

Andhra Bank
(A Govt. of India Undertaking)
Head Office
HYDERABAD
Department: Human Resources



Circular No: 217
Ref. No: 3/26
Date: 12-09-2018

Reg: Medical Insurance Scheme for retired employees - Inclusion of employees retired / retiring during the current policy expiring on 30th September, 2018 under retirees policy.

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The IBA Group Mediclaim Insurance policies issued to the member banks' Employees and Retirees are expiring on the following dates.

Serving Employees Policy: 30-09-2018 and

Retired Employees Policy: 31-10-2018

In respect of employees who were on the rolls of the bank as on 01-10-2017, bank has paid the premium to the UIIC and the policy for serving employees commenced with effect from 01-10-2017. Whereas the retirees policy commenced from 01-11-2017. There is a gap of one month between serving employees policy and retirees policy with regard to the expiry date.

In order to ensure coverage under the medical insurance scheme during the intervening period of one month i.e., from 01-10-2018 to 31-10-2018, employees retired / retiring during the period 01-10-2017 to 30-09-2018, are required to submit willingness in the prescribed proforma to join under the retiree's policy.

PRO RATA PREMIUM PAYABLE FOR ONE MONTH FOR OCTOBER, 2018 INCLUDING 18% GST UNDER RETIREES POLICY:

CADRE	Sum Insured	Option I (without Domiciliary)	Option II (with Domiciliary)
Officers	Rs. 4.00 lac	Rs. 1,397/-	Rs. 3,142/-
Clerks / Sub Staff	Rs. 3.00 lac	Rs. 1,048/-	Rs. 2,356/-

Those retirees who join the scheme by paying the prorata premium for the month of October, 2018 are only eligible to join the scheme at the time of renewal of retirees policy due on 01-11-2018.

In respect of the employees deceased on or after 1st October, 2017, the spouse of the deceased employee can take medical insurance cover for self, up to the sum insured depending on the cadre of the deceased, by submitting option-cum-authorization.

Interested employees retired / retiring till 30-09-2018 during the currency of the policy period and the widow/widower of a deceased employee are advised to submit options cum authorization form duly filled in (ANNEXURE I) to join the medical insurance scheme so as to reach Human Resources Department, Head Office, Hyderabad on or before 24-09-2018. In order to effect the deduction of premium, sufficient balance in the account furnished in the option letter is required to be maintained by the optees.

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We wish to clarify that the bank is only undertaking the administrative function for renewal of the Medical Insurance Scheme for retired officers/award staff employees, introduced pursuant to 10th bipartite settlement /joint note dated 25.05.2015 and the Bank has no role regarding any grievances arising out of the said scheme. Grievances /disputes regarding lodging of claims/less payment/non payment/late payment of claims under the policy etc. are to be taken up by such retired officers/award staff employees directly with the TPA, presently Paramount Health Services or the Insurance Company and not through the Bank. The Bank would also be not liable for any lacuna in service/deficiency of service on the part of the service provider i.e., the Insurance Company/TPA and no dispute/court case/complaint /case before consumer forum, etc. is tenable against the Bank or any authority of the Bank.

Branch Managers are advised to bring the content of this circular to the notice of all the employees retired from 01-10-2017 onwards and those retiring till 30-09-2018.

A copy of the Circular is being displayed in the "Retirees Corner" of our website www.andhrabank.in.



(M NAGARAJU)
GENERAL MANAGER-HR



ANNEXURE - I

PRO RATA PREMIUM FOR ONE MONTH I. E., FOR OCTOBER, 2018 FOR EMPLOYEES RETIRED DURING THE POLICY PERIOD (01-10-2017 TO 30-09-2018)

To
The Asst. General Manager
Andhra Bank
H R Dept. Staff Welfare Section
Head Office, Hyderabad

Dear Sir

OPTION

Without Domiciliary	With Domiciliary

PRO RATA PREMIUM

1. Staff Code No.

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2. NAME :

3. Date of Exit / Retirement :

4. Cadre at the Time of Retirement/Exit : Officer / Clerk / Sub Staff

5. Account Number with Andhra Bank :

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IFSC CODE

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I have gone through and understood the Medical Insurance Scheme for the Retiree Officers/Employees in terms of the 10th Bipartite Settlement/Joint Note dated 25-05-2015, I hereby give my consent for pro rata premium of Rs. _____/- for the month of October, 2018 as per the Circular No. _____ Dt: -09-2018

I am furnishing the details of myself and my spouse hereunder

Details	Full Name	Date of Birth (DD/MM/YY)	Gender
Self			
Spouse			

Place: _____

Signature _____

Date : _____

