**State Bank of Patiala**

**Pr President**

 **Harish Walia**

C Chandigarh

9 9815700573

 **Gen Secretary**

 B.C.Bassi Patiala

9530519122

9877846662

 **Retired Officers' Association (Regd.)**

 **31, NEW GREEN PARK COLONY, PATIALA**

 **(Affiliated to All India Bank Retirees’ Federation )**

 **Phone/Fax : 0175-5185031 Email:sbpretdpta@gmail.com**

 **Website:sbpretdpta.com**

**Circular No. 22 of 2017-20 Dated 23rd October 2018**

Dear Comrades,

IBA Medical Insurance Scheme – eABs’ Retirees

 We give below text of letter dated 21st October 2018 sent to the Chairman SBI, Corporate Office, Mumbai by Coordination of E Associate Banks’ Retirees Organisations, the contents of which are self explicit.

At the outset, we would like to gently remind your kindself that those who retired from erstwhile Associate Banks are also pensioners of State Bank of India. Executives of the Bank, alongwith General Managers (HR & GA) of erstwhile Associate Banks, who attended the meeting of eAssociate Bank Retirees’ rganisations held at Gurugram on 22nd March, 2017, assured us that erstwhile Associate Bank

Retirees would also be treated at par with State Bank of India Pensioners, post merger. We are pained and disappointed. We are being discriminated in many respects. We are treated differently as

far as REMBS, Assistance for treatment for Critical Illnesses out of Staff Welfare Fund, extension of subsidy in respect of Medical Insurance and joining Medical Insurance. We request your kind

indulgence in this regard and kindly treat all retirees/pensioners of State Bank of India, irrespective of Bank from which they have retired alike.

We request you to kindly extend subsidy in respect of payment of Medical Insurance premium, as extended to those who retired from State Bank of India, as the premium payable by us is far more than the premium paid by those who retired from State Bank of India at the time of renewal of Medical Insurance coverage during January this year. We also request you to allow retirees to opt for medical insurance cover of either Rs.3.00 lakhs or Rs.4.00 lakhs, irrespective of cadre they belong to while in service. Such a classification is not there in Plan B of REMBS (Medical Insurance Scheme for SBI pensioners), which is also provided by the same Insurance Company, i.e United India Insurance Co. Ltd. Restriction on amount of limit of Medical Insurance based on cadre they belong to while in service has brought anomalous situation, where Retired Officers are compelled to pay (Rs.28,792/- minus (Rs.21,595/- + Rs.4,657/-)) Rs.2,540/- more for lesser coverage of Rs.3.00 lakhs, (Rs.3.00 lakhs + Rs.4.00 lakhs Vs. Rs.4.00 lakhs) when compared to retired Award Staff. This situation is not only discriminatory, but also erroneous. Therefore, we request you to kindly allow retirees to chose the coverage they need and in any case, our Bank is not a party to Bipartite Settlement/Joint Note dated 25.05.2015, as far as Medical Insurance Scheme is concerned. We would also like to draw your kind attention to the fact that when workmen/officers of erstwhile Associate Banks who are in service are not covered under this IBA Medical Insurance Scheme, our Bank is free and independent to float a scheme for its retirees/pensioners, duly eliminating these anomalies.

We once again pray and appeal your good self to kindly introduce a medical insurance scheme without these anomalies brought to your kind notice and alongwith extension of subsidy as extended to those who retired from State Bank of India.

Please also allow and ensure those who could not join Medical Insurance Scheme irrespective of Bank from which they have retired.”

**Donation to SBPROA out of Arrears –**

We request all members who have received arrears on account of pension revision based on 1616-1684 points D.A. index (Hon’ble Supreme Court decision) to please remit donation to the tune of Rs.500/- upto arear amount of 50000 and Rs.1000/- by those who get arear of more than 50001 to Rs.100000/- and Rs.1500/- by those who will get arear more than Rs.1,00,000/- to the SBPROA so as to enable us to remit levy share per member for the total membership as on 31.12.2017 to AIBRF as per the decision taken by office bearers’ meeting of AIBRF held at Vijayawada.

**PAYMENT OF YEARLY SUBSCRITION OF ASSOCIATION**

The yearly subscription of Association @Rs.500/- has become due for the year 2018-19 w.e.f. 1st April 2018. Still many members have to pay the subscription for the year 2018-19.  **We shall be grateful if you will please remit the above mentioned amount (if not paid so far) to enable us to bring your account up-to-date.**

**Further we may add that the account holders have to pay charges for deposit of any cash in the account. Hence we request you to transfer the amount to our Saving Bank A/c No. 55124497548 in the name of State Bank of Patiala Retired Officers’ Association (Regd.), Patiala maintained at State Bank of India, Mall Road Branch, Patiala (code 5012) . Please arrange to credit the amount at SBI branch by giving your name & membership number under an intimation to Association.**

**TAILORMADE GROUP MEDICLAIM POLICY (RETIREES) FOR MEDICAL BENEFITS TO RETIREES OF e-ABs RENEWAL OF POLICY WITH EFFECT FROM 01.11.2018**

**The Bank has issued** eCircular Department: P&HRD Sl.No.: 997/2018 - 19 Circular No.: CDO/P^HRD-PPFG/46/2018 - 19 Date: Sat 20 Oct 2018

“The retirees of e-ABs (i.e. those who have retired prior to 01.04.2017) were covered under the IBA Group Mediclaim Policy for Retirees (hereinafter called ‘the policy’). At the time of last renewal, it was decided to continue the coverage for such e-AB retirees under the policy. The policy is now going to expire on 31st October 2018. In this connection, it has now been decided by the competent authority to again continue coverage of e-AB retirees (i.e. those who retired prior to acquisition) under the IBA Group Mediclaim Policy for Retirees, for the next cover period commencing 01st November 2018; and offer renewal of the Group Mediclaim Policy to such e-AB retirees, who are existing members in the policy, on premium rates and on terms & conditions proposed by UIICL and agreed upon by IBA, detailed hereunder: 1. Premium Rate for Renewal: The policy will continue to be available under the ‘With Domiciliary’ option and ‘Without Domiciliary’ option, along with the ‘Super Top-up Policy’ as hitherto. The revised rates of premium will be as under: A. Without Domiciliary Cover Option Category Sum Insured (Rs.) Revised Premium (Rs.) Basic Prem. GST Total Prem. Officers 4,00,000 24,400 4,392 28,792 Award Staff 3,00,000 18,301 3,294 21,595 B.

 With Domiciliary Cover Option Category Sum Insured (Rs.) Revised Premium (Rs.) Basic Prem. GST Total Prem. Officers 4,00,000 69,808 12,565 82,373 Award Staff 3,00,000 52,359 9,425 61,784 C. Super Top-up Policy Category Sum Insured (Rs.) Revised Premium (Rs.) Basic Prem. GST Total Prem. Officers 5,00,000 4,279 770 5,049 Award Staff 4,00,000 3,947 710 4,657 2. Policy Terms & Conditions The following changes / additions in policy terms and conditions have been proposed for the next cover period: (i) Room rent would be restricted to Rs. 4000/- per day (reduced from Rs. 5000/- per day in the expiring policy). (ii) All bills / receipts for purchase of medicine upon which a claim is made shall bear the valid GST number of the issuer of such bills, receipts etc. All other terms and conditions of the policy shall remain the same as that of the expiring policy, including the limit of the domiciliary cover which is 10% of the Sum Insured and total Sum Insured of Rs. 4 Lakh and Rs. 3 Lakh is including the 10% limit for domiciliary. All other terms and conditions of the policy will remain the same as last year. 3. Other Terms & Conditions for Renewal Other terms & conditions for renewal of the policy as agreed upon between UIICL and IBA for the next cover period are as under: (i) Only existing members of the policy i.e. those who are covered in the current cover period expiring 31.10.2018, will be allowed to join the policy for the next cover period. Retirees who have not joined the policy earlier will not be permitted to join the policy now. (ii) Existing members, who are covered under ‘With Domiciliary’ option will be allowed to switch over to ‘Without Domiciliary’ cover option. But switch over from ‘Without Domiciliary’ to ‘With Domiciliary’ option will not be permitted. (iii) Members covered under the existing policy under the base plans i.e. either Rs. 4.00 Lakh or Rs. 3.00 Lakh plan, but had not opted for ‘Super Top-up’ policy at the time of last renewal, will be allowed to join the ‘Super Top-up’ policy now. (iv) Retirees, who had opted out of the IBA Group Mediclaim Policy in previous years, will not be eligible to join the policy under any plan. (v) No change in option would be permitted after remittance of premium to UIICL. Any refund after the date of commencement of policy cover period i.e. after 01.11.2018 would be as per Cancellation Clause of the policy, relevant portion of which reads as under: “The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation. PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED Upto one month 1/4th of the annual rate Upto three months 1/2 of the annual rate Upto six months 3/4th of the annual rate Exceeding six months Full annual rate”. 4. Process for Renewal / Membership (i) The policies for each individual e-AB will continue to be handled by the PPG Department / HR Department (as applicable) at the designated Local Head Offices. (ii)

The PPG Department / HR Department will arrange for (a) obtaining 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 (format for consent enclosed as Annexure - I); (b) obtaining mandate from desirous members for switching over from ‘With Domiciliary Cover’ Option to ‘Without Domiciliary Cover’ Option; (c) debiting the accounts as per the mandate obtained from existing members and sending the list to the Insurance Company. (iii) The consolidated premium amount collected from the willing members should be remitted to the Insurance Company on or before 31st October 2018 alongwith the list of those members. (iv) The payment should be done either through Demand Draft / Bankers’ Cheque in favour of ‘United India Insurance Co. Ltd. or through NEFT as per the following details: Bank Name Bank of America Branch Name Anna Salai Branch Address 748, Anna Salai, Chennai – 600 002 Account Name United India Insurance Co. Ltd. Account Number UIIC500100 IFSC Code BOFA0CN6215 (2nd character is English alphabet ‘O’ and 5th character is number ‘zero’) PAN AAACU5552C GST Registration Number 27AAACU5552C1ZJ SAC Code 997133 (v) Any extension in date for renewal will not be available and remittance of premium must be ensured to reach the Insurance Company before the close of business on 31st October 2018. (vi) The services of Insurance Broker will not be available anymore in the Insurance Policy.

The designated Circles should make arrangements accordingly and ensure timely enrolment and error free submission of data to Insurance Company. Please bring the contents of the circular to the knowledge of all concerned. Yours faithfully, (Prashant Kumar) Deputy Managing Director (HR) & Corporate Development Officer

 With Warm Greetings,

**Yours sincerely,**

**(B.C.Bassi)**

**GENERAL SECRETARY**

**P.S Please note that consent form is to submitted to Pension Paying Branch by 25th October 2018**

***Annexure - I***

**Consent Form**

The Assistant General Manager

State Bank of India

PPG Department,

LHO, Chandigarh,

Sector-17, Chandigarh

Sir,

**IBA Group Mediclaim Policy for Retired Officers/ Retired Award Staff**

**Policy period 01.11.2018 – 31.10.2019**

I refer to Banks instructions regarding IBA Group Mediclaim Policy to be renewed on 01.11.2018 and give my consent for renewing my membership in the Policy with terms and conditions given in the e-Circular issued on 20th October, 2018.

1. I submit herewith my necessary particulars:

|  |  |  |
| --- | --- | --- |
| 1. | PF Index No. / HRMS ID |  |
| 2. | Full Name |  |
| 3. | Date of Birth |  |
| 4. | Gender  | Male / Female |
| 5. | Date of Retirement |  |
| 6. | Cadre  | Supervising / Award Staff |
| 7. | Position last held | Scale: Designation: |
| 8. | Last place of posting |  |
| 9. | Details of Spouse | Name: Date of Birth:Gender:  |
| 10. | Contact Details | e-mail ID:Mobile No.:Address: |

 Contd....2.....

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Option** | **Category** | **Sum Insured** | **Gross Premium (incl. GST@ 18%)** | **Please tick in the box below** |
| I.  | Without Domiciliary  | Officers | Rs. 4,00,000 | Rs. 28,792 |  |
| Award Staff | Rs. 3,00,000 | Rs. 21,595 |  |
| II. | With Domiciliary  | Officers | Rs. 4,00,000 | Rs. 82,373 |  |
| Award Staff | Rs. 3,00,000 | Rs. 61,784 |  |

**(Please Tick only One applicable Box)**

1. I also intend to avail cover / renew cover for the Super Top-up Policy and exercise my option as under:

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Sum Insured** | **Super Top Up Policy (Without Domiciliary) Premium incl. GST@ 18%** | **Please tick in the box below** |
| Officers | Rs. 5,00,000 | Rs. 5,049 |  |
| Award Staff | Rs. 4,00,000 | Rs. 4,657 |  |

**(Please Tick only One applicable Box)**

**Option exercised \_\_\_\_\_\_\_\_\_ – With / Without Domiciliary (Write ‘I’ or ‘II’)**

**Super Top-up Availed \_\_\_\_\_\_\_ – Yes / No**

1. I irrevocably authorize the bank to debit premium amount to my A/C No.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ With \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch, Code No.\_\_\_\_\_\_\_\_. I shall undertake and ensure to maintain sufficient balance in my above account.

1. I also undertake to abide by the terms and conditions of the Policy laid out in the above referred e-Circular issued by the Bank.

Yours faithfully,

**Signatures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_