



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/0077/2017-20

Date: 28.05.2019

To all members of our unit.

Dear Comrades,

Sub: Federation Top up Health Insurance Policy.

You are all aware that the Top Up policy of Federation has been renewed for the period from 31.03.2019 to 30.03.2020. A copy of the renewed policy is attached for your reference.

Kindly take a print out and keep it for your records.

B.Lakshminarayana
Hon.Secretary



UNITED INDIA INSURANCE COMPANY LIMITED
2 BRABOURNE ROAD, BRABOURNE ROAD, KOLKATA, KOLKATA, WEST BENGAL
KOLKATA - 700001 WEST BENGAL
PH: (033) 22253139 FAX: EMAIL:

GROUP HEALTH POLICY
UIN NO. IRDA/NL-HLT/UII/P-H/V.1/236/13-14
POLICY NO.: 0304002818P117443096

PERIOD OF INSURANCE
FROM 00:00 Hrs on 31/03/2019
To Midnight on 30/03/2020

Insured
MS ALL INDIA UCO BANK PENSIONERS' FEDERATION
2, INDIA EXCHANGE PLACE, 1ST FLOOR, ROOM NO.2

KOLKATA
WEST BENGAL
700001

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60, PLEASE IGNORE IF ALREADY UPDATED.

Agent Name :
Agent Code :
Mobile/Landline Number/Email :

EP* **LET US JOIN THE FIGHT AGAINST CORRUPTION.
PLEASE TAKE THE PLEDGE AT <https://pledge.cvc.nic.in>**

For any Information, Service Requests and Grievances please write to 030400@uiic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uiic.co.in>
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POLICY NO. 0304002818P117443096
 UIN NO. IRDA/NL-HLT/III/P-H/V.1/236/13-14



**GROUP HEALTH POLICY
 SCHEDULE**

Policy No.	0304002818P117443096		Previous Policy No.	0304002817P119321219	
	Name/IDMS ALL INDIA UCO BANK PENSIONERS' FEDERATION/23013961729				
Insured Detail	Tel. (O)	Tel. (R)		Fax	
	EMail				
	Business/Occupation None				
Period of Insurance	From	00:00	Hours of	31/03/2019	To Midnight of 30/03/2020

Coinsurance	UIIC 030400 : 100%
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No. of Employees	20	No. of Lives	
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Coverage Details:-

Cover Group	Sum Insured(₹)	Premium(₹)
Hospitalization	13,200,000.00	84,369.00
	Total Sum Insured	Premium
	13,200,000.00	84,369.00

Insured Details

As Per Annexure Attached.

Premium:	₹	84,369.00
CGST(9%):	₹	7,593.00
SGST(9%):	₹	7,593.00
Stamp Duty:	₹	1.00
Total:	₹	99,555.00
Receipt Number :	10103040019102503338	
Receipt Date:	15/05/2018	
Development Officer Code/ Agent Code:		

POLICY NO. 0304002818P117443096
 GEN NO. ERDA/NI-NET/461/P-4/V.1/236/12-14

Underwriter Remarks	This Tailor-made Excess of Loss Policy covers 20 (as per list submitted) Retired Employees of UCO Bank along with their spouses as on renewal date. The Sum Insured is on Floater Basis. Per family Sum Insured is varying (Rs. 3 lacs / Rs. 5 lacs / Rs. 7 lacs), as opted by member. The scope and cover of this policy will be identical to the IBA Base policy excluding expenses incurred on Domiciliary and OPD treatment. The policy will operate after exhaustion of limits under IBA Base and Top up policy (wherever opted). Mid-term inclusion of members retiring during the policy period: 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 of less than 6 months. Mid-term inclusion of members already retired but not covered in the expiring policy / not covered in the renewal policy on renewal date: 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. In case of membership cessation from All India UCO Bank Pensioners' Federation, insured person will continue to be covered under the policy till expiry date, unless he submits a request for mid-term deletion. Refund of premium for Mid-term deletion of members (Cessation, Death, Opting out etc.) will be at short period rates. Since the coverage under our Excess of Loss Policy is identical to the IBA policy (excluding expenses incurred on Domiciliary and OPD treatment) the policy will be operative only if the member is also simultaneously covered under the IBA Base and Top up policy (wherever opted). Expenses incurred at PPN hospitals for the procedures as listed under PPN package shall be subject to the rates applicable to PPN package pricing. All other T & C will be as per our Standard GMP.
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This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

Customer GST/UIN No.:		Office GST No.:	19AAACU5552C12G
SAC Code:	9971	Invoice No. & Date:	28181117443096 & 15/05/2019

Amount Subject to Reverse Charges-NIL

Anti Money Laundering Clause: In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in our operating offices as well as Company's web site.

Date of Proposal and Declaration: 31/03/2019
 IN WITNESS WHEREOF, this policy has been signed at DO 4 KOLKATA 030400 on this 10th day of May 2019

For and On behalf of
 United India Insurance Co. Ltd.



Authorized Signatory
 Underwritten by: PAR36420 (DO UNDERWRITER)

Affix Policy Stamp here.

All Correspondence to:



B.Lakshminarayana, No.1317, 11th Main, 5th A Cross,
Srinivasanagar II Phase, B.S.K. III Stage,
BANGALORE – 560050.
Mob:9845443998; Email:balana56@gmail.com

