



## UCOBANK RETIREES' ASSOCIATION KARNATAKA (Regd)

(Regd as S.No: 699/97-98 Dated 20/01/1998 with the  
Registrar of Societies, Karnataka)

Regd Office: C/o UCOBank, 3rd Floor, 13/22, Kempegowda Road, Bangalore-560009  
Website: urakar.com



UBRA-KAR/CIR/104/2014-2017

19/03/2016

To All Members of our Unit.

Dear Comrades,

**Sub: Top Up Health Insurance of Rs. 3.00 / 4.00 / 5.00 Lakhs signed between our All India UCOBank Retirees Federation over and above the IBA Group Insurance Policy of Rs 3.00 / 4.00 Lakhs with United India Insurance Company for 2017-2018**

We have already informed by our Federation has entered into an agreement with United India Insurance Company for a Top-Up coverage of Rs 3.00 / 4.00 / 5.00 Lakhs over and above the Group Health Insurance of signed between IBA for all Banks with the same Insurance Company for Rs 3.00 / 4.00 Lakhs.

We have also been informed by our Federation that the TPA will be common for both the Policies of Rs 3.00 / 4.00 Lakhs and the Top-Up of Rs 3.00 / 4.00 / 5.00 Lakhs. The TPA shall be M/s Heritage Health Insurance Ltd for both the policies.

Last year also our Federation had signed an agreement with the United India Insurance Company for a Top-Up Insurance of Rs 3.00 Lakhs. The premium was fixed at Rs 3,680/-. This year the Insurance Company has agreed for a lesser amount. The Insurance Company wanted the applications to be received before 31st March to maintain the continuity. From our Unit we had mentioned that the process of passing on the information, collection of application and cheques in a short period of time would not be possible before 31st March 2016. Many Units also expressed the same opinion. Moreover not all our members are having the e mail IDs so as to communicate to them immediately.

We advice members for submission as follows:

1. Please make **three** copies of the Application. Fill in all the columns clearly in the application form.
2. Please fill the number given to you by the Insurance in the e card / original card.
3. Please draw the cheque for  
Rs 3,555/- for Self and Spouse for Rs 3.00 Lakhs, Rs 1,890/- in case it is for Self only  
Rs 3,500/- for Self and Spouse for Rs 4.00 Lakhs, Rs 2,170/- in case it is for Self only  
Rs 3,845/- for Self and Spouse for Rs 5.00 Lakhs, Rs 2,276/- in case it is for Self only.  
The cheque should be favouring: **All India UCOBank Pensioners' Federation Mediclaim Account**
4. Please give FULL AND COMPLETE information as per the format and do not leave any column Blank. Please tick all relevant boxes
5. Please forward two applications along with the Cheque. Please draw chweques correctly without cuttings and overwriting. ***Please DO NOT credit the Federation account directly.***
6. Please ensure that the **two copies** of the application should reach the undersigned **ON OR BEFORE 31/03/2017**. It will be difficult to keep it open beyond that date as Federation also need to process the applications and correlate with the amounts credited by us.

We request members to follow the above instructions carefully and members who are interested in subscribing to the Top-Up arrangement for Health Insurance as detailed above are request to respond without delay without waiting for the last day for submission.

Yours faithfully,

Ravindra Krishna  
Honorary Secretary



A Unit of All India UCOBank Pensioners' Federation, Kolkata  
Affiliated to All India Banks' Pensioners' and Retirees' Confederation



Address for Correspondence : C/o Ravindra Krishna, # 9, Krishna Block, 1st Main, Seshadripuram,  
Bangalore-560020. Ph. : 080-23369434, Mob : 0-9448041842, E-mail : ravikru@gmail.com



**TOP-UP ARRANGEMENT FOR HEALTH INSURANCE  
WITH UNITED INDIA INSURANCE COMPANY &  
ALL INDIA UCO BANK PENSIONERS' FEDERATION  
APPLICATION FOR**



<input type="checkbox"/> 3.00 Lakhs	<input type="checkbox"/> 4.00 Lakhs	<input type="checkbox"/> 5.00 Lakhs
<input type="checkbox"/> SELF AND SPOUSE	<input type="checkbox"/> SELF ONLY	

**TICK THE RELEVANT BOXES**

The General Secretary  
All India UCObank Pensioners' Federation  
Kolkata  
Dear Sir,

Date.....

**Sub: TOP- UP Group Mediclaim Insurance Policy for Retired Employees of  
UCObank with United India Insurance Company Limited**

I hereby apply for a Top Up Policy of Rs ..... Lakhs. The Cheque for a premium of Rs ..... ( In Words)..... payable to All India UCObank Pensioners' Federation Mediclaim Account No 17340110015926 is enclosed. The Transaction Number of the debit is .....

<b>PARTICULARS OF SELF</b>	<b>DETAILS</b>																				
1. Name of the Applicant: (In Block Letters)																					
2. P F Number and Sex	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>MALE</td><td>FEMALE</td></tr></table>											MALE	FEMALE								
										MALE	FEMALE										
3. Date of Birth																					
4. Branch from where Member Retired																					
5. Address of Member in Full																					
6. PIN Code																					
7. Mobile Number / Phone Number																					
8. e mail I D																					
9. Unit to which Member belongs	K A R N A T A K A																				
10. Card Number of the Heritage TPA Ltd of Self	HHS8 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
11. UCObank - IBA Group Insurance Policy Number	<b>Non Domiciliary Option-5001002816P114295220 With Domiciliary Option-5001002816P114295099</b>																				
12. Cheque Number:																					
13. Branch Identification No																					
14. Branch Name																					
15. Amount: Rupees																					

PARTICULARS OF SPOUSE	DETAILS		
1. Name of the Spouse (In Block Letters)			
2. Date of Birth and Sex		MALE	FEMALE
3. Relation			
4. TPA Health Card Number of Spouse	HHS8-		
5. UCObank - IBA Group Insurance Policy Number	<b>Non Domiciliary Option-5001002816P114295220</b> <b>With Domiciliary Option-5001002816P114295099</b>		

I have read the Terms and Conditions of the TOP-UP Insurance of the United Insurance Company. I am agreeable to the same and hereby undertake to abide by the conditions mentioned therein.

Place:

Signature of the Member.

We confirm that the above Pensioner is a Member of  
UCOBANK Retirees' Association(Karnataka)

Signature of Secretary / President

Amount of the Policy Rs	Premium with Spouse* Rs	Self Only* Rs
3.00 Lakhs	3,155	1,890
4.00 Lakhs	3,500	2,120
5.00 Lakhs	3,845	2,276

**\* NOTE:**

1. The Top Up is a Policy only for extended Hospitalisation Claims. Domiciliary Reimbursement Claims are NOT extended under the Top Up Policy.
2. The Premium amount **INCLUDES** Service charges of Rs 50/- per application by our West Bengal Unit for Processing the applications that are received from all over India.
3. This Top Up Policy is **ONLY** for members of our Association and **NOT** for members who are NOT available members of our Association
4. The Top Policy **CANNOT** be applied for if any member **HAS NOT** taken the IBA-UCOBANK Group Health Insurance Policy