



PASCHIM BANGA GRAMIN BANK

HEAD OFFICE: NATABAR PAUL ROAD, CHATTERJEE PARA MORE TIKIAPARA, HOWRAH, PIN 711 101

Circular No. PBGB/HO/PAD /014/2022-23

Date: 10.05.2022

ALL BRANCHES/OFFICES

Sub: Renewal of Medical Insurance Scheme for Retired Staff Members for the period from 01.06.2022 to 31.05.2023:

We invite reference to our Circular No. PBGB/HO/PAD/39/2021-22 dated 15-06-2021 wherein Medical Insurance Scheme for Retired employees was renewed in our Bank for the year for the period from 01.06.2021 to 31.05.2022.

The current Mediclaim Insurance Policy for retired employees will expire on 31.05.2022 and is due for renewal with effect from 01.06.2022.

This year the Bank, after following due procedure, has decided to renew the Medical Insurance Policy for Retired employees with **M/S Star Health and Allied Insurance Co. Ltd** as Insurer as the quotes given by them in response to the RFP floated by the Bank has been found lowest by the committee constituted to review the existing Group Medical Insurance Policy. All the retired officers/employees of the Bank who will opt to avail the benefits of the scheme are eligible to cover under the scheme. Insurance Policy will cover Medical Expenses of the retired staff and his/her dependent (spouse only) subject to payment of stipulated premium by them before cut off Date and applicable terms and conditions.

Premium payable and insurance coverage available will be as under:

Option I: Normal Renewal without Domiciliary Cover (Base Plan)

Category	Sum Insured	Total Premium (incl.G.S.T)
Officers	Rs 4,00,000/-	Rs 15266/-
Other staff including PTSW	Rs 3,00,000/-	Rs 14290/-

Option II: Renewal with Domiciliary Expenses benefits Option (Decease list as per Policy)

Category	Sum Insured	Total Premium (incl.G.S.T)
Officers	Rs 4,00,000/-	Rs 28167/-
Other staff including PTSW	Rs 3,00,000/-	Rs 25771/-



PASCHIM BANGA GRAMIN BANK

HEAD OFFICE: NATABAR PAUL ROAD, CHATTERJEE PARA MORE TIKIAPARA, HOWRAH, PIN 711 101

Premium Rates for Top-up Policy (Optional)

Category	Sum Insured	Total Premium (incl.G.S.T)
Officers & Other staff including PTSW	Rs 2,00,000/-	Rs 2673/-

Top-up health policy is an additional coverage over and above the existing limit of Medclaim Insurance Scheme. We are exploring to introduce a Top-Up scheme which will depend on the minimum Top-up group size for which additional premium is to be paid.

Terms and conditions for opting Base and Top-up Sum Insured :

1. This scheme is applicable to all the employees/Spouses of deceased employees or retirees, who have retired from the Bank between 01.05.2021 to 31.03.2022 in addition to the existing members of the expiring medclaim policy. However as a one time measure, left out retiree may apply for Option I as well as Top-up.
2. Existing retirees, who are covered under domiciliary (OPD) policy, may be allowed to switch over to without domiciliary (OPD) policy cover. However, the option to switch over from without domiciliary policy to with domiciliary policy shall not be allowed.
3. FAMILY DEFINITION:- Retired Employee + Spouse only OR Widow/Widower of the Retired Employee, where the retiree is deceased.
4. As per the expiring terms and conditions, reimbursement under Domiciliary treatment will be capped to 10% of Base Policy Sum Insured. Domiciliary expenses are not covered under Top-up Policy
5. Employees including PTSW who will be retiring during the current financial year i.e. on or after 30.04.2022 need not to join this scheme, Since they are in service, during April, 2022 their premium has already been paid by the bank for the Current Insurance year (25.04.2022 to 24.04.2023) and they are automatically continuing with existing employees insurance for the year.



PASCHIM BANGA GRAMIN BANK

HEAD OFFICE: NATABAR PAUL ROAD, CHATTERJEE PARA MORE TIKIAPARA, HOWRAH, PIN 711 101

Instruction to the Retired Employee/spouse of deceased employee/retiree Renewal of Medical Insurance Scheme for year 2022-23:

1. All the retirees who are interested to come under the coverage of Insurance Policy are advised to exercise their Option I (Without Domiciliary Cover) or Option II (With Domiciliary expenses) along with or without Top Up for list of diseases as per Policy. For this purpose a separate "Consent Letter" is enclosed for submission of the Option. Please note that the retiree has to choose Option I or Option II with or without Top Up Policy at the time of remitting the premium and any change thereafter during the Policy Period will not be permitted. The remitted Premium amount must match with the OPTION to be submitted by the Retiree.
2. All the interested retired officers and Employees including PWSW will submit their consent in a "Consent Letter" (Form attached) duly filled in and signed in duplicate affixing recent photograph to the respective Regional Offices / Head Office from where they have retired on or before 21.05.2022. They will deposit the Premium amount as stated above in their Savings A/C maintained with any PBGB branch within 21.05.2022.
3. The retired Officer/Employee/PWSW shall also ensure maintenance of sufficient balance in their PBGB account by 30-05-2022 for deduction of premium from his / her account before commencement of the Policy and to make him/her/them eligible under the Insurance Coverage.
4. In the "Consent Letter" each retired staff including PWSW is required to clearly mention the details of his/her account with Paschim Banga Gramin Bank from which the premium amount will be debited for the purpose. The retired member shall also give a mandate/authorization to this effect to the Bank. The Bank will debit the above account for the annual premium. As such he /she should maintain sufficient balance in the said account. Once the premium is debited and remitted it will not be refunded in any circumstances.
5. In case of insufficient funds in the account of the retired member at the time premium deduction date i.e. 30.05.2022, the option would be treated as lapsed and the Bank shall not be held responsible under any circumstances for lapse of Insurance Policy. In case the remittance of Premium amount does not match with the OPTION exercise by the Retiree, the "Consent Letter" will be treated as canceled.



PASCHIM BANGA GRAMIN BANK

HEAD OFFICE: NATABAR PAUL ROAD, CHATTERJEE PARA MORE TIKIAPARA, HOWRAH, PIN 711 101

6. The "Consent Letter" without mentioning any of the Options are to be treated as Option I only. The premium, terms and conditions and continuation of the scheme shall be subject to industry level decision and the clarification/interpretation of various terms and conditions shall be strictly as communicated by the IBA / Sponsor Bank and the retired member shall be bound by the same.
7. The retiree who are the members of the Insurance Policy commencing from 01-06-2021 are also required to submit their fresh "Consent Letter" along with the remittance of premium according to their Option within the stipulated date.

Instructions to the Regional Offices & Branch Offices:

1. Regional offices will send all the "Consent Letters" (one copy each) along with a consolidated list (mentioning Name, bank branch, A/c No. & Amount, option) to Head Office in excel format within 24.05.2022 positively. R.O. will preserve one copy of "Consent Letter" of each candidate for their record. Please note that submission of "Consent Letters" after the cut-off date will not be accepted at the Head Office. Concerned office will be held responsible for non-coverage of the Medical Insurance, if any.
2. The respective Regional Offices will follow up with branches under their jurisdiction to ensure proper execution of the above mentioned instructions and time bound completion of the exercise of obtaining "Consent Letter" from the retired Officers/Employees/PTSWs. All are requested to take a careful note of the above and to communicate to the retired members to submit their "Consent Letter" within the stipulated time.
3. Branch Heads are advised to bring the contents of this circular to the notice of all our retired Officers/Employees/PTSWs having account with their Branch and to be displayed in the Notice Board. We are making arrangements for uploading the same on the PBGB website Retiree Corner in the following URL.
<https://www.pbgbank.com/pbgb-retirees/>

Last date of submission of consent letter to Regional/Head Office	21-05-2022
Last date of submission of consent letter from RO (excel Format to be sent from HO)	24-05-2022
Date of debit of premium from PBGB accounts	30-05-2022

GENERAL MANAGER

ENCL(S) Consent form



PASCHIM BANGA GRAMIN BANK

HEAD OFFICE: NATABAR PAUL ROAD, CHATTERJEE PARA MORE TIKIAPARA, HOWRAH, PIN 711 101

“Consent Letter” to join the Medical Insurance Scheme

The General Manager, PAD
Paschim Banga Gramin Bank,
Head Office, Howrah.

(Through Regional Office _____)

Dear Sir,

Sub: Willingness/Consent/Authorization to join the Medical Insurance Scheme as per 11th Bipartite Settlement/ 8th Joint Note dated 11-11-2020

Table with 2 columns and 9 rows for personal and employment details.

Iretired from the service of the Bank on (Date of Retirement) in Officer/Clerical/Sub-staff/PTSW cadre, have gone through and understand the terms and conditions of the above mentioned Medical Insurance Scheme extended to the existing retirees and express my willingness to join the said scheme by paying agreed insurance premium from the above mentioned account with PBGB. I was a member / I was not a member of the existing medical scheme and opted for Option I / II.

Premium payable and Insurance Coverage available at present will be as under.

Option I: Normal Renewal without Domiciliary Cover (Base Plan)

Table with 3 columns: Category, Sum Insured, Total Premium (incl.G.S.T)



PASCHIM BANGA GRAMIN BANK

HEAD OFFICE: NATABAR PAUL ROAD, CHATTERJEE PARA MORE TIKIAPARA, HOWRAH, PIN 711 101

Option II: Renewal with Domiciliary Expenses benefits Option (Decease list as per Policy)

Category	Sum Insured	Total Premium (incl.G.S.T)
Officers	Rs 4,00,000/-	Rs 28167/-
Other staff including PTSW	Rs 3,00,000/-	Rs 25771/-

Premium Rates for Top-up Policy (Optional)

Category	Sum Insured	Total Premium (incl.G.S.T)
Officers & Other staff including PTSW	Rs 2,00,000/-	Rs 2673/-

@ Domiciliary Cover of Rs. 40,000/- with overall sum insured of Rs. 4,00,000/-

Domiciliary Cover of Rs. 30,000/- with overall sum insured of Rs. 3,00,000/-

I am interested to exercise **OPTION I / OPTION II along with or without Top Up** (Delete whichever is not applicable) and hereby authorize the Bank to recover the Insurance premium of Rs.....(Rupees.....) to the debit of my above mentioned account and authorized to pay the premium. I ensure that sufficient balance will be maintained in the account. I fully understand that in case sufficient balance is not maintained, my consent to join the policy would be treated as lapsed. I also understand that the Bank is only facilitating the payment by obtaining a mandate and it will be my responsibility to ensure that annual premium is paid. I also understand and accept that the Bank shall provide the data to the Insurance Company.

I am furnishing the details of self and my spouse hereunder:

Details	Full Name	Date of Birth	Gender
Self			
Spouse			

Place:

Yours faithfully

Date:

Signature

Name:

Address for communication

(The "Consent Letter" to be completely filled up, signed & submitted by the Retiree in duplicate. The premium amount must be tallied with the related OPTION exercised by the Retiree)