



युनाइटेड बैंक ऑफ इंडिया

United Bank of India

प्र.का. : 11, हेमंत बसु सरणी, कोलकाता - 700 001

H.O. : 11, Hemanta Basu Sarani, Kolkata - 700 001

ई-परिपत्र /e-circular

स्थापना विभाग Establishment Department	स्थापना क्रम सं. ESTT's SI No:	6 6	ओ एंड एम सं . O&M No.	387 / 18-19 387 / 18-19
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Circular No. ESTT/INS-RETD/ 6 / OM-387 / 18-19

10-September-2018

सभी शाखाएं/कार्यालय

ALL BRANCHES/OFFICES

Re: Inclusion of employees retired during the current policy expiring on 30th September, 2018 under retiree's policy.

Please refer to Circular No- [ESTT/SALARY/7/OM-267/15-16](#) dated 08-August- 2015 , [ESTT/SALARY/8/OM-268/15-16](#) dated 08-August- 2015 , [ESTT/M INS \(RT\) /15/OM-416/15-16](#) dated 14th October, 2015, [ESTT/MEDIINSERT./9/OM-445/16](#) dated 13-October-2016 & [ESTT/INS-RETD./10/OM-377/17-18](#) dated 05-September-2017 regarding implementation of Medical Insurance Scheme to existing employees and retired Employees respectively. The IBA Group Medical Insurance policies issued to members banks Employees & Retirees for 2017-2018 are expiring on the following dates.

Working Employees Policy—30.09.2018.

Retired Employees Policy---31.10.2018.

There is a gap of one month between employees and retirees policy with regard to the expiry date. In order to include the name of employees in the retiree's policy who have retired during the policy period, the details of such employees along with the premium is required to sent to Insurance Company. The pro- rata premium per employee for one month for policy without Domiciliary (OPD) coverage and for policy with domiciliary (OPD) coverage are given below.

Pro-rata premium for one month under retiree policy without Domiciliary (OPD) Coverage.

Option I (Without Domiciliary/OPD)					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST@18%	Total Premium
Officers	13935	400000	1184	213	1397
Clerks/ Sub Staff	10452	300000	888	160	1048

Pro-rata premium for one month under retiree policy with Domiciliary (OPD) Coverage.

Option II (With Domiciliary/OPD)					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST@18%	Total Premium
Officers	31354	400000	2663	479	3142
Clerks/ Sub Staff	23517	300000	1997	359	2356

In view of the above, the Employees who have retired during the period from **October 2017 to August 2018 and /or going to retire from service on superannuation /VR during the month of September 2018** and willing to join the IBA Medical Scheme for retirees are requested to **submit their option /consent as per format in this regard and the same must reach this office by 25.09.2018 positively. Those employees who have opted out from this policy are not entitled to rejoin the scheme.**

All the Heads of the Branches /Offices are advised to bring the contents of the circular to the notice /knowledge of all retired employees having accounts/transactions and/or drawing pension from their branches. Apart from this a copy of the circular may be **displayed at a prominent place in the Branches/Offices of the Bank.**



महाप्रबंधक (मानव संसाधन)
General Manager (HR)



United Bank of India

Head Office

11, Hemanta Basu Sarani

Medical Insurance Proposal/Option Form

For the use of Retired Employees only.

All the fields marked with () are mandatory*

Pro-rata premium for one month i.e. October 2018.

Fill up the form in " BLOCK LETTERS "								
Name of Retired Employee*:						Desig:		(as retired)
Date of Retirement*:	Date		Month		Year			
S.P.F. No.*:			P.P.O. No.:					(If Any)
House No. & Street Name*:								
Landmark*:								
Post Office*:		Police Station*:			City*:		Pin Code*:	
Tel. No. (with STD Code):					Mobile No.*:			
Email ID (To help us reach you better)*:								
Pension A/c No.(13 digit No.):				IFSC Code* (Mandatory):				
Mode of Retirement*: Superannuation/Voluntary Retirement under Service/Pension Regulations/Under VRS								

Details of Members Covered* (Retired Employee + Spouse) / (Spouse of deceased employee)							
S	Name on Members*		Desig	Date of Birth*	Age	Sex (M/F)	Premium
1		Self					
2		Spouse					

I hereby opt for insurance cover under the scheme and authorize to debit my pension account bearing No _____ for a sum of Rs _____ as Insurance premium for joining in the Medical Insurance Scheme with the insurance provider United Insurance Co. Ltd as per settlement signed dated 25.05.2015. Statement made above on my behalf and on behalf of my spouse is true and correct to the best of my knowledge and belief. It is hereby understood and agreed that the statements are the basis on which the insurance is being granted. If, after the insurance is effect, it is found that the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance in respect of me and my spouse proposed for insurance. I also confirm that I have read the terms & condition relating to eligibility to join the scheme. I shall keep informed the name of the member to be excluded from the dependent list due to the ineligibility under the scheme in future..

Place:	Signature of Retired Employee / Spouse of Deceased Employee
Date:	

****This form duly complete in all respects may be sent by the Branch in duplicate to: The Chief Manager, Establishment Division, United Bank of India. Head Office, 8th Floor, 11, Hemanta Basu Sarani, Kolkata-700001 (Tel. No. 033-2248-7634) by 25.09.2018**

Cadre	Option 1 (Without Domiciliary)			Option II (With Domiciliary)		
	Pro-Rata Premium	GST@ 18%	Total Prem.	Pro-Rata Premium	GST @18 %	Total Prem.
Officer	1184	213	1397	2663	479	3142
Award Staff	888	160	1048	1997	359	2356