

SUB: IBA MEDICAL INSURANCE SCHEME FOR RETIREES - EXTENSION OF DATE FOR SUBMISSION OF OPTION AS PROVIDED BY M/S. UNITED INDIA INSURANCE CO. LTD.

Attention invited to HO Circular 469/2017 dated 27.09.2017 and 508/2017 dated 23.10.2017 through which options were called from the eligible retirees and spouses of deceased retiree/employee for renewal/ joining the subject policy. The last date for submission of option was 26.10.2017.

Now, we have received a communication from M/s United India Insurance Company that in view of representations from various Retirees Forums/ Retired Employees, they have extended the last date for renewing /joining the IBA Group Health Insurance for Retirees up to 30/11/2017, subject to the following conditions:

1. The period for submitting option for renewing/joining the IBA Group Health Insurance for Retirees with premium to the respective banks is extended by 1 month from 01/11/2017 to 30/11/2017.
2. The premium along with the list is to be remitted to M/s United India Insurance Co. in one lot only on 30/11/2017. No piece meal remittance shall be done.
3. The premium payable is the full premium as conveyed earlier.
4. The period of coverage will be from 01/12/2017 till the end of the group policy i.e 31/10/2018.
5. A declaration as below shall be obtained from all retirees who has opted during the above period.

DECLARATION

I,(Name of Retiree), Staff No. 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.

Place:

Date:

Signature:

Name:

Staff No:

6. Premium without this declaration shall not be accepted for coverage.
7. The above guidelines are applicable for Super-top Policy for Retirees also.
8. All other guidelines issued earlier in respect of renewal of IBA Group Health Insurance for Retirees for 2017-18 shall continue to apply.

In view of the above fresh guidelines of Insurance Company, we advise as under:-

- a. The retirees and spouses of deceased employees/ retirees who were covered under "With Domiciliary Policy" for the year 2016-17, and interested to renew the policy shall now submit their request to the respective HRM Section, Circle Office, as per Annexure 1. The additional details for filling the spouse details where the retiree expired during the currency of the last years policy is given in the overleaf and same needs to be filled by such spouse of deceased retiree.
- b. The retirees and spouses of deceased employees / retirees who are now interested to renew the policy "Without Domiciliary Cover" shall submit their request as per Annexure 2. The additional

details for filling the spouse details where the retiree expired during the currency of the last years policy is given in the overleaf and same needs to be filled by such spouse of deceased retiree.

- c. The eligible retirees who have not opted to IBA Group Medical Insurance Policy earlier, may now join Retirees' IBA Group Health Insurance Policy **"Without Domiciliary Cover" only**, by submitting their request to the concerned HRM Section, Circle Office, as per Annexure 3.

The eligible spouses of such deceased employees /retirees who have not opted to IBA Group Medical Insurance Policy earlier, may now join Retirees' IBA Group Health Insurance Policy **"Without Domiciliary Cover" only**, by submitting their option to the concerned HRM Section, Circle Office, as per Annexure 4.

- d. A separate column for opting "Super Top Up Policy without Domiciliary Cover" has been provided in all the above Annexures. Those who wish to opt may sign separately at the place provided for, if they wish to opt for Super Top up cover. If the same is not signed, it will be treated that the retiree / spouse of deceased employee/retiree is not interested for opting "Super Top Up Policy without Domiciliary Cover".
- e. **The last date of receipt of option as per the Annexure - 1 or 2 or 3 or 4 shall be 29.11.2017. As such it shall be ensured that the option letters shall reach concerned HRM Section, Circle Office on or before 29.11.2017, as the amount is to be remitted by 30.11.2017.**
- f. The request as per Annexure 1 or 2 or 3 or 4 shall be submitted to the HRM Section of Circle Office either personally / through post / courier only **and shall not be submitted to any other office/ branch. It may be noted that Bank shall not be responsible for the requests, if any received after 29.11.2017 or submitted at any other branch / office other than HRM Section, Circle Office.**
- g. Further, it is advised that retirees / spouses shall use the proper formats as indicated above. The duly signed Annexure may also be forwarded through mail by scanning in PDF format to the email ids of respective Circles given in the overleaf.
- h. The HRM Sections, shall ensure that option received from the retirees are strictly in terms of Annexures appended to this Circular.
- i. It may also be noted that the retirees and spouses of deceased employees/ retirees who opt for renewal shall maintain sufficient balance in their account (registered while opting for the policy). If sufficient Balance is not maintained in the account it shall be presumed that such retirees are not interested in renewal of the policy and the Bank shall not be held responsible under any circumstances for the lapse of Insurance Policy.
- j. The terms, conditions & continuation of the scheme shall also be subject to Industry Level decision and the clarification/ interpretation of various terms and conditions of the scheme shall be strictly as communicated by the IBA/Insurance Company and the retirees shall be bound by the same and Bank will not be responsible for the same in any manner.
- k. All the branches/ offices are requested take note of the above and display the Circular on the Notice Board for the information of all the retirees.

**K VIRUPAKSHA
GENERAL MANAGER**

TO: ALL BRANCHES/OFFICES OF THE BANK

Annexure 1

Willingness/Consent/Authorisation letter to continue in the IBA Group Medical Insurance Policy, with Domiciliary Treatment coverage

From _____
Sri / Smt _____

To
The Manager / Sr Manager
HRM Section
Circle Office, _____

Name of the Employee / Spouse of the ex employee: _____

Name of the deceased retired employee: _____

Staff No: _____

Residential Address: _____

1. I have read and fully understood the contents of HO Circular 521/2017 dated 31.10.2017 issued by Canara Bank conveying the renewal premium rates.
2. I am consenting to renew the IBA Group Medical Insurance Policy, **with Domiciliary Treatment coverage** subject to payment of agreed Insurance Premium by me.
3. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme or administration of policy and Bank is only facilitating remittance of premium based on the mandate executed by me and it shall be my duty to ensure that renewal premium is remitted in time.
4. I authorize Canara Bank to debit the annual premium amount (presently Rs 36,998/- in case of Officer or Rs 27,750/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
5. I,(Name of Retiree), Staff No. 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 subject to remittance of premium.

Date:

[Signature]

Super Top up Policy without OPD (Domiciliary) Cover

1. I am consenting to take up the “Super Top up policy without OPD (Domiciliary) cover”.
2. I authorize Canara Bank to debit the premium towards “Super Top up policy without OPD (Domiciliary) cover” (presently Rs 3,806/- in case of Officer or Rs 3,511/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option would be treated as lapsed

Date:

[Signature]

Willingness/Consent/Authorisation letter to continue in the IBA Group Medical Insurance Policy, with Domiciliary Treatment coverage (Spouses of deceased retirees)

Name of the Spouse: _____
 Name of the deceased retired employee & Staff no : _____
 Residential Address: _____

Name of the spouse	
Name & Staff No. deceased employee/ retiree:	
Date of Birth of the Deceased Employee	
Designation at the time of Retirement/death	
Date of Retirement /Death	
Branch/office last worked	
Circle office	
Mode of Exit	
Family Pension paying Account No	
Operative Canara Bank SB Account in case on Non-Pensioners	
Branch Name DP Code IFSC No.	
PAN NO of spouse	
Contact Telephone No. Mobile No	
Contact Email ID of spouse or relative:	

1. I have read and fully understood the contents of HO Circular 521/2017 dated 31.10.2017 issued by Canara Bank conveying the renewal premium rates.
2. Last year my spouse Sri / Smt _____(), had opted for IBA Group Medical Group Insurance Policy & he/she has expired on _____ .
3. I am willing to renew the said Medical Insurance Policy, with Domiciliary Treatment coverage, subject to payment of agreed Insurance Premium.
4. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme or administration of policy and Bank is only facilitating remittance of premium based on the mandate executed by me.
5. I authorize Canara Bank to debit the annual premium amount (presently Rs 36,998/- in case of Officer or Rs 27,750/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
6. I,(Name of Retiree), Staff No. could not submit the option to renew/join 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 subject to remittance of premium.

Date:

[Signature]

Super Top up Policy without (Domiciliary)

1. I am consenting to take up the “Super Top up policy without OPD (Domiciliary) cover”.
2. I authorize Canara Bank to debit the premium towards “Super Top up policy without OPD (Domiciliary) cover” (presently Rs 3,806/- in case of Officer or Rs 3,511/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option would be treated as lapsed

Date:

[Signature]

Annexure 2

Willingness/Consent/Authorisation letter to continue in the IBA Group Medical Insurance Policy, Without Domiciliary Treatment coverage

From _____
Sri / Smt _____

To
The Manager / Sr Manager
HRM Section
Circle Office, _____

Name of the Employee / Spouse of the ex employee: _____

Name of the deceased retired employee: _____

Staff No: _____

Residential Address: _____

1. I have read and fully understood the contents of HO Circular 521/2017 dated 31.10.2017 issued by Canara Bank conveying the renewal premium rates.
2. I am consenting to renew the IBA Group Medical Insurance Policy, **Without Domiciliary Treatment coverage**, subject to payment of agreed Insurance Premium by me.
3. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme or administration of policy and Bank is only facilitating remittance of premium based on the mandate executed by me and it shall be my duty to ensure that renewal premium is remitted in time.
4. I authorize Canara Bank to debit the annual premium amount (presently Rs 16,443/- in case of Officer or Rs 12,333/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
5. I,(Name of Retiree), Staff No. could not submit the option to renew/join 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 subject to remittance of premium.

Date:

[Signature]

Super Top up Policy without (Domiciliary)

1. I am consenting to take up the “Super Top up policy without OPD (Domiciliary) cover”.
2. I authorize Canara Bank to debit the premium towards “Super Top up policy without OPD (Domiciliary) cover” (presently Rs 3,806/- in case of Officer or Rs 3,511/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option would be treated as lapsed

Date:

[Signature]

Willingness/Consent/Authorisation letter to continue in the IBA Group Medical Insurance Policy, without Domiciliary Treatment coverage(Spouses of deceased Retirees)

Name of the Spouse: _____

Name of the deceased retired employee & Staff no : _____

Residential Address: _____

Name of the spouse	
Name & Staff No. deceased employee/ retiree	
Date of Birth of the Deceased Employee	
Designation at the time of Retirement/death	
Date of Retirement /Death	
Branch/office last worked	
Circle office	
Mode of Exit	
Family Pension paying Account No	
Operative Canara Bank SB Account in case on Non-Pensioners	
Branch Name DP Code IFSC No.	
PAN NO of spouse	
Contact Telephone No. Mobile No	
Contact Email ID of spouse or relative	

1. I have read and fully understood the contents of HO Circular 521/2017 dated 31.10.2017 issued by Canara Bank conveying the renewal premium rates.
2. Last year my spouse Sri / Smt _____(_____), had opted for IBA Group Medical Group Insurance Policy & he/she has expired on _____ .
3. I am willing to renew the said Medical Insurance Policy, without Domiciliary Treatment coverage, subject to payment of agreed Insurance Premium by me.
4. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme or administration of policy and Bank is only facilitating remittance of premium based on the mandate executed by me.
5. I authorize Canara Bank to debit the annual premium amount (presently Rs 16,443/- in case of Officer or Rs 12,333/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
6. I,(Name of Retiree), Staff No. could not submit the option to renew/join 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 subject to remittance of premium.

Date:

[Signature]

Super Top up Policy without (Domiciliary)

1. I am consenting to take up the “Super Top up policy without OPD (Domiciliary) cover”.
2. I authorize Canara Bank to debit the premium towards “Super Top up policy without OPD (Domiciliary) cover” (presently Rs 3,806/- in case of Officer or Rs 3,511/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option would be treated as lapsed

Date:

[Signature]

Annexure 3

Willingness/Consent/Authorisation letter to join in the IBA Group Medical Insurance Policy, without Domiciliary Treatment coverage.
(Ex Employees those who had not opted earlier)

Name : _____

Staff No: _____

Residential Address: _____

Name & Staff No	
Designation at the time of Retirement	
Date of Retirement	
Branch/office last worked	
Circle office	
Mode of Exit	
Family Pension paying Account No	
Operative Canara Bank SB Account in case on Non-Pensioners	
Branch Name DP Code IFSC No.	
PAN NO	
Contact Telephone No. Mobile No	
Contact Email ID of self or spouse or relative	

The detailed information of myself and spouse are as under: [Please furnish in capital letters using black ink. Affix the sig

Sl. No	Full Name of Self & Staff No / Name of Dependent Spouse.	Date of Birth (DD/MM/YYYY)	Gender	Relationship	Photograph
	Self				Self Signature
	Spouse				Spouse Signature

1. I have read and fully understood the contents of HO Circular 521/2017 dated 31.10.2017 issued conveying the renewal premium rates and previous year "IBA Group without domiciliary Medical Policy".
2. I am consenting to opt the IBA Group Medical Insurance Policy, **Without Domiciliary Treatment coverage**, subject to payment of agreed Insurance Premium.

3. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme or administration of policy and Bank is only facilitating remittance of premium based on the mandate executed by me and it shall be my duty to ensure that renewal premium is remitted in time.
4. I authorize Canara Bank to debit the annual premium amount (presently Rs 16,443/- in case of Officer or Rs 12,333/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
5. I, (Name of Retiree), Staff No. could not submit the option to renew/join 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 subject to remittance of premium.

Date:

[Signature]

Super Top up Policy without (Domiciliary)

1. I am consenting to take up the “Super Top up policy without OPD (Domiciliary) cover”.
2. I authorize Canara Bank to debit the premium towards “Super Top up policy without OPD (Domiciliary) cover” (presently Rs 3,806/- in case of Officer or Rs 3,511/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option would be treated as lapsed

Date:

[Signature]

Annexure 4

Willingness/Consent/Authorisation letter to join in the IBA Group Medical Insurance Policy, without Domiciliary Treatment coverage.

(Spouses of deceased employees / Retirees those who had not opted earlier)

Name of the Spouse: _____

Name of the deceased retired employee: _____

Staff No: _____

Residential Address: _____

Name of the spouse	
Name & Staff No. deceased employee/ retiree	
Date of Birth of the Deceased Employee	
Designation at the time of Retirement/death	
Date of Retirement /death	
Branch/office last worked	
Circle office	
Mode of Exit	
Family Pension paying Account No	
Operative Canara Bank SB Account in case on Non-Pensioners	
Branch Name DP Code IFSC No.	
PAN NO of spouse	
Contact Telephone No. Mobile No	
Contact Email ID of spouse or relative	

The detailed information of myself is as under: [Please furnish in capital letters using black ink. Affix the signature below the Photograph.]

Sl. No	Full Name of Spouse & Staff No of the ex employee	Date of Birth (DD/MM/YYYY) Of Spouse	Gender	Relationship	Photograph
	Spouse				Spouse Signature

1. I have read and fully understood the contents of HO Circular 521/2017 dated 31.10.2017 issued conveying the renewal premium rates and previous year's "IBA Group without domiciliary Medical Policy".
2. I am consenting to join the said IBA Group Medical Insurance Policy, **Without Domiciliary Treatment coverage**, subject to payment of agreed Insurance Premium.
3. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme or administration of policy and Bank is only facilitating remittance of premium based on the mandate executed by me and it shall be my duty to ensure that renewal premium is remitted in time.

4. I authorize Canara Bank to debit the annual premium amount (presently Rs 16,443/- in case of Officer or Rs 12,333/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
5. I,(Name of Retiree), Staff No. could not submit the option to renew/join 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 subject to remittance of premium.

Date:

[Signature]

Super Top up Policy without (Domiciliary)

1. I am consenting to take up the “Super Top up policy without OPD (Domiciliary) cover”.
2. I authorize Canara Bank to debit the premium towards “Super Top up policy without OPD (Domiciliary) cover” (presently Rs 3,806/- in case of Officer or Rs 3,511/- in case of workmen) or such other higher premium amount in case of revision as informed by the insurance company from my account. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option would be treated as lapsed

Date:

[Signature]

Name of the Circle	E Mail ID
Ahmedabad	hrmcoahd@canarabank.com
Bengaluru	blrhrm@canarabank.com
Bhopal	hrmcobpl@canarabank.com
Bhubaneshwar	hrmcobhu@canarabank.com
Chandigarh	hrmcochd@canarabank.com
Chennai	hrmcochn@canarabank.com
Delhi	hrmcodel@canarabank.com
Guwahati	hrmcoguw@canarabank.com
Hyderabad	hrmcohyd@canarabank.com
Jaipur	hrmcojpr@canarabank.com
Karnal	hrmcokar@canarabank.com
Kolkatta	hrmcokol@canarabank.com
Lucknow	hrmcoluck@canarabank.com
Madurai	hrmcomdu@canarabank.com
Mangaluru	hrmcomlr@canarabank.com
Mumbai	staffocomcity@canarabank.com
Patna	hrmcoapat@canarabank.com
Pune	hrmcoarne@canarabank.com
Ranchi	hrmranchico@canarabank.com
Trivandrum	hrmcotvm@canarabank.com
Vijayawada	hrmcovij@canarabank.com
HOSA	hosa@canarabank.com
SAS	inspwingsas@canarabank.com