



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/029/2020 - 23

Date: 26.03.2021.

To all members of our unit.

Dear Comrades,

SUB: HEALTH INSURANCE - FEDERATION TOP UP POLICY

Our Federation has arranged for a Top – Up cover, over and above the cover taken under IBA Health Insurance policy. This policy is being issued by United India Insurance Company Ltd; .The details are contained in the communication No. AIUCBPF/118/21-22 Dated 26th March, 2021, which is appended below.

The important points to be noted are as under:

1. Those who have not applied for the IBA Group Mediclaim Policy for retirees for the year 2020-21 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 31.03.2021 -30.03.2022 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. Mid-term inclusion of members already retired but not covered in the expiring policy ended on 30.03.2021 / not covered in the renewal policy on renewal date (i.e. within 31.03.2021) will be allowed only within 90 days from policy renewal date. For all such inclusions, waiting period of 90 days (from date of inclusion) for claims will apply.

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

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

6. **Last date of payment of Premium is 15.04.2021.**

7. FILLED IN APPLICATION FORM (HARD COPY) WITH TRANSACTION NUMBER and DATE SHOULD BE SENT TO RESPECTIVE PRESIDENT AND GENERAL SECRETARY OF STATE UNIT. STATE UNITS IN TURN WILL DIRECT IT TO GENERAL SECRETARY, ALL INDIA UCO BANK PENSIONERS' FEDERATION.

The premium chart is given below:

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)		
		RS. 3 LACS	RS. 5 LACS	RS. 7 LACS
3 LACS & 4 LACS	SINGLE MEMBER	4453	5388	6464
	FAMILY OF 2	7514	9180	11016
7 LACS	SINGLE MEMBER	3786	4580	5495
	FAMILY OF 2	6385	7804	9365
9 LACS	SINGLE MEMBER	3339	4040	4849
	FAMILY OF 2	5635	6885	8264

Members can contact the undersigned or other Executive Committee members for any assistance. Please note that the applications duly completed in all respects with transaction no and date should reach the undersigned on or before 18.04.2021.

B. Lakshminarayana
Hon. Secretary.

Communication No. AIUCBPF/118/21-22 Dated 26th March, 2021.

All India UCO Bank Pensioners' Federation,
4 N.S.ROAD, ROOM NO. 172, Kolkata-700 001.

The General Secretary,

Dear Sir,

I hereby like to renew / apply for Tailor Made Group Mediclaim Policy (Excess of Loss) as arranged for between our Federation and United Insurance Company Limited for the year **2021-22**.

My A/c No,at Branch has been debited by Rs. (Rs)only by Cheque No. or by Mobile banking transaction No. or by withdrawal transfer transaction No dated for credit to A/c No. **17340110015926 (All India UCO Bank Pensioners' Federation)** for Sum Assured of **Rs. 3 or 5 or7 (Three/Five/Seven) lacs** only.

My personal details are furnished below :-

DETAILS	SELF	SPOUSE
NAME (in Block Letters)		
EMP no,(Please 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 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 are true & correct to the best of my knowledge.

Date:

Signature of the Member

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

Date :

Signature of President / Secretary (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)		
		RS. 3 LACS	RS. 5 LACS	RS. 7 LACS
3 LACS & 4 LACS	SINGLE MEMBER	4453	5388	6464
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7 LACS	SINGLE MEMBER	3786	4580	5495
	FAMILY OF 2	6385	7804	9365
9 LACS	SINGLE MEMBER	3339	4040	4849
	FAMILY OF 2	5635	6885	8264

(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 2020-21 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 31.03.2021 -30.03.2022 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. Mid-term inclusion of members already retired but not covered in the expiring policy ended on 30.03.2021 / not covered in the renewal policy on renewal date (i.e. within 31.03.2021) will be allowed only within 90 days from policy renewal date. For all such inclusions, waiting period of 90 days (from date of inclusion) for claims will apply.

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

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

6. Last date of payment of Premium is 15.04.2021.

7. FILLED IN APPLICATION FORM (HARD COPY) WITH TRANSACTION NUMBER and DATE SHOULD BE SENT TO RESPECTIVE PRESIDENT AND GENERAL SECRETARY OF STATE UNIT. STATE UNITS IN TURN WILL DIRECT IT TO GENERAL SECRETARY, ALL INDIA UCO BANK PENSIONERS' FEDERATION.

8. However, filled in application form in soft copy should reach to following ids:



i) s.sarkar7039@yahoo.com

ii) ucorabighosh@gmail.com

9. ALL INDIA UCO BANK PENSIONERS' FEDERATION will in no way be held responsible for non-payment of the claims whose details personal data do not reach our office within 20.04.2021. All the State Secretaries and Office Bearers are requested to help their respective members for timely submission of personal data to this office within 20.04.2021 along with Transaction number, Date of the Transaction & Branch ID number where premium has been paid.

Co-operation of our State Units/members is solicited.

Thanks and Regards,

For All India UCO Bank Pensioners' Federation

General Secretary


(SubrataSarkar)

General Secretary

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