



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 UCO Bank, 3rd Floor, 13/22,
Kempegowda Road, Bangalore-560009

Website: urakar.com



UBRA-KAR/CIR/0179/2017-20
To all members of our unit.

Date: 26.03.2020.

Dear Comrades,

SUB: RENEWAL OF GROUP MEDICAL POLICY 2020 OF ALL INDIA UCO BANK PENSIONERS' FEDERATION FOR THE PERION 31.03.2020.TO 30.03.2021.

WE HAVE NOW RECEIVED THE NECESSARY DETAILS REGARDING THE RENEWAL OF GROUP MEDICAL POLICY 2020 OF ALL INDIA UCO BANK PENSIONERS' FEDERATION FOR THE PERION 31.03.2020.TO 30.03.2021. The important points to be noted are listed below.

A. PREMIUM RATE CHART (INCLUSIVE OF ALL TAX & CHARGES)

| THRESHOLD (UNDER GROUP POLICY) | LIMIT BANKS MEDICLAIM | FAMILY SIZE | SUM INSURED (PROPOSED POLICY OF ALL INDIA UCO BANK PENSIONERS FEDERATION WITH UNITED INDIA INSURANCE CO.LTD) | | |
|---|-----------------------------|---------------|---|------------|------------|
| | | | RS. 3 LACS | RS. 5 LACS | RS. 7 LACS |
| 3 LACS & 4 LACS | | SINGLE MEMBER | 2749 | 3318 | 3974 |
| | | FAMILY OF 2 | 4612 | 5627 | 6745 |
| 7 LACS | | SINGLE MEMBER | 2343 | 2827 | 3384 |
| | | FAMILY OF 2 | 3926 | 4789 | 5739 |
| 9 LACS | | SINGLE MEMBER | 2072 | 2498 | 2991 |
| | | FAMILY OF 2 | 3469 | 4230 | 5069 |

(Pl.mark 'Y' in your choice of Premium)

B. TERMS & CONDITIONS

1. Those who have not applied for the IBA Group Mediclaim Policy for retirees for the year 2019-2020 will not be eligible to be included or to apply for the subject policy proposed by ALL INDIA UCO BANK PENSIONERS FEDERATION.

2. Mid-term inclusions of members retiring during this policy period from 31.03.2020 -30.03.2021 will be allowed subject to submission of proof of retirement and within 30 days of retirement. Premium will be charged at full for coverage of 6 months and more. Premium will be charged on pro-rata basis for coverage less than 6 months.

3. The scope and cover of this policy will be identical to the IBA policy excluding expenses on Domiciliary and OPD treatment.

4. **The policy will operate only after exhaustion of limits under IBA base and Top up policy (wherever opted).**

This treatment is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement and which would have otherwise required a hospitalisation of more than 24 hrs.

Procedure/treatment usually done in outpatient departments is not payable under the policy even if converted as an in-patient in the hospital for more than 24 hrs. Or carried out in Day care centers.

6.Last date of payment of Premium is 15.04.2020.

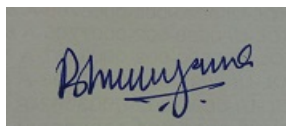
7. ALL INDIA UCO BANK PENSIONERS' FEDERATION will in no way be held responsible for non-payment of the claims whose detailed personal data does not reach our office within **30.04.2020**. **All the state secretaries and office bearers are requested to help their respective members for timely submission of personal data to our office at 4, N.S.ROAD, CHARTERED BANK BUILDING, 1ST FLOOR, ROOM NO.172, KOLKATA-700 001 within 30.4.2020 along with Transaction no. & Branch ID no. where premium has been paid.**

The other details are contained in the attached communication received from our Federation.

The format of the application submitted is attached.

Please note the following points carefully:

- I. **In view of the restrictions imposed due the Corona Epedimic, this time the Association will not be in a position to set up a "Help Desk" at UCO Bank, K.G.Road, Bangalore.**
- II. **Last date of payment of Premium by credit to A/c No. 17340110015926 (All India UCO Bank Pension Federation .A/cMediclaim) is 15.04.2020.**
- III. **The completed applications with the details of credit of premium to the Federation account is to reach the undersigned, latest by 20.04.2020.**
- IV. **As Federation has fixed the last date of receipt of the completed applications, duly attested by our Association is 30.04.2020, applications received after 20.04.2020 will not be entertained.**
- V. **Members who are staying abroad can send a scanned copy of the application, complete in all respects to the undersigned by e- mail also. This is apart from sending the original application by post.**
- VI. **PLEASE NOTE APPLICATIONS WITH THE CHEQUES WILL NOT BE ENTERTAINED.**



**B.Lakshminarayana
Hon.Secretary.**

FORMAT FOR APPLYING FOR GROUP MEDICLAIM POLICY,2020 OF ALL INDIA UCO BANK PENSIONERS' FEDERATION

The General Secretary,
All India UCO Bank Pensioners' Federation,
4,N.S.Road, Chartered Bank Building, 1stFloor,Cubicle -172, Kolkata-700001

Dear Sir,

I hereby like to renew / apply for Tailor Made Group Mediclaim Policy (Excess of Loss) as arranged for between our Federation (AIUCBPF) and United India Insurance Co. Ltd for the year **2020 -2021**.

My A/c No,(Only Pension A/c) atBranch has been debited by Rs.(Rupees only) by Cheque No. or by Mobile banking transaction No. or by withdrawal transfer transaction No dt. for credit to A/c No. **17340110015926 (All India UCO Bank Pension Federation .A/cMediclaim)**..... for Sum Assured of **Rs.3,00,000/- ,Rs. 5,00,000/- , Rs.7,00,000/-,Rs.9,00,000/- (Rs. Threelacs/Fivelacs/Seven lacs/ Nine lacs only)**

My personal details are furnished below :-

| DETAILS | SELF | SPOUSE |
|--|------|--------|
| NAME (in Block Letters) | | |
| EMP No. (Pl. put correctly) | | |
| DATE OF BIRTH | | |
| SEX | | |
| DATE OF RETIREMENT | | |
| DATE OF PAYMENT OF PREMIUM | | |
| A/C No. DEBITED | | |
| NAME OF THE BRANCH OF THE ACCOUNT | | |
| MOBILE NO.of SELF & SPOUSE | | |
| HEALTH CARD NO. OF UCO BANKS' GROUP MEDICLAIM POLICY | | |
| PRESENT RESIDENTIAL ADDRESS | | |

I have read the terms & conditions of the Federation's Tailor made Group Insurance Policy with United India Insurance Co. Ltd as stated in the annexure . I agree to the said terms & conditions and hereby undertake to abide by them as mentioned in the annexure. The information provided above is true & correct to the best of my knowledge.

Date :
Member

Signature of the

We confirm that the above named pensioner is a member of our Unit.

Date:

Signature of President / Secretary³
AIUCBPF (KARNATAKA Unit)

A. PREMIUM RATE CHART (INCLUSIVE OF ALL TAX & CHARGES)

| THRESHOLD LIMIT (UNDER BANKS GROUP MEDICLAIM POLICY) | FAMILY SIZE | SUM INSURED (PROPOSED POLICY OF ALL INDIA UCO BANK PENSIONERS FEDERATION WITH UNITED INDIA INSURANCE CO.LTD) | | |
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(Pl.mark 'Y' in your choice of Premium)

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1. Those who have not applied for the IBA Group Mediclaim Policy for retirees for the year 2019-2020 will not be eligible to be included or to apply for the subject policy proposed by ALL INDIA UCO BANK PENSIONERS FEDERATION.

2 Mid-term inclusion of members retiring during this policy period from 31.03.2020 -30.03.2021 will be allowed subject to submission of proof of retirement and within 30 days of retirement. Premium will be charged at full for coverage of 6 months and more. Premium will be charged on pro-rata basis for coverage less than 6 months.

3. The scope and cover of this policy will be identical to the IBA policy excluding expenses on Domiciliary and OPD treatment.

4. The policy will operate only after exhaustion of limits under IBA base and Top up policy (wherever opted).

5. Expenses on Hospitalisation for a minimum period of 24 hrs. are admissible. However, this time limit is not applied to specific treatment, such as-

| | | | | |
|-------------------------|------------------------|---------------------------|-------------------------|----------------------|
| Adenoidectomy | Dilatation & Curettage | Incision of abscess | Mastoidectomy | Piles/Fistula |
| Appendectomy | Endoscopies | Colonoscopy | Hydrocele | Prostate |
| Ascetic/Pleural tapping | Excision of Cyst/Lump | Varicocelelectomy | Hysterectomy | Sinusitis |
| Auroplasty | Eye surgery | Wound suturing | Harnia | Tonselectomy |
| Coronary Angiography | Fracture/dislocation | FESS | Parenteral chemotherapy | Liver aspiration |
| Coronary angioplasty | Radiotherapy | Haemodialysis | Polypectomy | Sclerotherap |
| Dental Surgery | Lithotripsy | Fissurectomy/Fistulectomy | Septoplasty | Varicose Vein ligase |

This condition will also not apply in case of stay in hospital of less than 24 hours provided:-

a) This treatment is undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs. Because of technological advancement and b) which would have otherwise required a hospitalisation of more than 24 hrs.

Procedure/treatment usually done in outpatient departments are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hrs. Or carried out in Day care centres.

6.Last date of payment of Premium is 15.04.2020.

8. ALL INDIA UCO BANK PENSIONERS' FEDERATION will in no way be held responsible for non-payment of the claims whose detailed personal data does not reach our office within **30.04.2020.All the state secretaries and office bearers are requested to help their respective members for timely submission of personal data to our office at 4, N.S.ROAD, CHARTERED BANK BUILDING, 1ST FLOOR, ROOM NO.172, KOLKATA-700 001 within 30.4.2020 along with Transaction no. & Branch ID no. where premium has been paid.**

All State Units are requested to share this information with members of respective States. In case of need, our Office Bearers may contact with the undersigned and with Com. Rabi Prasad Ghosh (Office Bearer, WB Unit), Mob.No.9674366876 (Mail Id-ucorabighosh@gmail.com

Thanks and Regards,

Sd/- SUBRATA SARKAR

General Secretary (AIUCBPF) Mob.No.9830841788.Place. Kolkata.Dated 25.3.2020.

All Correspondence to:



B.Lakshminarayana, No.1317, 11th Main, 5th A Cross
Srinivasanagar II Phase, B.S.K. III Stage,
BANGALORE – 560 050.

Mob: 9845443998; Email:balana56@gmail.com