

GROUP MEDICLAIM POLICY (RETIREES) OF IBA – APPROVAL TO CONTINUE ON THE REVISED RATES/ ACCEPTING NEW SUPER TOP-UP POLICY AS PROPOSED BY THE UNITED INDIA INSURANCE COMPANY AND ONE MORE OPTION TO EXISTING RETIREES OF E-ABS FOR JOINING THE POLICY

The Group Mediclaim policy is going to expire on 31st Oct 2017. In this connection, it has been decided by the competent authority to continue in the same Group Mediclaim Policy on the revised rates as proposed by the Insurance Company (UIICL). The competent authority has also granted approval for accepting the new Super Top-up Policy proposed by UIICL and the 'one more option' to existing retirees of e-Abs for joining the policy. Details of the scheme are as under:

1. Renewal Rate: The revised rates of premium quoted by UIICL are as under:

Without Domiciliary Cover				
Plan	Sum Insured	Revised Premium		
		Basic Premium	GST	Total Premium
Officers	4,00,000	13,935	2,508	16,443
Clerical / Sub Staff	3,00,000	10,452	1,881	12,333

With Domiciliary Cover				
Plan	Sum Insured	Revised Premium		
		Basic Premium	GST	Total Premium
Officers	4,00,000	31,354	5,644	36,998
Clerical / Sub Staff	3,00,000	23,517	4,233	27,750

2. Super Top-up Policy :- Alongwith the proposed renewal on existing terms and conditions, UIICL has also proposed to offer a new scheme of '**Super Top-up Policy**' for retirees. Under this Policy if the sanctioned claim amount crosses the Sum Insured under the main policy, the balance amount is payable from this Super Top-up Policy. After the total Sum Insured under the main policy is exhausted and there is a further claim, even this claim will be paid through the Super Top-up Policy up to its Sum Insured. However, the 'Super Top-up Policy' will be available without OPD cover. Coverage under the 'Super Top-up Policy' is optional for the members of the main policy

and is subject to payment of additional premium for the same. The proposed premium for the Super Top-up Policy is as under:-

(All amt. in Rs.)

Sl. No.	Sum Insured for Super Top-up Policies	Threshold i.e. Sum Insured under main Policy after which Super Top Up Policy will trigger	Basic Premium	GST @18%	Total Premium
1	4,00,000	3,00,000	2,975	536	3,511
2	5,00,000	4,00,000	3,225	581	3,806

1. New Membership / Change of Cover:-

UIICL has offered to provide one more option to existing retirees of e-ABs, who had not become members of the Group Medclaim Policy earlier, to join the policy under the 'Without Domiciliary Option'. They have also proposed that the existing retirees who are covered under the 'With Domiciliary Cover' may be allowed to switch over to 'Without Domiciliary Option'. However, option to switch over from 'Without Domiciliary Option' to 'With Domiciliary Option' will not be available.

Accordingly, it has been decided by the Competent Authority to extend the two options to e-AB retirees as under:

- i. One more option to all e-AB retirees to join the Group Medclaim Policy under the 'Without Domiciliary Option'; and
- ii. Option for the existing members of the Group Medclaim Policy to switch over from 'With Domiciliary Option' to 'Without Domiciliary Option'.
- iii. Other terms and conditions of the policy will remain the same. The policy will continue to be serviced by the existing TPAs and the existing Insurance brokers.

Therefore, the existing / prospective members are requested to send their request regarding following points BY SPEED POST well before 31.10.2017 at the address mentioned below:-

The Asstt. General Manager
 State Bank of India, PPG Deptt.
 Local Head Office, Tilak Marg,
 C Scheme, Jaipur (Rajasthan)
 PIN-302005

1. Consent letters for renewal from existing members along with consent for Super Top-up Policy and mandate for debiting their accounts for the amount of premium ;
2. Application form / consent letter on the prescribed format Annexure A (attached) and available in intranet site of LHO, Jaipur under PPG Deptt. from existing retirees, who are presently not members of the policy but are desirous of joining the policy under hospitalisation scheme only and mandate for debiting their accounts for the premium amounts well before 31.10.2017
3. Separate mandate on simple paper from desirous members for switching over from 'With Domiciliary Cover' Option to 'Without Domiciliary Cover' Option well before 31.10.2017.

Please ensure to submit desired consent well before 31.10.2017 for renewal or becoming fresh member for the scheme.

Regards

AGM(PPG)

Form A

LATEST PHOTO OF SELF	LATEST PHOTO OF SPOUSE
Signature of Self	Signature of Spouse

The Asstt. General Manager
State Bank of India
PPG Department,
LHO, Tilak Marg, C-Scheme, Jaipur-302005

Sir,

Group Mediclaim Insurance Scheme for Retired Officers/ Award Staff.
Application for joining the Scheme.

I refer to your circular.

1.) I submit herewith my necessary particulars:

a.) Full Name _____ Date of Birth _____

Gender: M/ F

b.) Provident Fund No: _____ Date of Superannuation / VRS: _____

c.) Last Position Held: Scale / Designation _____
Place: _____

d.) Name of Dependent spouse: Shri/ Smt. _____
Date of Birth _____

e) Contact Details:

Address for Correspondence with PIN Code	
Mobile No.	
Email Id.	

2.) I have understood that the United India Insurance Co. Ltd., has offered the option to join Group Mediclaim Insurance Scheme for the retirees and accordingly I exercise my option as under:

Category	Sum Insured	Option I (Without Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 4,00,000	Rs. 16,443	
Clerk/ Sub- Staff	Rs. 3,00,000	Rs. 12,333	

Category	Sum Insured	Option II (With Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 4,00,000	Rs. 36,998	
Clerk/ Sub- Staff	Rs. 3,00,000	Rs. 27,750	

Category	Sum Insured	Super Top Up Policy (Without Domiciliary) Premium including GST@ 18%	Kindly tick in the below block
Officers	Rs. 5,00,000	Rs. 3,806	
Clerk/ Sub- Staff	Rs. 4,00,000	Rs. 3,511	

(Please Tick only One applicable Box)

4.) I irrevocably authorize the bank to debit premium amount to my A/C No. _____ With _____ Branch during current year and also for subsequent years. I shall ensure to maintain sufficient balance in my above account.

Yours faithfully,

Signature

Date:

Name	
PF No.	
HRMS No.	
PAN No.self	
AADHAR No. self	

