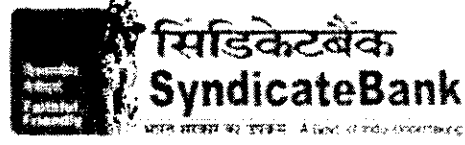


Uploaded on 04/9/2019  
Uploaded date 04/09/2019

सिंडिकेट बँक कार्यालय: मण्डल 576 104 (कर्नाटक)  
Head Office: Mandal-576104(Karnataka)  
सिद्धिजन सर्व वृद्धि प्रथम  
PLANNING & METHODS DIVISION



Ref no: No.07-2019-NOTI-HRD-SWD

Date: 04.09.2019

### PERMANENT UTILITY

**IBA HEALTH INSURANCE SCHEME AS PER XTH BIPARTITE SETTLEMENT INCLUSION OF EMPLOYEES RETIRED / RETIRING DURING THE CURRENT POLICY PERIOD EXPIRING ON 30-09-2019 UNDER RETIREES POLICY.**



Please refer our earlier circular No. 461-2015-BC-PD-60-SWD dated 11-11-2015 wherein we have informed that the IBA Health Insurance Scheme for Employees has become operational w.e.f. 01.10.2015. The current Employees' Policy No. 5001002818P109893572 under which all the employees who were on Pay Roll as on 01.10.2018 and those who joined the Bank subsequently are covered by the policy which is valid up to 30.09.2019. In respect of all the employees who will be on our payrolls as on 01.10.2019 the policy will be renewed as per the Scheme Guidelines.

However in respect of all those officers / workmen who have retired / retiring during the period from 02.10.2018 to 30.09.2019 the cover will not be available from 01.10.2019 under the IBA Group Policy for Employees. They have to get themselves covered under IBA Group Health Insurance Policy for Retirees.

As there is a gap of one month between Employees' Policy and Retirees' Policy which is due for renewal from 01.11.2019 with regard to the expiry date, we have to send the details of such retired / retiring employees along with premium before 15.09.2019 so as to cover the said Mediclaim Insurance.

The pro-rata premium for one month under Retirees Policy is to be paid by the Retirees as conveyed by UIICO Ltd the Lead Insurer, is as follows:

Option I (without Domiciliary/ (OPD))				Amt in ₹
Cadre	Sum Insured	Pro-rata premium for one month	ST @ 18%	Total premium
Officers	4,00,000	2072	373	2445
Clerks/Sub-staff	3,00,000	1554	280	1834

Option II (with Domiciliary/(OPD))				Amt in ₹
Cadre	Sum Insured	Pro-rata premium for one month	ST @ 18%	Total premium
Officers	4,00,000	5929	1067	6996
Clerks/Sub-staff	3,00,000	4447	800	5247

All the employees who have retired / retiring during the period from 01.10.2018 to 30.09.2019 who are at present covered by the Working Employee's Policy and who wish to be covered under Retirees Policy have to keep sufficient balance in their SB account for debiting the one month's pro-rata premium amount and for remitting to UIICo Ltd.

Those eligible retirees / spouse of the deceased employees who are pensioners and who are desirous of joining the scheme shall immediately approach their pension drawing branch for submission of the consent / authorization letter (Annexure I) to their pension drawing branch **on or before 10.09.2019** for entering the details in the URL and for getting acknowledgement.

In the case of non-pensioners, they may be advised to contact the home branch where they maintain their SB account for submission of the consent / authorization letter (Annexure I) **on or before 10.09.2019** for entering the details in the URL and for getting acknowledgement.

The amount of Pro-Rata premium as mentioned above for the month of October 2019 will be deducted from the pension crediting account / account specified in case of non-pension optees, and will be **remitted to Insurance Co on 15.09.2019** as requested by them.

**It shall be noted that this circular is only with respect to Pro Rata premium to be paid by eligible retirees and spouse of the deceased employees for the month of October 2019.** As regards renewal of retirees' policy which is expiring on 31.10.2019, Bank is awaiting guidelines / rates of premium payable from Insurance Company / Indian Bank's Association.

Retirees have to exercise their OPTION for cover under either With Domiciliary Treatment or WITHOUT Domiciliary Treatment which cannot be changed in the middle till the expiry date of the Policy.

**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 12.09.2019 (Phone: 080-22350302 / 8277890809 for reference).



**(R Ponaajkumar)**  
**Deputy General Manager**  
dr dr

## ANNEXURE - I

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

Date:  
Place:

Dear Sir,

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

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 of One Month for October 2019:**

OPTIONS	OFFICERS	CLERK / SUB STAFF
With Domiciliary	6996	5247
Without Domiciliary	2445	1834

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 covers of ₹ 4.00 lakhs / ₹ 3.00 lakhs under the Group Health Insurance policy. I hereby authorize you to debit the premium amount

I am informed that I have to renew the policy from 1st November 2019 by giving a separate mandate and by paying the premium as communicated by insurance company. I am aware that once I exit the scheme, I will not be allowed to rejoin later.

I hereby authorize you to debit the premium amount of ₹.....from my SB a/c No.....Maintained at.....Branch and IFSC Code is .....

Yours faithfully

SIGNATURE

( )