



यूको बैंक UCO BANK
प्रधान कार्यालय Head Office
कार्मिक सेवा विभाग Personnel Services Department
3 & 4, डीडी ब्लॉक DD Block, सेक्टर Sector-I, साल्ट लेक Salt Lake
कोलकाता Kolkata-700 064

No. CHO/PMG/33 /2017-18

Date : 02.11.2017

ALL BRANCHES / OFFICES IN INDIAN UNION.

Sub: Extension of last date for Renewal/Joining IBA Medical Insurance Scheme for Retired Employees.

Attention is invited to our Circular No.CHO/PMG/31/2017-18 dated 13/10/2017 regarding renewal of IBA Medical Insurance Scheme for retired employees in terms of 10th Bipartite Settlement / Joint Note dated 25th May 2015 for the period from 01/11/2017 to 31/10/2018.

We have received a communication from United India Insurance with regard to extension of last date for renewal / joining IBA Medical Insurance Scheme for retired employees.

United India Insurance Co. Ltd. has informed us that the last date for renewing / joining the IBA Group Health Insurance for retirees is extended up to 30/11/2017 subject to the following guidelines:

1. The period for submitting option for renewing/joining the IBA Group Health Insurance for Retirees with premium is extended by 1 month from 01/11/2017 to 30/11/2017.
2. The premium along with the list is to be remitted to United India Insurance Co. in one lot only on 30/11/2017. No piece meal remittance shall be done.
3. The premium payable is the full premium as conveyed earlier.
4. **The period of coverage will be from 01/12/2017 till the end of the group policy i.e. 31/10/2018.**
5. A declaration as below shall be obtained from all retirees/spouse of deceased retirees who will opt during the above period and shall be sent to United India Insurance Co. Ltd. in original by hard copy for their records.



DECLARATION

I,(Name of Retiree), Employee no..... could not submit the option to renew/join the IBA Group Health Insurance for Retirees for 2017-18 on or before 31/10/2017 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2017-18 and remit the full premium. I further agree that the period of coverage shall be from 01/12/2017 to 31/10/2018.

Place:

Signature:

Date:

Name:

Employee No:

6. Premium without this declaration shall not be accepted for coverage.
7. The above guidelines are applicable for Super-top Policy for Retirees also.
8. All other guidelines issued earlier in respect of renewal of IBA Group Health Insurance for Retirees for 2017-18 shall continue to apply.

Instruction to Retired Employees for Renewal of IBA Medical Insurance Scheme:

A fresh option is to be exercised by the following retired employees as per the prescribed format (Annexure-'A') and two copies (Hard Copies) of the same duly filled in and signed along with recent photographs of himself and spouse must be submitted to Head Office, Personnel Department, Mediclaim Cell on or before 20th November 2017.

- 1) **All Left out Retirees/spouse of deceased retirees who have not been covered under the IBA Medical Insurance Scheme till date and who have not exercised option online for joining IBA Group Medical Insurance Scheme for the year 2017-18.**
- 2) **Retired employees/spouse of retired employees who have exercised their option online, but premium amount could not be deducted due to insufficient funds in their account or who have mentioned wrong/frozen/closed account number in their application by mistake/inadvertence.**
- 3) **Retired employees who have withdrawn his/her application online by mistake/inadvertence.**

Important: It is the sole responsibility of the retirees to ensure that his / her application, complete in all respect, is received by our office on or before 20/11/2017. The



premium as per given option will be recovered starting from 21/11/2017 onwards in batches. In case non-deduction of the same, our office may be contacted immediately over telephone at 033-44559258/033-44559252.

The individual retiree will be solely responsible for non-coverage of the policy on account of non-opting for coverage under IBA Medical Insurance and/or non-maintenance of adequate amount in their accounts. As per the communication received from United India Insurance in this regard, any request of inclusion after the prescribed time limit will not be entertained at all.

All other terms and conditions contained in our Circular No.CHO/PMG/31/2017-18 dated 13/10/2017 will remain unchanged. We quote below the important and salient feature of the said circular for ready reference and careful noting:

Quote:

United India Insurance is offering one more option to join the Group Health Insurance Policy **without OPD cover** to **all existing retirees** who are not covered under the Group Mediclaim Insurance Policy, in the following manner:

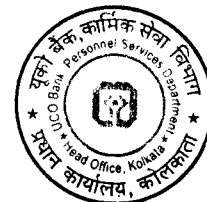
- a) One more option shall be given to all retirees to join group Mediclaim policy **without domiciliary (OPD) cover only.**
- b) Existing retirees, who are covered under with domiciliary (OPD) policy, are allowed to switch over to without domiciliary (OPD) policy cover. **However, option to switch over from without domiciliary policy to with domiciliary policy is not available.**
- c) Employees who retired during 2016-17 policy tenure i.e. within 01/10/2016 to 30/09/2017 shall be given the option to **join either with domiciliary policy or without domiciliary policy.**

Unquote:

All the heads of the Branches/Offices are advised to bring the contents of the circular to the notice / knowledge of all retired employees having accounts/transactions and/or drawing pension from their Branches. Apart from this a copy of this Circular may be displayed in the Notice Board for information to all concerned.


Dy. General Manager
Personnel Services Department

Encl: As stated above.



To
The General Manager
Personnel Services Department
UCO Bank, Head Office – 2
Sector – I, Salt Lake,
Kolkata – 700 064.

Paste photo of both spouse

Sub: Application for Medical Insurance

1. Renewal Premium Option (please tick):
 - a) Without domiciliary (OPD):
 - b) With domiciliary (OPD):
 - c) Without domiciliary (OPD) including Super Top-Up:
 - d) With domiciliary (OPD) including Super Top-Up:
2. Full Name:
3. EMP No.
4. Designation at time of leaving bank:
5. Mode of exit (Super Annuation/VRS2000/VR/CRS):
6. Date of Birth:
7. Date of Leaving Bank:
8. Gender:
9. Branch / office where last worked:
10. Monthly Income:
11. Account No. (14 digit Finacle A/C No.):
12. Branch IFSC Code:
13. Whether pensioner? (Yes/No):
14. PAN No.
15. AADHAAR No.



16. Communication Address:

17. Mobile No.

18. E-Mail ID;

Details of Spouse

1. Name:

2. Date of Birth:

3. Gender:

4. Monthly Income:

5. Mobile No.

6. E-Mail ID:

DECLARATION

I,(Name of Retiree), Employee no..... could not submit the option to renew/join the IBA Group Health Insurance for Retirees for 2017-18 on or before 31/10/2017 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2017-18 and remit the full premium. I further agree that the period of coverage shall be from 01/12/2017 to 31/10/2018.

I have gone through and understood the terms of Medical Insurance Scheme as mentioned under provisions of the 10th Bipartite Settlement/Joint Note dated 25/05/2015. I have also read and fully understood the contents of the HO Circulars issued by UCO Bank from time to time. I am willing to join said medical insurance scheme, which is extended to the retired employees subject to payment of agreed insurance premium by me. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme except what is admissible / payable by the insurance company. I authorize UCO Bank to debit the annual premium of Rs. _____/- and Rs. _____/- for Super Top-Up Policy from my pension/SB a/c No. _____. I will ensure that sufficient balance is maintained in the above mentioned account for deduction of respective premium. I fully understand that in case sufficient balance is not maintained, my name will be excluded from the policy. I understand that this option is irrevocable and binding for further renewal also if not withdrawn in writing.

Place:

Signature

Date:

EMP No.

