



युनाइटेड बैंक ऑफ़ इंडिया United Bank of India

ई-परिपत्र /e-circular

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

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

स्थापना विभाग Establishment Department	स्थापना क्रम सं. ESTT's SI No:	3 3	ओ एंड एम सं. O&M No.	314/16-17 314/16-17
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Circular No. ESTT/INS-RETD/ 3 / OM-314 / 16-17

10-August-2016

सभी शाखाएं/कार्यालय

ALL BRANCHES/OFFICES

Re: Extension of window period for the existing Retirees for joining IBA Group Medical Insurance Policy.

Please refer to Circular No ESTT/M INS (RT) /15/OM- 416/15-16 dated 14th October, 2015 regarding implementation of Medical Insurance Scheme to Retired Employees. The retired employees were invited to submit their option /consent in the prescribed format latest by 27.10.2015 through the Manager of the Branch where they are maintaining account and /or drawing pension, which was subsequently extended upto 31st March, 2016. Now the competent authority has further allowed extension of window period upto 30.09.2016 for existing Retirees for exercising their option by paying full premium only. It may please be noted that no further options on or after 01st October, 2016 for joining the scheme shall be allowed.

Keeping in view of the above, all the Retired Employees who could not give their consent within 31st March, 2016 but willing to join the scheme, are requested to **submit their option /consent in this regard and the same must reach this office by 29.09.2016 positively so that the stipulated premium be remitted within 30.09.2016.**

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

Fill up the form in " BLOCK LETTERS "					
Name of Retired Employee*:			Desig:		(as retired)
Date of Retirement*:	Date		Month		Year
Pension Drawing From* (Branch Name):					
S.P.F. No.*:		P.P.O. No.:		(If Any)	
House No. & Street Name*:					
Landmark*:					
Post Office*:		Police Station*:		City*:	
Pin Code*:					
Any additional information regarding the address:					
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)				
Name on Members*	Date of Birth*	Age	Sex (M/F)	Sum Insured
Retd. Emp.				
Wife/Husband				
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 are 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 effected, 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:	_____			
Date:	_____			
Certified that Shri./Smt. _____, (SPF No. _____) is a retired employee/spouse of the deceased employee of the Bank and maintain pension account with this branch.				
Place:	_____			
Date:	_____			
Signature of UBI Branch Manager with Seal				

****This form duly complete in all respects may be sent by the Branch in duplicate to: The Chief Manager, Disciplinary & Industrial Relation Division, United Bank of India. Head Office, 13th Floor, 11, Hemanta Basu Sarani, Kolkata-700001 (Tel. No. 033-2248-2935) latest by 29.09.2016.**

	Sum Insured	Premium without S.Tax	Service Tax (15% at present)	Total
Officer :	Rs 400000/-	Rs 6573/-	Rs 986/-	Rs 7559/-
Clerk :	Rs 300000/-	Rs 4930/-	Rs 740/-	Rs 5670/-
Sub Staff :	Rs 300000/-	Rs 4930/-	Rs 740/-	Rs 5670/-