

**HUMAN RESOURCES DEPARTMENT**  
**EMPLOYEE BENEFITS DIVISION**

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

STAFF CIRCULAR NO.6690

November 02, 2017

To: All Branches/Offices,

- Extension of date for Renewal of Policy & New Joining.  
- Policy period 01.12.2017 to 31.10.2018

**Subject- Medical Insurance Scheme for Retired Employees-  
Extension of Date for Renewal & New Joining  
Policy Period 01.12.2017 to 31.10.2018**

1. Attention is invited to Staff Circular No 6674 dated 04.10.2017 informing about the renewal process of Medical Insurance Scheme for Retired Employees, policy period 01.11.2017 to 31.10.2018. The renewal process has been completed and premium deducted from retired employees has been remitted to Insurance Company to ensure uninterrupted coverage under Medical Insurance. New Medical Insurance policy for Retired Employees commences from 01.11.2017. All the retired employees/family pensioners who have paid their premium will be covered under this policy from 01.11.2017 to 31.10.2018.
2. United India Insurance Company Ltd. (UIIC) has informed us that they have extended the date of renewal and new joining in the policy till 30.11.2017.
3. Special Note: The following points may be taken care of prior to application:
  - The online registration portal, introduced vide Staff Circular 6674, will be accessible on Bank's website and also on UBINET, to all those retired employees/family pensioners, who were a part of the previous policy and could not pay their premium.
  - For retired employees/family pensioners willing to join the policy for the first time, signed copy of Annexure to this circular should be scan mailed to email ID [mediclaim.retirees@unionbankofindia.com](mailto:mediclaim.retirees@unionbankofindia.com).

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- **Policy Period:** The retirees/family pensioners who renew or join the Medical Insurance Policy henceforth will be provided coverage for the period 01.12.2017 to 31.10.2018 on payment of full premium amount.
  - **Last Date of Registration:** Last date of online registration both by portal and email is 20.11.2017.
4. **Modification in Option & Withdrawal from Policy:** It has been informed by Insurance Company that modification in option will not be entertained by them. Also any request for withdrawal will be considered as cancellation of policy and, the premium amount may be refunded as per para 5.14; Cancellation clause given in the present policy.
5. Rest of the terms and conditions of Staff Circular 6674 remains unchanged.

  
GENERAL MANAGER (HR)

**(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, 8<sup>th</sup> 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

- 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.
- I, could not submit the option to renew/join the 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 am maintaining the undermentioned Pension/SB/CD account with \_\_\_\_\_ branch of Union Bank of India. 15 digit account no: \_\_\_\_\_
- 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.
- I understand that Bank is only facilitating the payment by accepting this mandate and it will by 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		

- 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/-

- Accordingly I authorize Bank to **debit my account on any date after 20.11.2017**, 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)

