



युनाइटेड बैंक ऑफ़ 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:	14 14	ओ एंड एम सं. O&M No.	599 /18-19 599 /18-19
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Circular No. ESTT/INS RETD/ 14 /OM- 599 /18-19

05- December-2018

सभी शाखाएं/कार्यालय

ALL BRANCHES/OFFICES.

Re: **Extension of renewal of IBA Group Medical Insurance Policy for Retirees' 2018-19.**

Last date of deposit of Insurance premium during extension period is 14.12.2018.

Please refer to Circular No [ESTT/INS-RETD/9/OM-485/18-19](#) dated 22nd October 2018 and Circular No [ESTT/INS-RETD/9/OM-514/18-19](#) dated 03rd November 2018 regarding renewal of Medical Insurance Policy to Retired Employees. Like previous years the Policy of retired employees has been renewed for the year 2018-19 with IBA selected Insurance Company, United India Insurance Company Ltd by remitting the premium quoted by the Insurance Company for the purpose. In consideration of the request of many retired employees, the insurance company has extended the last date for renewing/ joining the IBA Group Medical Insurance Policy for Retirees' subject to the compliance of following terms. It is to be noted that **"no further extension will be given."**

1. The period for submitting option for renewing the IBA Group Medical Insurance for Retirees with premium to the respective banks is extended up to 15.12.2018.
2. The premium along with list is to be remitted to United India Insurance Co. in one lot only on 15.12.2018. No piece meal remittance shall be done.
3. The premium payable is the full premium as conveyed earlier.
4. The period of coverage will be from **16.12.2018 till the end of group policy i.e. 31.10.2019.**
5. A declaration shall be obtained as per format, from all retirees who have opted during the above period and shall be sent to insurance company in original by hard copy for their record.
6. All other guidelines issued earlier in respect of renewal of IBA Group Health Insurance for Retirees for 2018-19 shall continue to apply.

GUIDELINES FOR RENEWAL OF RETIREE POLICY 2018-19.

- a) Only existing retirees who are covered in IBA GMC Retiree policies and employees who have retired during the policy period 2017-18 will be allowed to join the IBA GMC Retiree Policy 2018-19. Retirees who have not joined the scheme earlier will not be allowed to join the scheme now as per Additional condition No -7 of IBA GMC Policy.
- b) Existing retiree who is covered under “With Domiciliary (OPD)” policy may be allowed to switch over to Without Domiciliary Cover. Option to switch over to “With Domiciliary (OPD)” shall not be allowed.
- c) The employee who retired during the policy period 2017-18 shall be given the option to join either With Domiciliary or Without Domiciliary option. Also retirees who have not joined the IBA GMC Retiree policy 2017-18 by paying 1 month pro rata premium can join IBA GMC Retiree policy 2018-19 starting from 01.11.2018.
- d) Retirees who are covered under existing retiree’s policy but not opted for Super –Top up policy last year can join the Super Top up policy.
- e) Retiree who has opted out of the IBA GMC Retiree Policies in previous year will not be eligible to join any policy as per Additional Condition no -6 of the IBA GMC Policy.
- f) Once the premium is remitted for a retiree, no option change will be allowed. Any refund after 01st November 2018, would be strictly as per cancellation clause 5.14 of the policy.

Keeping in view of the above, all the Retired Employees who could not submit the option to renew/ join the IBA Group Health Insurance for Retirees for 2018-19 due to some unavoidable reasons but willing to join the scheme, are requested to deposit **Premium for Base policy and Super Top Up policy using separate challan as per Annexure-I (Revised) in any Branch clearly mentioning the Name, SPF No. and other details by 14.12.2018 positively. Depositing the premium will be considered as consent for Medical Insurance policy.**

Please note strictly that the last date for depositing Premium during extension period is 14.12.2018 and no premium will be accepted after 14.12.2018.

The Standard Operating Procedure / instructions to the branches for collection of the premium in the dedicated account “COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) ” (Account No. 0098050000189) is furnished as Annexure-II. Branches are requested to incorporate the details in system correctly from the challan and ensure that challan enclosed as Annexure –I (Revised) is only used for renewal of policy during extension period. Declaration as per Annexure –III is to be taken invariably alongwith every deposit and to be sent to Establishment Department in a lot only by the receiving branch on 15.12.2018.

All Heads of the branches /offices are advised to bring the contents of the circular to the notice /knowledge of all retired employees having accounts in their branch. Apart from this, a copy of the circular may be **displayed at a prominent place in the branch/office of the bank**

महाप्रबंधक (मानव संसाधन)
General Manager (HR)

Annexure – I (Revised)

Deposit Challan for Renewal of Medical Insurance
Scheme for Retired Employees 2018-19

<u>Bank Copy</u>	Date:
United Bank Of India: Branch :	
DEPOSIT COLLECTION	
Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189.	
<u>Retired Employee Details:</u>	
Name:	
SPF No:	
Mob No:	
Name of Spouse: Shri/Smt _____	
Date of Birth of Spouse _____	
Category : Officer / Award Staff (Strike out as applicable)	
Option for preferred premium Amount including GST: As per HO Circular No. ESTT/INS-RETD/ /OM- /18-19 dated: 03.11.2018.	
<u>Declaration to be submitted separately</u>	

Please enter the amount in words & figures:

Base Policy Amount: Rs.....

Super Top-up Policy Amount: Rs.....

(Separate Challan is to be filled in for Base & Super Top-up Policy)

Insurance Premium Deposited: Rs.....(in figures)

Amount in words: Rs.

I, Retd employee SPF No - _____ could not submit the option to renew /join the IBA Group Medical Insurance for Retirees for 2018-19 on or before 31.10.2018 due to some unavoidable reasons. I here opt to join/renew the IBA Medical Insurance for Retirees' for 2018-19 and remit the full premium. I further agree that the coverage shall be from 16/12/2018 to 31/10/2019.

Place: _____ Signature of Depositor

Bank Signature with Seal:

Annexure – I (Revised)

Deposit Challan for Renewal of Medical Insurance
Scheme for Retired Employees 2018-19

<u>Retd Employee Copy</u>	Date:
United Bank Of India: Branch :	
DEPOSIT COLLECTION	
Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189.	
<u>Retired Employee Details:</u>	
Name:	
SPF No:	
Mob No:	
Name of Spouse: Shri/Smt _____	
Date of Birth of Spouse _____	
Category : Officer / Award Staff (Strike out as applicable)	
Option for preferred premium Amount including GST: As per HO Circular No. ESTT/INS-RETD/ /OM- /18-19 dated: 03.11.2018.	
<u>Declaration to be submitted separately.</u>	

Please enter the amount in words & figures:

Base Policy Amount: Rs.....

Super Top-up Policy Amount: Rs.....

(Separate Challan is to be filled in for Base & Super Top-up Policy)

Insurance Premium Deposited: Rs.....(in figures)

Amount in words: Rs.

I, Retd employee SPF No - _____ could not submit the option to renew /join the IBA Group Medical Insurance for Retirees for 2018-19 on or before 31.10.2018 due to some unavoidable reasons. I here opt to join/renew the IBA Medical Insurance for Retirees' for 2018-19 and remit the full premium. I further agree that the coverage shall be from 16/12/2018 to 31/10/2019.

Place: _____ Signature of Depositor

Bank Signature with Seal:

DECLARATION

I,Retd. employee SPF No - _____ could not submit the option to renew /join the IBA Group Medical Insurance for Retirees for 2018-19 on or before 31.10.2018 due to some unavoidable reasons. I here opt to join/renew the IBA Medical Insurance for Retirees' for 2018-19 and remit the full premium. I further agree that the coverage shall be from 16/12/2018 to 31/10/2019.

Place:

Signature of Depositor

Date:

Name:

SPF No

Menu- PAYFEE, MODULE NAME - RTRD_MED_2018.

aafe0003		Misc Transaction Menu		11-10-2018	
Transaction Menu					
FUNCTION CODE	:	T			
MODULE	:	RTRD_MED_2018			
Menu Option <input type="text" value="payfee"/> ◀ Transmit ScreenLock Accept Commit PrevRec NextRec WhoAml Background PrevBlk NextBlk ▶					
Branches are requested to Verify all transactions done through CGSTMAN Menu on daily basis.					

aafe0004		RTRD_MED_2018 DATA ENTRY		12-10-2018	
Data Entry Menu					
Tran Type	:	T Transfer	SOLID	0055	
Value Date	:	12-10-2018			
Cr. Account	:	<input type="text" value="0098050000189"/>	Party Name	:	<input type="text" value="RTRD_MED_2018"/>
Amount	:	<input type="text" value=""/>	Dr. Account	:	<input type="text" value=""/>
SPF No.	:	<input type="text" value=""/>	Name	:	<input type="text" value=""/>
SPOUSE NAME	:	<input type="text" value=""/>	SPOUSE DOB	:	<input type="text" value=""/>
Menu Option <input type="text" value="payfee"/> ◀ Transmit ScreenLock Accept Commit PrevRec NextRec WhoAml Background PrevBlk NextBlk ▶					

PRESS F2 TO SELECT AMOUNT FROM LIST

baf10001	RTRD_MED_2018 DATA ENTRY			11-10-2018												
Tran Type	T Transfer	SOLID	0389													
Value Date	11-10-2018															
<table border="1"> <tr><td>20320</td></tr> <tr><td>21595</td></tr> <tr><td>27745</td></tr> <tr><td>28792</td></tr> <tr><td>4657</td></tr> <tr><td>5049</td></tr> <tr><td>53611</td></tr> <tr><td>57459</td></tr> <tr><td>57647</td></tr> <tr><td>61784</td></tr> <tr><td>6986</td></tr> <tr><td>72760</td></tr> </table>					20320	21595	27745	28792	4657	5049	53611	57459	57647	61784	6986	72760
20320																
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Menu Option	payfee	◀ Transmit ScreenLock Accept Commit PrevRec NextRec WhoAml Background PrevBlk NextBlk ▶														
"Welcome to UBI Core Banking Solution" *****SCS																

aafe0004	RTRD_MED_2018 DATA ENTRY			12-10-2018
Data Entry Menu				
Tran Type	T Transfer	SOLID	0055	
Value Date	12-10-2018			
Cr. Account	0098050000189	Party Name	RTRD_MED_2018	
Amount	20320	Dr. Account	0389010321204	
SPF No.	36647	Name:	RISHIKESH	
SPOUSE NAME	.	SPOUSE DOB	↓	
Menu Option	payfee	◀ Transmit ScreenLock Accept Commit PrevRec NextRec WhoAml Background PrevBlk NextBlk ▶		

AFTER ENTERING ALL DATA FROM CHALLAN, PRESS F6 TO GO TO CHARGES PAGE

aafe0004 RTRD_MED_2018 DATA ENTRY 11-10-2018

Data Entry Menu

Tran Type : T Transfer SOLID 0000

Value Date 11-10-2018

Inst No. : [] Inst Type : []

Inst Date : []

Charges []

Menu Option payfee ◀ Transmit ScreenLock Accept Commit PrevRec NextRec WhoAml Background PrevBlk NextBlk ▶

:counts from 01.09.2018. Please refer Circular dated 24.08.2018"*****

PRESS F2 IN CHARGES TO SELECT CHARGES AS 0 (ZERO)

bafl0001 RTRD_MED_2018 DATA ENTRY 11-10-2018

Tran Type : T Transfer SOLID 0000

Value Date 11-10-2018

Reference

0

Menu Option payfee ◀ Transmit ScreenLock Accept Commit PrevRec NextRec WhoAml Background PrevBlk NextBlk ▶

le at Intranet>E-Learning>User guide>GBM"*** Branches are requested to Verify all t**

THEN PRESS F4, THEN CLICK ON "OK" AFTER CHECKING COLLECTION AMOUNT

The screenshot shows a software interface for data entry. At the top, the header bar contains the text 'aafe0004', 'RTRD_MED_2018 DATA ENTRY', and '11-10-2018'. Below this is a 'Data Entry Menu' section. The main area contains several fields: 'Tran Type' with a dropdown set to 'T Transfer', 'SOLID', and '0000'; 'Value Date' set to '11-10-2018'; 'Inst No.' and 'Inst Date' fields; and 'Charges' set to '0'. An 'Alert' dialog box is overlaid on the screen, displaying the message: 'Total collection amount should be 20320.000000. Consisting of acctual amount is 20320 [+] Charges-0.000000.. Invalid function key. Invalid function key'. An 'Ok' button is visible at the bottom of the dialog. At the bottom of the screen, a 'Menu Option' bar includes 'payfee' and navigation options: 'Transmit', 'ScreenLock', 'Accept', 'Commit', 'PrevRec', 'NextRec', 'WhoAml', 'Background', 'PrevBlk', and 'NextBlk'.

THEN PRESS F10 TO CREATE TRANSACTION