



मानव संसाधन विभाग / HUMAN RESOURCES DEPARTMENT  
कर्मचारी कल्याण प्रभाग / STAFF WELFARE DIVISION  
प्रधान कार्यालय : मणिपाल / HEAD OFFICE: MANIPAL

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Ref No.716-2017-BC-HRD-00-SWD

दिनांक/Date: 19.10.2017

### NOTIFICATION

Reference is invited to Bank's Circular no 401/2017 dated 26.09.2017 and no. 420/2017 dated 09.10.2017 regarding the Renewal of IBA Group Health Insurance policy for Retirees 2017-18, wherein all the retirees have been advised to exercise their OPTION by visiting Bank's website. As we have received representation from some of the retirees informing that they have been facing genuine difficulty in getting enrolled to the scheme through online procedure, in addition to the Utility already provided, such retirees can now exercise their OPTION for renewal of the IBA Health Insurance cover including cover under Super Top up policy by visiting their pension drawing branch and submitting the attached Annexure duly filled and signed by them to the Branch. Branch in turn has to scan the annexure and forward the scanned copy by e-mail to- [hoswd@syndicatebank.co.in](mailto:hoswd@syndicatebank.co.in)-without fail.

Copy of the e-mail sent is to be preserved in the file of the Staff-Pensioner/ Staff-Family Pensioner for records. Please note that there is no provision of Automatic renewal of the policy cover this year and the last date for exercising OPTION by the retirees/staff-family pensioners is 27.10.2017.

  
(RAMANANDA NAYAK)

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



## ANNEXURE

Place:  
Date:

The General Manager (HR)  
HRD: Staff Welfare Division  
HO: Manipal.

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 of 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 ₹16,443/- (without Domiciliary) or ₹36,998/- (with Domiciliary) ₹..... & Top up: amount of ₹ 3,806/- ₹..... to my SB a/c No ..... now and the policy may be renewed from 1<sup>st</sup> November 2017.

OR

\*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 ₹12,333/- (without Domiciliary) or ₹27,750/- (with Domiciliary) , ₹..... & Top up: amount of ₹ 3,511/- ₹..... to my SB a/c No ..... now and the policy may be renewed from 1<sup>st</sup> November 2017.

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

\*tick whichever is applicable

SIGNATURE