



ਪੰਜਾਬ ਨੈਸ਼ਨਲ ਬੈਂਕ  
...भरोसे का प्रतीक !



punjab national bank  
...the name you can BANK upon !

**HUMAN RESOURCES MANAGEMENT DIVISION,  
HOSPITALISATION CELL**

(PHONE [011-28075345](tel:011-28075345)-emailid-[hrdhospitalisation@pnb.co.in](mailto:hrdhospitalisation@pnb.co.in))

02.11.2020

**TO ALL BRANCHES/OFFICES**

**HRMD CIRCULAR NO.523/2020**

**REG: Renewal of IBA's Group Medical Insurance Policy/ies for the period from 01.11.2020 TO 31.10.2021 for Retired Employees – Extension for submission option to join the IBA's Policy 2020-21.**

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<b>Last Date for submission of Option</b>	=	<b>21.11.2020</b>
<b>Date of Debit Premium</b>	=	<b>23.11.2020</b>
<b>Renewal of Insurance Cover under the Policy</b>	=	<b>01.12.2020</b>

We draw your attention towards our HRMD Circular No. 519/2020 and 522/2020 dated 06.10.2020 and 13.10.2020 respectively regarding premium and renewal of above policy from 01.11.2020 to 31.10.2021.

The National Insurance Company has now informed that as per the request of IBA and member Banks, they have extended the date to join/rejoin the policy up to 30.11.2020 on the following terms and conditions:-

01. This is One Time Exercise and no more Extensions or similar Window will be allowed during the policy period.
02. For the retirees who are already covered under IBA-GMC policy till now but could not join in the renewal policy on time for obvious reasons, we are allowing them to use this window to enroll into the scheme. However any treatment/claim during the break period will be excluded from the cover.
03. 30 days waiting period will be applicable for utilization of policy benefits for new entrants into the scheme.
04. Since it is an optional exercise which is offered to those left out retirees on the request from banks and is only to facilitate them, there can be **NO pro-rata reduction in premium** and it will only be Annual (Yearly) premium. The renewal should be through the Banks.

**The rates of premiums is as under:**

**05. BASE POLICY:**

<b>OPTIONS FOR RETIREES</b> (Rates are inclusive of GST (Amount in Rupees))				
<b>Sum Insured</b>	<b>WITHOUT DOMICILARY</b>		<b>WITH DOMICILARY</b>	
	<b>Self + Spouse</b>	<b>Self</b>	<b>Self + Spouse</b>	<b>Self</b>
4,00,000	32264	19358	80067	48040
3,00,000	24199	14520	60054	36032
2,00,000	16133	9680	40036	24021
1,00,000	10890	6534	27024	16215

**SUPER TOP-UP POLICY:**

<b>OPTIONS</b> (Rates are inclusive of GST - (Amount in Rs.))		
<b>Sum Insured</b>	<b>Self + Spouse</b>	<b>Self</b>
5,00,000	6554	3932
4,00,000	5243	3146
3,00,000	4194	2517
2,00,000	3408	2045
1,00,000	2097	1258

PNB Retirees, those who want to enrol themselves in the above policy are advised to submit their Revised Consent Form (placed hereunder) to The Chief Manager, HRD Hospitalisation Cell, Punjab National Bank, Corporate Office, Sector-10, Plot No. 4, Dwarka New Delhi – 110 075. The soft copy be sent through email at [hrdhospitalisation@pnb.co.in](mailto:hrdhospitalisation@pnb.co.in).

**ANNEXURE-I**

**REVISED MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES (RENEWAL POLICY) e-OBC - EXTENSION UPTO 30.11.2020:**

The retired employees of eOBC may be opted for different Sum Insured and Super Top-up as per the instructions mentioned above and are required to deposit the revised premium accordingly in **account No. 12372191023768 (Medical Insurance Scheme for retired Employees)** at our any branch latest by **21.11.2020 by invariably quoting their PF number, Name & Date of Retirement** for our reference. Also the retired employees send their Consent Form to the e-mail id- [sp211540@obc.co.in](mailto:sp211540@obc.co.in).

In case of any query of e-OBC, the retirees/staff may contact to Shri Santosh Kumar Prasad, Sr. Manager (Contact no.-7735555455) or send the queries on e-mail Id [sp211540@obc.co.in](mailto:sp211540@obc.co.in).

## ANNEXURE - II

### **RENEWAL OF IBA's MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES –eUBI – EXTENSION UPTO 30.11.2020:**

The retired employees of eUBI are required to deposit their yearly premium to enroll them in the above retiree's policy in **Account No. 0098050000189 ( COLLECTION OF MEDICAL INSURANCE PREMIUM(UBI- Scheme for retired Employees) at our any branch latest by 21.11.2020 by invariably quoting their PF number and name** for our reference.

The retired employees may deposit the insurance premium amount in the above account by **Cash or cheque** through transfer from their savings account with the Bank quoting their PF No., Name and date of retirement from service, by using the Deposit Challan as per Annexure -II, as the case may be. Dealing officer at Branches are advised to ensure that in transaction Particulars of employee with SPF No., DOB, Sex, Spouse Name, Spouse DOB, Sex of Spouse are entered in system correctly without fail.

Revised Consent Form and Annexure-II (Deposit Challan) (placed below) are mandatorily required to be submitted.

The concerned Branch is requested to scan the Revised Consent Form and mail it to [cmest@unitedbank.co.in](mailto:cmest@unitedbank.co.in) on daily basis and send the original to Establishment Department (8th Floor), United Tower, 11, HemantaBasuSarani, Kolkata-700 001 on weekly basis without fail for onward transmission to HRD Hospitalisation, Department, Head Office, Dwarka, New Delhi.

In case of any query, the retirees/staff may contact Mr. Debalendu Saha, Manager over his mobile No: 94334-96190 (eUBI) / Subrata Paul, Chief Manager, Mobile No: 76030-10318.

**All retirees who are willing to join the above policy are advised to exercise their options carefully after going through the terms and conditions of the policy mentioned above.**

A copy of this circular is also being uploaded on the Bank's website [www.pnbnet.net.in](http://www.pnbnet.net.in) -under Head "**Retiree Notice**" for reference of all the retirees.

**DEPUTY GENERAL MANAGER-HRMD  
(R.K. BAJPAI)**

REVISED CONSENT FORM

DATE .....

THE DY. GENERAL MANAGER  
HUMAN RESOURCE MANAGEMENT DIVISION  
PUNJAB NATIONAL BANK  
HEAD OFFICE, NEW DELHI

PNB   
EOBC   
EUBI

PHOTOGRAPH SELF	PHOTOGRAPH SPOUSE
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**REG: IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES/SPOUSE OF RETIRED EMPLOYEES.**  
I SUBMIT MY CONSENT TO JOIN MEDICAL INSURANCE SCHEME. MY DETAILS ARE AS UNDER.

PF NO.		NAME	
DOB		CADRE/DESIGNATION	
STATUS OF EMPLOYEE	ALIVE <input type="checkbox"/>	GENDER	MALE <input type="checkbox"/>
	DECEASED <input type="checkbox"/>		FEMALE <input type="checkbox"/>
SEPARTION REASON		RETIREMENT DATE	

HAVING SPOUSE	YES <input type="checkbox"/>	GENDER	MALE <input type="checkbox"/>
	NO <input type="checkbox"/>		FEMALE <input type="checkbox"/>
NAME		DOB	

<b>WANTS DOMICILIARY COVERAGE</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
COVERAGE FOR	FAMILY FLOATER <input type="checkbox"/>	SINGLE* <input type="checkbox"/>

\* SINGLE RATES ARE APPLICABLE ONLY FOR RETIREE WITHOUT SPOUSE AND SURVIVING SOUSE (FAMILY PENSIONER)

SUM INSURED (BASE POLICY)	100000 <input type="checkbox"/>	300000 <input type="checkbox"/>
	200000 <input type="checkbox"/>	400000 <input type="checkbox"/>

<b>WHETHER WANTS SUPER TOP</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SUPER TOP-UP	100000 <input type="checkbox"/>	400000 <input type="checkbox"/>
	200000 <input type="checkbox"/>	500000 <input type="checkbox"/>
	300000 <input type="checkbox"/>	

MOBILE NO.	
E-MAIL	
CORRESPONDENCE ADDRESS	
	PIN CODE

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.**

A/C No.	
IFSC Code	

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 this process.

Yours faithfully

Signature

**Acknowledgement**

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

Signature of Bank Official with Stamp  
BO/CO.....

(Payslip for retirees)

PUNJAB NATIONAL BANK (e-OBC)

PAYSLIP FOR CASH/CHEQUE

BRANCH: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCOUNT NUMBER													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

FOR THE CREDIT OF MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF NO.	NAME:	DATE OF RETIREMENT
	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS:	PHONE:		E-MAIL:
<input type="text"/>	<input type="text"/>		<input type="text"/>

Drawee Bank	Branch	Cheque No. & Date	Cash Notes/ Coins	Amount (Rs.)
Punjab National Bank (e-OBC)			2000x	
			1000x	
			500x	
			200x	
			100x	
			50x	
			20x	
Rupees in Words:			10x	
Signature of retired employee (Depositor)	Cashier	Authorised Officer	5x	
			2x	
			1x	
			Total	

Note for Cashier & Authorised Officer: Please enter the PF no., Name & Date of retirement of the retired employee in Transaction Particulars (PF NO: Name) Transaction Remarks (DOR).

COUNTER FOIL: CASH/ CHEQUE

<b>PUNAJB NATIONAL BANK (e-OBC)</b> <b>B/O-</b>
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ACCOUNT NUMBER													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF NO.	NAME:	DATE OF RETIREMENT
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details of Cash/Cheque			Amount (Rs.)
Rupees in Word:			
Cashier			Authorised Signatory

**Annexure-II - REVISED**

**Deposit Challan for Renewal of Medical Insurance Scheme for Retired Employees 2020-2021**

<u>Bank Copy</u>	<u>Retired Employee Copy</u>
<p>Date: .....</p> <p>United Bank Of India: Branch : .....</p> <p align="center"><b>DEPOSIT COLLECTION</b></p> <p>Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189</p> <p align="center"><u>Retired Employee Details:</u></p> <p>Name: .....</p> <p>SPF No: .....</p> <p>Date of Birth.....</p> <p>Sex .....</p> <p>Mob No: .....</p> <p>Name of Spouse: Shri/Smt .....</p> <p>Date of Birth of Spouse .....</p> <p>Sex of Spouse.....</p> <p>Category :</p> <p>Officer – Family <input type="checkbox"/> Single <input type="checkbox"/></p> <p>Award Staff – Family <input type="checkbox"/> Single <input type="checkbox"/></p> <p><u>Please enter the amount in words &amp; figures:</u></p> <p>Premium for the year Without Domiciliary: Rs.....</p> <p>Premium for the year With Domiciliary: Rs.....</p> <p>Premium for the year Without Domiciliary + Supertop up: Rs.....</p> <p>Premium for the year With Domiciliary + Supertop up: Rs.....</p> <p>Insurance Premium Deposited: <i>By Cash</i> <input type="checkbox"/> <i>Cheque</i> <input type="checkbox"/> (<i>Cheque No &amp; Date: -----</i>)-</p> <p>Rs.....(in figures)</p> <p>Amount in words: Rs. .....</p> <p>Signature of Depositor</p> <p>Bank Signature:</p>	<p>Date: .....</p> <p>United Bank Of India: Branch : .....</p> <p align="center"><b>DEPOSIT COLLECTION</b></p> <p>Beneficiary Name: COLL. OF MEDICLAIM INSURANCE PREMIUM (UBI) Account Number: 0098050000189</p> <p align="center"><u>Retired Employee Details:</u></p> <p>Name: .....</p> <p>SPF No: .....</p> <p>Date of Birth.....</p> <p>Sex .....</p> <p>Mob No: .....</p> <p>Name of Spouse: Shri/Smt .....</p> <p>Date of Birth of Spouse .....</p> <p>Sex of Spouse.....</p> <p>Category :</p> <p>Officer – Family <input type="checkbox"/> Single <input type="checkbox"/></p> <p>Award Staff – Family <input type="checkbox"/> Single <input type="checkbox"/></p> <p><u>Please enter the amount in words &amp; figures:</u></p> <p>Premium for the year Without Domiciliary: Rs.....</p> <p>Premium for the year With Domiciliary: Rs.....</p> <p>Premium for the year Without Domiciliary + Supertop up: Rs.....</p> <p>Premium for the year With Domiciliary + Supertop up: Rs.....</p> <p>Insurance Premium Deposited: <i>By Cash</i> <input type="checkbox"/> <i>Cheque</i> <input type="checkbox"/> (<i>Cheque No &amp; Date: -----</i>)-</p> <p>Rs.....(in figures)</p> <p>Amount in words: Rs. .....</p> <p>Signature of Depositor</p> <p>Bank Signature:</p>