



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

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दिनांक/Date: 04.01.2018

NOTIFICATION

Sub: INTRODUCTION OF NEW STAFF WELFARE SCHEMES.

The Board of Directors of the Bank in its recently held meeting has accorded approval for introduction of select new schemes details of which are as follows:

New Schemes approved:

1. **Reimbursement of Health Insurance Premium to Retirees-₹1000/- per year:**
 Reimbursement of ₹ 1000/- (Rupees one thousand only) per year to all the retirees who pay premium for Health Insurance cover either under Synd Arogya Scheme or IBA Group Health Insurance Scheme for Retirees. **Reimbursement restricted to ONE scheme only.** For Synd Arogya scheme reimbursement claim copy of the policy and certified receipt for payment of premium shall be submitted along with the claim format. For claim under IBA Group Health Insurance Policy for Retirees, copy of the SB pass book showing premium remittance towards IBA Policy cover shall be attached.
 Hence, with introduction of reimbursement of Health Insurance Premium to Retirees - ₹1000/- per year, the earlier procedure of reimbursement of 50% of Synd Arogya premium (maximum 50% of premium amount applicable to ₹1.00 lakh cover) to superannuated retirees/family pensioners of superannuated retirees/spouse of employees dying in harness is discontinued.
2. **Reimbursement of Annual Medical Expenses to VRS employees/Family Pensioners of VRS employees who have attained age of 60 years.**
 Reimbursement of ₹3000/- (Rupees three thousand only) per calendar year to all VRS employees who have completed 60 years of age payable on declaration. Family pensioners of VRS employees are also eligible for reimbursement provided the deceased VRS employee would have completed 60 years of age on the date of claim.

Revised format for claiming reimbursement of Medical expenses by the superannuated spouse of superannuated employees/spouse of employee dying in harness/VRS employees who have completed 60 years is attached as Annexure I. Format for claiming the eligible amount of reimbursement of Health Insurance Premium to Retirees- is attached as Annexure II.

Further the eligible retirees/spouse of retirees/deceased employees who have already claimed the reimbursement of eligible Synd Arogya premium during the Financial Year 2017-2018 are not eligible for reimbursement claim during this Financial Year. **The above mentioned guidelines come into effect from 01.01.2018.**

(A STEVEN VAS)

महा प्रबंधक (मा.सं.) /

GENERAL MANAGER (HR)

ANNEXURE I**SPECIMEN OF DECLARATION**

DECLARATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES FOR THE YEAR 201.. BY THE SUPERANNUATED/SPOUSE OF SUPERANNUATED EMPLOYEES/ SPOUSE OF EMPLOYEE DYING IN HARNESS/ VRS EMPLOYEES WHO HAVE COMPLETED 60 YEARS OF AGE.

Name	
Emp.No.	
Pension No	
Date of Birth	
Date of Joining Bank	
Date of Superannuation/VRS	
Date of Death of Employee	

I,, superannuated employee/Spouse of superannuated employee/ spouse of employee dying in harness/VRS Employee, do hereby solemnly declare that I have truly and honestly incurred a sum of ₹..... during the calendar year as medical expenses for myself and I request that the eligible amount may be reimbursed to me in terms of the rules of the Bank now in force and credited to my SB A/c No..... at Branch.

Place:**Date:****Signature of the Claimant****FOR USE BY SANCTIONING AUTHORITY**

Verified the details. Sanctioned ₹_____ being eligible amount of reimbursement.

Date:**Sanctioning Authority****(With Seal)**

ANNEXURE II

Claim for reimbursement of SyndArogya Insurance Premium paid by superannuated employees/spouse of deceased superannuated employees/ spouse of employees dying in harness /VRS employees/ IBA Health Insurance policy holders.

1	Name of the Retired employee	
2	Employee Number	
3	Designation	
4	Branch/Office last worked (BIC)	
5	SyndArogya Policy Number (if Applicable)	
6	Policy valid upto	
7	Policy amount	
8	Insurance Premium paid	
9	Claim for reimbursement	₹1000/-

I hereby declare that the above details submitted by me are true and I have not claimed reimbursement under the scheme during this Financial Year. I am enclosing the copy of my SB Pass Book showing debit of IBA Health Insurance Premium/Original premium paid receipt under SyndArogya along with attested copy of SyndArogya policy. The eligible amount may please be credited to my account no. with you.

Place:

Date:

SIGNATURE OF THE CLAIMANT

FOR USE BY SANCTIONING AUTHORITY

Verified the details. Sanctioned ₹1000/- (Rupees one thousand only) being eligible amount of reimbursement.

Date:

**Sanctioning Authority
(With Seal)**