

HUMAN RESOURCES DEPARTMENT
EMPLOYEE BENEFITS DIVISION

239, Vidhan Bhavan Marg, Nariman Point, Mumbai 400 021

STAFF CIRCULAR NO.6674

October 04, 2017

To: All Branches/Offices,

Subject- Medical Insurance Scheme for Retired Employees
Policy Period 01.11.2017 to 31.10.2018

1. Attention is invited to Staff Circular No 6243 dated 18.09.2015 providing the details of the Medical Insurance Scheme introduced as per Bipartite/Joint Note dated 25.05.2015 signed between Associations/Unions and IBA.
2. The present Insurance Policy for retired employees will expire on 31.10.2017 and to ensure uninterrupted policy coverage, premium for renewal of the policy is to be remitted in the month of October 2017.
3. We are in receipt of letter dated 13.09.2017 from the United India Insurance Company Ltd. (UIIC), addressed to Indian Bank Association (IBA) providing the revised premium rates for renewal of Group Health Insurance - (Retirees). However we are yet to receive communication from IBA regarding the same. The revised rates as provided by UIIC is as follows:
The renewal premium for 2017-2018 will be in four options.

OPTION I

Normal Renewal (Without Domiciliary cover)

Cadre	Insurance Premium per year	Sum Insured
Retired Officer irrespective of grade/scale	Rs 13935/- + Rs 2508/- (18% Service Tax) = Rs 16443/-	Rs 4,00,000/- (Rs Four lakh only)
Retired award staff including housekeepers	Rs 10452/- + Rs 1881/- (18% Service Tax) = Rs 12333/-	Rs 3,00,000/- (Rs Three lakh only)

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OPTION II

With Domiciliary Expenses Benefits Option (59 diseases as per retiree policy circulated through Staff Circular 6467). Annexure I

For Retired Officers - Domiciliary Cover of Rs. 40,000 with overall Sum Insured of Rs. 4,00,000.

For Retired Award staff - Domiciliary Cover of Rs. 30,000 with overall Sum Insured of Rs. 3,00,000.

Cadre	Insurance Premium per year	Sum Insured
Retired Officer irrespective of grade/ scale	Rs 31354/- + Rs 5644/- (18% Service Tax) = Rs 36998/-	Rs 4,00,000/- (Rs Four lakh only)
Retired award staff including housekeeper	Rs 23517/- + Rs 4233/- (18% Service Tax) = Rs 27750/-	Rs 3,00,000/- (Rs Three lakh only)

Option III and IV

Super Top Up: Apart from this an additional Insurance coverage has been introduced by UIIC known as super top up. Super top up is an additional Insurance Coverage beyond the regular Sum Insured, available to the retired employee on payment of extra premium, as given in the following table:

Cadre	Regular Sum Insured	Super Top Up SI Beyond Regular SI	Extra Premium Payable	Total Sum Insured with Super Top Up
Retired Officer	Rs 400000/-	Rs 500000/-	Rs 3806/-	Rs 9,00,000/- (Rs Nine lakh only)
Retired award staff including housekeeper	Rs 300000/-	Rs 400000/-	Rs 3511/-	Rs 7,00,000/- (Rs Seven lakh only)

The salient features of Super Top-Up Policy are as follows;

- OPD treatment (Domiciliary) is not covered under this policy. In other words for all the retirees who opt for with domiciliary policy + top up, the OPD expenses coverage will remain unchanged to Rs 40000/- and Rs 30000/- respectively for officers and award staff retirees as per the existing policy.

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- The Super top up policy commences w.e.f. 01.11.2017 and the period will be identical to the main policy date i.e. expiry date will be 31.10.2018.
- In case of claim the basic policy will be triggered first and only if the Sum Insured (Rs 400000/- for officers and Rs 300000/- for award staff) is exhausted, the Super Top Up policy will be activated.

With the introduction of Super Top Up in Medical Insurance Policy, there will now be 4 (four options) in scheme for the retirees who chose to continue in this tenure of the policy. The scheme wise insurance premium amount is given in the below table:

Option	Annual Premium for Clerk/ Sub Staff Cadre inc GST	Annual Premium for Officer Cadre inc GST
1. Without Domiciliary	Rs 12333/-	Rs 16443/-
2. With Domiciliary	Rs 27750/-	Rs 36998/-
3. Without Domiciliary + Top UP	Rs 15844/-	Rs 20249/-
4. With Domiciliary + Top Up	Rs 31261/-	Rs 40804/-

4. **Online Registration:** A portal has been designed specifically with all the above options (to continue in the policy) and also the option of withdrawal from policy which will enable the retirees to submit their option through online registration. The link to online registration has been made available at Union Bank of India Corporate Website under the "Information for Retired Staff" Portal. It will be available on Bank's website wef 06th October 2017.
5. The steps for online registration are given in Annexure II.
6. **Acknowledgment of submission:** Upon submitting the application a registration number will be generated immediately. Retirees are requested to note down the reference number. If required they can also save/print the screen shot for their future reference.
7. **Modification of Option:** If the retired employee has already submitted his/her option in the portal and wish to change their previous option, upon second/third login, the computer will redirect to form B automatically. The option chosen previously will be displayed on the portal along with date. Upon modifying the option, click on submit button. Please see Annexure IV.

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8. **Last Date of Online Registration:** The online registration portal will be active till 23:59 of 23.10.2017.
9. **Special Note:** Applicable for all existing retirees, covered presently in the Medical Insurance Scheme:
 - Only Online registration to be carried out in the given portal will be acceptable.
 - Hard copy of consent/withdrawal given in previous Staff Circulars is no more valid and must not be submitted.
 - Consent/withdrawal in reference to the ensuing scheme, already submitted in hard copy or by email, either at branch or Central Office stands null and void.
 - As informed by Insurance Company, only those retirees presently under policy with domiciliary cover, will be able to continue with the same, on payment of revised premium. No new additions will be there in the policy with domiciliary cover.
 - However the employees who retired between the period of 01.10.2016 to 30.09.2017 have option to join the Medical Insurance Policy with or without Domiciliary cover irrespective of their option given at the time of retirement.
10. **By Default Option:** In case no option is exercised, it will be presumed that retirees have opted to continue in the ensuing policy with the same option as given for the existing policy and premium will be deducted from the registered account numbers for further remittance to UIC accordingly.
11. Bank will not be responsible for any communication sent to any other e mail ID or given to pension paying branch.
12. Those who wish to continue with the above Schemes are requested to keep adequate balance in their authorized account as the insurance premium will be debited to their account on or after 15.10.2017.
13. If premium cannot be debited due to shortage of funds in the account/given account number being frozen/dormant etc, the Insurance coverage to such retiree staff will stand discontinued and the Bank will not be responsible for non availability of benefits /facilities under the above Insurance Policy w.e.f. 01.11.2017 onwards.

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14. The facilities of cashless hospitalization and reimbursement including domiciliary (Option II) will continue uninterrupted in all the tie-up hospitals upon renewal of policy and as per the online option exercised by the concerned retiree as stated above for the period of 01.11.2017 to 31.10.2018. All other terms and conditions of the present policy remain the same as was in the previous policy including basic Sum Insured.
15. Another window period to join Insurance: UIC has proposed for opening one more window for all those retired staff members (only superannuation and VRS) who could not join in the previous years, so that they can be given the benefit of Medical Insurance for the period of 01.11.2017 to 31.10.2018.
 - *Medical Insurance Policy with domiciliary cover will not be available to the retirees who join fresh wef 01.10.2017.*
 - *They may opt for regular Insurance Policy without domiciliary.*
 - *Super Top Up facility is optional and available to all the retirees.*
16. Online registration will not be available to retirees who had not opted for Medical Insurance Policy in the previous year. All such retirees who wish to join the policy afresh, are requested to Mail their preference, by clearly mentioning options, (Only two options i.e. without domiciliary and without domiciliary + top up will be available for them) by email to Centralized email ID- medicclaim.retirees@unionbankofindia.com latest by 23.10.2017. This e-mail ID will be discontinued w.e.f 24.10.2017. Letter of consent for New Joinees in this policy is attached as Annexure V.
17. **Loan facility:** In order to provide financial assistance to the retired employees of our Bank to enable them to pay the Medical Insurance Premium, a special scheme under Retail Loans is under consideration, which will be informed separately.
18. To ensure that all the retirees who could not opt earlier get benefitted under this one time opportunity, it is essential that communication should reach to them. A notice informing the same is given in Annexure VI. All branches are required to display the same in their notice board to provide maximum exposure to this notice.
19. All retired employees are requested to co-operate with us and ensure completion of the exercise within the set timelines.

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20. **Contact Details:** For any kind of query regarding online registration, Medical Insurance Team members may be contacted on the following numbers:

Landline- 022- 22896255

IP : 116250, 116252, 116253

S No	Name of Officer	Zones Allotted
1	Shri Pankaj Gupta	Delhi, Lucknow, Varanasi
2	Shri Anshul Jain	Bangalore, Chennai, Ranchi
3	Shri Kiran Chawak	Ahmedabad, Bhopal, Kolkata, Mumbai, Pune
4	Smt Shilpa Sharma Sarkar	Escalation

The Central TPA may be reached at the following numbers:

Contact Person Name	IP	Landline
1. Ms Namrata Mandal	116255	022-22896298
2. Ms Indu Singh		


GENERAL MANAGER (HR)
NP

Domiciliary Hospitalization / Domiciliary Treatment

Sr. No.	Treatments
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
14	Hypertension
15	Hepatitis -B
16	Hepatitis - C
17	Hemophilia
18	Myasthenia gravis
19	Wilson's disease
20	Ulcerative Colitis
21	Epidermolysis bullosa
22	Venous Thrombosis(not caused by smoking) Aplastic Anaemia
23	Psoriasis
24	Third Degree burns
25	Arthritis
26	Hypothyroidism
27	Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia
28	Glaucoma
29	Tumor
30	Diphtheria
31	Malaria
32	Non-Alcoholic Cirrhosis of Liver
33	Purpura
34	Typhoid
35	Accidents of Serious Nature
36	Cerebral Palsy
37	Polio
38	All Strokes Leading to Paralysis
39	Haemorrhages caused by accidents
40	All animal/reptile/insect bite or sting
41	Chronic pancreatitis
42	Immuno suppressants

Domiciliary Hospitalization / Domiciliary Treatment

Sr. No.	Treatments
43	Multiple sclerosis / motorneuron disease
44	Status asthmaticus
45	Sequalea of meningitis
46	Osteoporosis
47	Muscular dystrophies
48	Sleep apnea syndrome(not related to obesity)
49	Any organ related (chronic) condition
50	Sickle cell disease
51	Systemic lupus erythematous (SLE)
52	Any connective tissue disorder
53	Varicose veins
54	Thrombo embolism venous thrombosis/venous thrombo embolism (VTE))
55	Growth disorders
56	Graves' disease
57	Chronic Pulmonary Disease
58	Chronic Bronchitis
59	Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

STEPS FOR ONLINE REGISTRATION:

- Go to Union Bank of India Corporate Website, www.unionbankofindia.co.in. This site can be accessed through any computer having internet facility.
- Go to "Information for Retired Staff" under quick links, in home page.
- Click on "Online Registration of option for Medical Insurance for Retired Employee - Staff Circular 6674 : Click Here To Apply".
- Give your PF number and Date of Birth on the login page and click on "Generate OTP". Please go through all the instruction given on the log in page before proceeding.
- OTP (one time password) will be sent to the registered mobile number of the retired employee. This OTP is to be given against the desired field to proceed for online registration.
- Upon providing the OTP, all personal details of the retired staff, including spouse details will be displayed in Form A. Please check the details like e-mail address, contact number and account number. In case any of the above field is blank or incorrect, please fill/rectify the same. Please see Annexure III.
- **Submission of Option:**

Continuation:- Online registration provides to select between four options as given in the circular, to continue in the ensuing policy.

Withdrawal: For retirees who are presently covered under the Medical Insurance Policy but wish to discontinue the same.

Please choose the desired option and click submit button.

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10.128.228.70/retiredstaffmedical/GUIs/retiredstaffinsubmit.aspx

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MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES

SUBMISSION OF OPTION - FORM A

S.No	OPTION	WHO SHOULD SUBMIT
1.	CONTINUE IN POLICY	A) RETIRED EMPLOYEE ALREADY COVERED UNDER THE POLICY EXPIRING ON 31.10.2017. OR B) EMPLOYEES RETIRED BETWEEN 01.10.2016 TO 30.09.2017 AND OPTED FOR CONTINUATION IN POLICY.
2.	WITHDRAWAL	SAME AS ABOVE

Consent/Refusal towards Medical Insurance POLICY for Retired Employees. Tenure of Medical Insurance POLICY is 01.11.2017 to 31.10.2017

Name: INDIRA. PULIKKAL
Date of Birth: 15/05/1956
Designation at Retirement: CLERK
Spouse Name and DOB: RAMA CHANDRA 22-10-1951
Account Number: 550502070080029
Mobile Number: (+91) 9995012306
Email ID: ramachandranlappat@gmail.com

I confirm that I have checked the above information and the same is in order. The same information may be shared with the Insurance Company.

Choose Option : I hereby provide my option to continue/withdraw from the Medical Insurance POLICY. The premium amount may be deducted accordingly from the above mentioned account on or before due date.

Debit of premium amount commences from 20th of October. Please ensure sufficient balance in your account from 20th to 31st of October 2017.

Please refer to Staff Circular ___ dated ___ for clarification regarding top up facility in Medical Insurance.

Choose any of the following option:

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MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES

SUBMISSION OF OPTION - FORM A

Spouse Name and DOB

Account Number: 550502070080029
Mobile Number: (+91) 9995012306
Email ID: ramachandranlappat@gmail.com

I confirm that I have checked the above information and the same is in order. The same information may be shared with the Insurance Company.

Choose Option : I hereby provide my option to continue/withdraw from the Medical Insurance POLICY. The premium amount may be deducted accordingly from the above mentioned account on or before due date.

Debit of premium amount commences from 20th of October. Please ensure sufficient balance in your account from 20th to 31st of October 2017.

Please refer to Staff Circular ___ dated ___ for clarification regarding top up facility in Medical Insurance.

Choose any of the following option:

Option	Annual Premium for Clerk / Sub Staff Cadre in GST	Annual Premium for Officer Cadre in GST
<input type="radio"/> Without Domiciliary	Rs 12333/-	Rs 16443/-
<input type="radio"/> With Domiciliary	Rs 27750/-	Rs 36998/-
<input type="radio"/> Without Domiciliary + Top UP	Rs 15844/-	Rs 20249/-
<input type="radio"/> With Domiciliary + Top UP	Rs 31261/-	Rs 40804/-
<input type="radio"/> Refusal	NIL	NIL

Premium amount pertains to last year policy. Please note that amount to be deducted may be more/less than the given amount as per information received from Insurance Company.

Date: 03/10/2017

Submit

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MEDICAL INSURANCE POLICY FOR RETIRED EMPLOYEES

RESUBMISSION OF OPTION - FORM B

FORM A SUBMITTED ON: 04-10-2017

Consent/Refusal towards Medical Insurance POLICY for Retired Employees. Tenure of Medical Insurance POLICY is 01.11.2017 to 31.10.2018

Name: JAWALAKSHMI SUDHENDRA PALMURKAR
 Date of Birth: 20-06-1956
 Designation at Retirement: CLERK
 Spouse Name and DOB: SUDHENDRA 16-10-1952
 Account Number: 947702070005464
 Mobile Number: 8008123519
 Email ID: spalmurkar@gmail.com

Modification History:

Option chosen on date	04-10-2017	is	Without Domiciliary
Option chosen on date	-	is	-
Option chosen on date	-	is	-

Modify Option: Overall only 3 modifications in option can be done.

I hereby modify my previous option and declare that I should be covered under the following option in the retiree policy of Medical Insurance starting wef 01.11.2017.

Choose any of the following option:

Option	Annual Premium for Clerk/ Sub Staff Cadre in GST	Annual Premium for Officer Cadre in GST
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Modification History:

Option chosen on date	04-10-2017	is	Without Domiciliary
Option chosen on date	-	is	-
Option chosen on date	-	is	-

Modify Option: Overall only 3 modifications in option can be done.

I hereby modify my previous option and declare that I should be covered under the following option in the retiree policy of Medical Insurance starting wef 01.11.2017.

Choose any of the following option:

Option	Annual Premium for Clerk/ Sub Staff Cadre in GST	Annual Premium for Officer Cadre in GST
<input checked="" type="radio"/> Without Domiciliary	Rs 12393/-	Rs 16443/-
<input type="radio"/> With Domiciliary	Rs 27750/-	Rs 36993/-
<input type="radio"/> Without Domiciliary + Top UP	Rs 15844/-	Rs 20249/-
<input type="radio"/> With Domiciliary + Top UP	Rs 31261/-	Rs 40804/-
<input type="radio"/> Refusal	NIL	NIL

Premium amount pertains to last year policy. Please note that amount to be deducted may be more/less than the given amount as per information received from Insurance Company.

Date: 04-10-2017

Submit

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(CONSENT LETTER TO JOIN THE MEDICAL INSURANCE SCHEME)
TO BE SUBMITTED ONLY BY RETIREES (SUPERANNUATION/VRS) WHO HAVE NOT OPTED FOR
MEDICAL INSURANCE POLICY IN THE PREVIOUS YEAR
To be mailed to mediclaim.retirees@unionbankofindia.com

The Asst. General Manager (HR),
 Union Bank Of India,
 HR Department, 8th Floor, Central Office,
 239 Vidhan Bhawan Marg, Nariman Point, Mumbai- 400021

Dear Sir,

Subject- Letter for New Joinees in the Medical Insurance Policy for Retired Employees- 2017-18

1. I _____ PF Number _____ superannuated/Voluntary Retired from the services of the Bank on _____ (date of superannuation/VRS) in officer/clerical/substaff cadre, have read and understood terms and conditions mentioned in Staff Circular _____ dated _____ and express my willingness to join the said scheme by paying agreed Insurance Premium. I am presently NOT insured under the existing Medical Insurance Scheme for retirees.
2. I am maintaining the undermentioned Pension/SB/CD account with _____ branch of Union Bank of India. 15 digit account no:

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3. I hereby authorize the Bank to recover the insurance premium, as decided by the Insurance Company to the debit of my above account and to pay the premium in future also. I will ensure that sufficient balance is maintained in the account.
4. I understand that Bank is only facilitating the payment by accepting this mandate and it will be my responsibility to ensure that sufficient balance is maintained in the account and in the event of insufficient balance my option for renewal of policy would be treated as lapsed.. I accept and understand that the Bank shall act as an intermediary in providing the data to the Insurance Company and is in no way responsible for reimbursement of the any amount under the policy except what is payable by the Insurance Company. I am furnishing the details of myself and my spouse hereunder:

Details	Full Name	Cadre	Date of Birth	Gender
Self				
Spouse		NA		

5. I hereby submit my option for:

Option	Annual Premium for Clerk/ Sub Staff Cadre inc GST	Annual Premium for Officer Cadre inc GST
<input type="checkbox"/> 1. Without Domiciliary	Rs 12333/-	Rs 16443/-
<input type="checkbox"/> 2. Without Domiciliary + Top UP	Rs 15844/-	Rs 20249/-

6. Accordingly I authorize Bank to debit my account on any date after 15.10.2017, for the required premium to ensure availability of Insurance cover.

Place _____

Signature _____

Date _____

PF Number _____

Name of Retiree _____

Contact No _____ (mandatory) E Mail address _____ (mandatory)

**ANOTHER WINDOW TO
JOIN THE MEDICAL
INSURANCE POLICY FOR
RETIRED EMPLOYEES.
CONSENT LETTER
PROVIDED IN STAFF
CIRCULAR 6674
LAST DATE OF
SUBMISSION IS 23.10.2017**