Annexure I**) **on or before 15.10.2019** for entering the details in the URL and getting acknowledgement.

The amount of premium as mentioned above for the policy year 2019-20 will be deducted from the account specified in **annexure-1** by the retiree/ spouse of the deceased employees and will be **remitted to Insurance Co on 31.10.2019** as requested by them. As such all the retirees are once again advised to keep sufficient balance in their account specified in annexure-1 for availing the renewal cover. **If for any reason the renewal premium is not remitted for insufficiency of Funds, the policy cover will not be renewed.**


R PONRAJ KUMAR
(DY GENERAL MANAGER)


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 10th 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 and 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

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

Yours faithfully**Signature**

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