

HUMAN RESOURCES DEPARTMENT
EMPLOYEE BENEFITS DIVISION

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

STAFF CIRCULAR NO.6684

October 25, 2017

To: All Branches/Offices,

Subject- Medical Insurance Scheme for Retired Employees
Policy Period 01.11.2017 to 31.10.2018- Extension of time for new joinees

1. This refers to Staff Circular no. 6674 dated 04.10.2017 on the medical insurance scheme for retired employees policy for the period 01.11.2017 to 31.10.2018.
2. In terms of the above circular we have provided details of premium amounts as well as the options provided by the United India Insurance Company Ltd. (UIIC) for remittance in October 2017 to ensure uninterrupted policy coverage.
3. Online registration was permitted to be carried out in the given portal and the last Date of Online Registration for exercising the option was till 23:59 of 23.10.2017.
4. We are in receipt of requests from some quarters for extending the last date for new family pensioners and retirees who could not opt for registration to medical insurance scheme.
5. As a very special case, it has been decided to extend the last date for registration of above option by new joinees of family pensioners and retirees by **2 days** upto 26.10.2017. No further extension will be permitted beyond this date. This extension is only for new joinees and not for effecting any change of option. The options are to be sent by scan copy in the prescribed format to mail id of medicclaim.retirees@unionbankofindia.com.
6. Family pensioners and retirees who are applying afresh for medical insurance are requested to keep adequate balance in their authorized account as the insurance premium will be debited to their account on or after 26.10.2017.
7. 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.

8. All other terms and conditions of the policy as mentioned in Staff Circular No. 6674 dated 04.10.2017 remain unchanged.
9. **Contact Details:** For any kind of query, Medical Insurance Team members may be contacted on the following numbers:

Landline- 022- 22896255

IP : 116252, 116253, 116250

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

10. All branches / offices are advised to display this circular on the notice board for information of all concerned immediately.


GENERAL MANAGER (HR)

Hindi version follows.

(CONSENT LETTER BY NEW JOINEES TO THE MEDICAL INSURANCE SCHEME)

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/ My spouse _____ PF Number _____
 superannuated/Voluntary Retired from the services of the Bank on _____ (date
 of superannuation/VRS) in officer/clerical/substaff cadre. I have read and understood terms
 and conditions mentioned in Staff Circular 6684 dated 25.10.2017 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 26.10.2017 and before 31.10.2017, 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)