



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/0063/2017-20

Date: 23.03.2019

To all members of our unit.

SUB: Renewal Mediclaim Policy arranged between ALL INDIA UCO BANK PENSIONERS' FEDERATION AND UNITED INDIA INSURANCE COMPANY for the period from 31.03.2019 to 30.03.2020.

Further to our circular no. UBRA-KAR/CIR/0060/2017-20 dated.14.03.2019 regarding the subject matter we wish to bring to the notice of all the members the following.

1. The renewal / opting for the Top –up policy arranged by ALL INDIA UCO BANK PENSIONERS' FEDERATION is optional.
2. Interested members are requested to take two copies of the prescribed application and fill up all the details there in.
3. The applicable premium is to be credited by you to the specified account - 00240110017906 standing in the name of ALL INDIA UCO BANK PENSIONERS' FEDERATION on or before 12.04.2019.
4. The applicable premium is mentioned in the annexure to the application.
5. The transaction no. of the transfer of premium amount is to be obtained from the branch and incorporated in the application.
6. The Health Card nos. to be mentioned is the original card no issued by Heritage Health TPA.
7. The Association has made arrangements to collect the applications from members on 11th and 12th of April 2019.
8. Our representatives will be available at UCO Bank Officers' Association office in 3rd Floor, UCO Bank Building, K.G.Road, Bangalore from 11 AM to 3 PM on both the days.
9. In our circular no.0060 dt.14.03.2019 we have mentioned that the applications should reach the undersigned on or before 15.04.2019. However now the members are requested to submit their applications latest by 12.04.2019 to our representatives as stated above.
10. For your ready reference a copy of Federation circular no.AIUCBPF/138/19-21 DT.14.03.19 is attached herewith.

(B.Lakshminarayana)

Hon.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



Circular No: AIUCBPF/138/19-21 dt. 14.03.19

General Secretary
All India UCO Bank Pensioners' Federation
23,N.S.Road, 4 No.Commercial Building, 1st Floor, 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 and United Insurance Co. Ltd for the year **2019-2020**.

My A/c No,(Only Pension A/c) at Branch has been debited by Rs. (Rs) only by Cheque No. or by Mobile banking transaction No. or by withdrawal transfer transaction No dt. for credit to A/c No. **00240110017906 (All India UCO Bank Pensioners' Federation)** for Sum Assured of Rs. 3 or 5 or 7 (Three/Five/Seven) lac 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 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 informations provided above are true & correct to the best of my knowledge.

Date :

Signature of the Member

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

Date :

Signature of President / Secretary
AIUCBPF Unit

Pl. See annexure next page.

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	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 Medclaim Policy for retirees for the year 2018-2019 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 31.03.2019 -30.03.2020 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 30.03.2019 / not covered in the renewal policy on renewal date (i.e. within 31.03.2019) 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. That means a non-member of our expiring policy if intends to be included in the current proposed policy for 2019-2020 would have to submit due premium within 31.03.2019 to get cover for claims from 31.03.2019-30.03.2020.

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. 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..

7.Last date of payment of Premium is 15.04.2019.

8. 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 20.04.2019. All the state secretaries and office bearers are requested to help their respective members for timely submission of personal data to this office within 20.04.2019.along with Transaction no. & Branch ID no. Where premium has been paid.

9.. e-mail address & Mobile no. For sending personal data for convenience-

i) s.sarkar7039@yahoo.com Mob.no-9830841788

ii) ucorabighosh@gmail.com Mob.no-9674366876