



**HUMAN RESOURCES MANAGEMENT DIVISION,
HOSPITALISATION CELL
(PHONE 011-26174730-emailid-hrdhospitalisation@pnb.co.in)
HEAD OFFICE: NEW DELHI**

31.08.2016

URGENT NOTICE

**REG: MEDICAL INSURANCE SCHEME – OPTION OF EMPLOYEES
RETIRED/RETIRING FROM 01.10.2015 TO 30.09.2016**

We all know that current Medical Insurance Policy is expiring on 30.09.2016 and the employees retiring during the policy period (01.10.2015 to 30.09.2016) are covered as active employees and they have to become members of the scheme by submitting application through HRMS.

Policy for the retired employees starts from 01.11.2016 and there is a gap of one month i.e. October 2016 for which separate premium, detailed hereunder, as advised by United India Insurance Company shall have to be paid by the retirees.

Cadre	Annual Premium	Sum Insured	Pro-rata Premium for one Month	Service Rax @ 15%	Total Premium
Officers	6573.00	400000.00	557.00	84.00	641.00
Clerks/Sub staff	4930.00	300000.00	418.00	63.00	481.00

The consent format is given hereunder.

Incumbents of all offices are advised to take appropriate steps to bring the content of this notice to the knowledge of the retirees, drawing pension from their branches so that willing retirees may become members of the insurance scheme by submitting application in the branches which will be uploaded in HRMS by concerned branches/offices.

Please ensure to enter the applications, so received by 16.09.2016 as the HRMS window will be closed by 5.00 P.M. and Bank will not be in a position to cover the retiree whose consent has not been entered by the stipulated date. The amount of premium will be deducted and remitted to United India Insurance Company on 17.09.2016.

Circle Offices/Zonal Offices/HO Divisions for information and necessary compliance.

**PANKAJ MOHAN
CHIEF MANAGER**

Date : _____

The Dy General Manager
 Human Resource Development Division
 Punjab National Bank
 Head Office, New Delhi

Photograph Self	Photograph Spouse
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Re. : Medical Insurance Scheme for Retired Employees/ Spouse of Retired Employees.

With reference to the Notice Dated _____ on the captioned subject. I submit my consent to join Medical Insurance Scheme. My details are as under :

01	PF No.							
02	Name							
03	Date of Birth							
04	Gender {(v) on option}	MALE			FEMALE			
05	Date of Retirement							
06	Cadre {(v) on option}	OFFICER		CLERK		SUBSTAFF		
07	Designation							
08	Last Place of Posting							
09	Separation Reason							

Details of my spouse :

01	Name							
02	Date of Birth							
03	Gender {(v) on option}	MALE			FEMALE			

My contact details :

01	Mobile/Phone No.							
02	E-mail Address							
03	Correspondence Address							
		PIN						

I agree as under :

- 1) I irrecoverably authorize the Bank to debit premium amount to my below mentioned account during current year and also in coming years.

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- 2) I shall maintain sufficient balance in the aforesaid account.
- 3) In case I intend to withdraw from the scheme, I shall inform the Bank before its due date for not deducting Premium from my account. Once I opt out of the scheme I will not be allowed to rejoin.
- 4) The insurance cover shall start from the date of receiving the insurance premium by the Insurance Company.
- 5) I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
- 6) The Bank is acting as intermediary in providing the information to the Insurance Company. The claims shall be scrutinized/settled by the Insurance Company and the Bank will not be involved in such process.

Yours faithfully

(Signature)

ACKNOWLEDGEMENT

Received consent form to join the Medial Insurance Scheme as per Circular No. _____, Dt. _____ From Sh/Smt _____ PF No. _____. The information received shall be entered in HRMS.

(Signature of Bank Official with Stamp)
 BO/CO _____