



INTER-OFFICE MEMORANDUM

प्रेषक: From	प्रति To,
महाप्रबंधक The General Manager, प्रधान कार्यालय Head Office मानव संसाधन विभाग Human Resources Dept. औद्योगिक संबंध प्रभाग, Industrial Relations Division	The General Manager All HO Departments The Zonal Manager All Zones H.R. Department The General Manager National Banking Group The Dy. General Manager, LCB/Zonal Audit Offices The Principal Staff Training Colleges.
संदर्भ सं. Ref.No.:HO:HR:IR:I-194	दिनांक Date : 10 th October, 2018

Group Medical Insurance Scheme for the Retirees of the Bank

**Renewal of Insurance Cover w.e.f. 01.11.2018
with increase in premium amount
Last Date of submission of Option : 20.10.2018
Date of debit of Premium : 29.10.2018**

We are in receipt of a communication from Indian Bank's Association dated 09.10.2018 conveying the revised premium quote of United India Insurance Company Ltd on renewal of Medical Insurance Scheme for the Retirees as agreed vide Bipartite Settlement/ Joint Note dated 25.05.2015.

2. Accordingly, we furnish below the rates of premium for renewal of Group Health Insurance Policy for the retirees for the period 1st November, 2018 to 31st October, 2019 (both days inclusive) :

Option I	WITH DOMICILIARY			
	Sum insured	Premium amount	GST @ 18 %	Total
Retired Officers	4,00,000/-	69,808	12,565	82,373
Retired Award Staff	3,00,000/-	52,359	9,425	61,784

Option II	WITHOUT DOMICILIARY			
	Sum insured	Premium amount	GST @ 18 %	Total
Retired Officers	4,00,000/-	24,400	4,392	28,792
Retired Award Staff	3,00,000/-	18,301	3,294	21,595

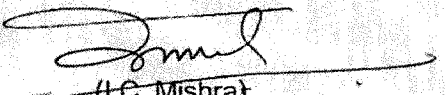
3. The Room Rent has been revised to Rs.4000/- per day. Kindly note that United India Insurance Company Ltd. has offered Super-Top-up Policy w.e.f. 01.11.2018 to ex-staff members, the details of the same are as given below:

CATEGORY	Super Top Up Policy Sum Insured	Premium Excluding GST	GST @ 18%	Gross premium Payable per family incl. of GST @18%
Retired Officer	5,00,000/-	4,279	770	5,049
Retired Award Staff	4,00,000/-	3,947	710	4,657

Contd...2/-



4. The renewal of the insurance cover will be on the following terms:
- I. All those Ex-staff members who are not covered under Group Medical Insurance Scheme as on 31.10.2018 will now have the opportunity to join the Scheme with the option of **Without Domiciliary Cover, only** with effect from 01.11.2018.
 - II. The Ex-staff members who opted for Domiciliary cover may continue with Domiciliary benefits or may opt for renewal with the option of **Without Domiciliary cover** However, please importantly note that the Ex-staff members who opted for Without Domiciliary cover last year, **cannot switch** to Domiciliary cover.
5. Please strictly note that accounts having insufficient balance at the time of Debit i.e. **on 29.10.2018** shall be treated as **EXIT cases** and will be deemed withdrawn from the Insurance Policy. Similarly, Retirees whose applications are not received by the Bank within the stipulated time will be deemed as **EXIT**.
6. Retirees who are presently members of the Scheme or who wish to join the Scheme will necessarily fill- in the attached application form (Annexure-I) and submit the same **positively on or before 20.10.2018 at the nearest Zonal Office**. The Retirees can even scan the attached form and mail it to Head Office at Star.Varisht@bankofindia.co.in.
7. Please bring the contents of this communication to the notice of all retirees / VRS Optees who are members of this Scheme to exercise their option within the stipulated date. Also importantly note to place a copy of this mail in the Notice Board of the Zonal Office / Branches, for adequate publicity.


(I.C. Mishra)
Deputy General Manager (HR)

Encl: As above



PRESENTLY COVERED UNDER:
 DOMICILIARY NON-DOMICILIARY
 (Please tick the appropriate Box)

PHOTOGRAPH
self

ANNEXURE-I
PHOTOGRAPH
spouse

The General Manager,
 Bank of India
 Head Office, H.R.D.
 MUMBAI 400 051.

Sir,

**Medical Insurance Scheme for Retirees
 Renewal of Insurance Cover w.e.f. 01.11.2018**

I refer to your Circular IOM No. HO:HR:IR:I-194 dated 10.10.2018 in the captioned subject.

2. I submit my particulars, as below:-

Full Name _____ Date of Birth: _____ Gender : M / F
 Provident Fund No. : _____ Date of Superannuation : _____
 Last position held : Scale/Designation _____ Last Place of posting: _____
 Name of dependent spouse : Shri/ Smt _____ Date of Birth: _____

Contact Details :

Address for correspondence	PIN -
Mobile No.	
Email id.	

3. I have understood that the United India Insurance Company has enhanced the renewal premium and accordingly I exercise my option as under :-

Category	Sum insured	With Domiciliary (Option I) (59 diseases as per Employees Policy)		Without Domiciliary (Option II)	
		Premium amount inclusive of GST@ 18%	Tick only one applicable Box	Premium amount inclusive of GST@ 18%	Tick only one applicable Box
Officers	Rs.4,00,000/-	82,373/-		28,792/-	
Award Staff	Rs.3,00,000/-	61,784/-		21,595/-	

4. I also wish to avail Super Top-up Policy offered by United India Insurance Company Ltd. towards which appropriate premium may be deducted from my below-mentioned account.

	Sum Insured for Super Top-up Policy	Premium for the period from 01.11.2018 to 31.10.2019 (including GST @ 18%)	Tick only one applicable box
Officer Cadre	Rs. 5,00,000	5,049/-	
Award Staff Cadre	Rs. 4,00,000	4,657/-	

5. I irrevocably authorize the Bank to debit premium to my A/c No. _____ with _____ Branch towards payment of renewal premium for the current year. I undertake to maintain sufficient balance in my above account.

Yours faithfully,

(_____)



Date : _____