**MEDICAL INSURANCE SCHEME**

Paste latest photograph

The Assistant General Manager,

State Bank of India,

PPF&G Department, LHO Amaravati.

**Application for Medical Insurance**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Basic Detail (Please mark ✔**  **in the box provided )** | | | | | | | |
| 1 | Renewal/New Premium Option | | | Domiciliary Without Domiciliary | | | | |
| 2 | Type of Family | | | Single Family (living with spouse) | | | | |
| 3 | Base Sum Assured (Refer Annexure) | | | Rs. | | | | |
| 4 | Super Top Up option | | | Yes No | | | | |
| 5 | Super Top Up Sum Insured (Refer Annexure) | | | Rs. | | | | |
| 6 | Full Name (Mr./Ms.) | | |  | | | | |
| 7 | Employee Number | | | PF No. : HRMS : | | | | |
| 8 | Designation at the time of leaving Bank | | |  | | | | |
| 9 | Mode of exit | | | SUPERANNUATION | | | | |
| 10 | Date of Birth (DD-MM-YYYY) | | |  | | | | |
| 11 | Date of leaving the Bank (DD-MM-YYYY) | | |  | | | | |
| 12 | Branch/Office where last worked | | |  | | | | |
| 13 | Gender | | | Male Female | | | | |
| 14 | Monthly Income | | | Rs. | | | | |
| 15 | Account Number | | |  | | | | |
| 16 | Whether Pensioner | | | Yes No | | | | |
| 17 | Branch IFSC Code | | |  | | | | |
| 18 | PAN Number |  | | Aadhar Number | | | |  |
| **Communication Address** | | | | | | | | |
| House/Flat No | |  | | | | | | |
| Street/Area | |  | | | | | | |
| City/District | |  | | | | | | |
| State | |  | | | | PIN Code |  | |
| Mobile Number | |  | Land line with STD | | | |  | |
| Email ID | |  | | | | | | |
| Spouse Detail | | | | | | | | |
| 1 | Name / Gender | Male Female | | | | | | |
| 2 | Date of Birth |  | | | Monthly Income | | | Rs. |

**DECLARATION : I have gone through and understood the terms of Medical Insurance Scheme as mentioned under provisions of the 10th Bipartite Settlement/Joint Note dated 25.05.2015. I have also read and fully understood the contents of the HO Circulars issued by Bank from time to time. I am willing to join/renew the said medical insurance scheme, which is extended to the retired employees subject to payment of agreed insurance premium by me. I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme except what is admissible/ payable by the insurance company. I authorize Bank to debit the premium of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Base Plan) and Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for Super Top-up) from my pension/SB Account No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for renewal of insurance policy for the period 01.11.2022 to 31.10.2023. I will ensure that sufficient balance is maintained in the account. I fully understand that in case suficient balance is not maintained my name will be excluded from the policy.**

**Date : Signature**

**IBA SPONSORED GROUP MEDICLAIM POLICY FOR e-Abs RETIREES – RENEWAL OF PLOICY W.E.F 01.11.202 ANNEXURE**

**PF No : HRMS No :**

**Base Plans:**

1. **With Domiciliary Please mark** ✔  **in the box provided as per your option**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREMIUM RATES WITH GST** | | | | | | | | | |
|  | **Sum Insured** |  | |  | | **Single Person** | | **Family Floater** | |
| 1 | 100000 | Officer |  | Award |  | **17226** |  | **25520** |  |
| 2 | 200000 | Officer |  | Award |  | **34457** |  | **51047** |  |
| 3 | 300000 | Officer |  | Award |  | **52596** |  | **77920** |  |
| 4 | 400000 | Officer |  |  |  | **65999** |  | **97776** |  |

1. **Without Domiciliary Please mark** ✔  **in the box provided**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREMIUM RATES WITH GST** | | | | | | | | | |
|  | **Sum Insured** |  | |  | | **Single Person** | | **Family Floater** | |
| 1 | 100000 | Officer |  | Award |  | **10333** |  | **15308** |  |
| 2 | 200000 | Officer |  | Award |  | **18600** |  | **27557** |  |
| 3 | 300000 | Officer |  | Award |  | **27901** |  | **41334** |  |
| 4 | 400000 | Officer |  |  |  | **39020** |  | **57808** |  |

**Super Top-up Plans:**

**Please mark** ✔  **in the box provided**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREMIUM RATES WITH GST** | | | | | | | | | |
|  | **Sum Insured** |  | |  | | **Single Person** | | **Family Floater** | |
| 1 | 100000 | Officer |  | Award |  | **2518** |  | **3730** |  |
| 2 | 200000 | Officer |  | Award |  | **4246** |  | **6291** |  |
| 3 | 300000 | Officer |  | Award |  | **6507** |  | **9639** |  |
| 4 | 400000 | Officer |  | Award |  | **8420** |  | **12475** |  |
| 5 | 500000 | Officer |  |  |  | **10246** |  | **15180** |  |

**NOTE:**

* Retirees who are not covered under the expiring policy (2021-22), can be covered under the upcoming policy (2022-23) w.e.f 1st November, 2022.
* Retirees can opt for with / without domiciliary option in the upcoming policy (2022-23) irrespective of option chosen in the last year’s policy.
* Retirees who are not covered under Super Top-up plan of expiring policy (2021- 22), can avail Super Top-up plan for 2022-23.
* Single person premium is applicable to only

1. **Retiree without Spouse (viz., unmarried, separated, divorced and widowed)**
2. **Surviving Spouse (Family Pensioner). If both (retiree and spouse) are alive, family floater premium has to be compulsorily paid.**

* Retiree Award Staff can choose Base Policy (With Domiciliary & Without Domiciliary) for Sum insured of Rs. 1/2/3 Lacs only.
* Super Top-up policy is only available to Retiree Award Staff who opt Rs 3.00 lakhs and Retiree Officers who opt for Rs 4.00 lakhs Sum Insured in Base Policy. Award staff can opt for Rs 1.00 lakh to Rs 4.00 lakhs and Officer Retirees can avail from Rs 1.00 lakh to Rs 5.00 lakhs in Super Top-up policy.
* **Members of IBA Insurance Policy, 2022-23 are not eligible to enroll under “SBI Health Assist” w.e.f 16th Jan, 2023 as “SBI Health Assist” Policy for 2023-2024 will be available only to the eAB retirees who are not members of IBA Policy as on 31.12.2022**.

**Inclusion of willing e-AB retirees in ‘SBI Health Assist’ (Annual Payment Plan)**

It has been decided to include e-AB retirees who are presently members of the IBA policy in ‘SBI Health Assist’ policy with effect from 1st November, 2022 on following terms as communicated by SBI General Insurance Co. Ltd. :

(i) All willing e-AB retirees who are members of IBA Mediclaim Policy at present will be permitted to join ‘SBI Health Assist’ from 1st November, 2022 for two and a half months (i.e. upto 15th January, 2023) by paying 40% premium (short period premium). Beyond the next end-date of the ‘SBI Health Assist’ i.e. 15th January, 2023, they will be eligible to renew their memberships further. E-AB retirees who wish to join ‘SBI Health Assist’ with effect from 1st November, 2022, will not be eligible for ‘Additional Super Top up’ cover till 15th Jan, 2023.

(ii) Those e-AB retirees who are members of IBA Policy at present and do not wish to enroll themselves in ‘SBI Health Assist’ with effect from 1st November, 2022 due to various reasons, will also be permitted to join ‘SBI Health Assist’ w.e.f. 16th January, 2023.

Accordingly, the amount of premium for inclusion of e-AB retirees in ‘SBI Health Assist’ Policy with effect from 1st November, 2022 to 15th January, 2023 is furnished as under :

(Amount in INR)

|  |  |  |  |
| --- | --- | --- | --- |
| Policy year 2022-23 | Base Plan of Rs. 3.00 Lakhs | Base Plan of Rs. 5.00 Lahs | Critical Illness cover for Rs. 5.00 lakhs |
| Existing Premium | 16,542 | 36,771 | 13,774 |
| Short Period Premium @ 40% | 6,617 | 14,708 | 5,510 |

* Plus GST as applicable
* The above arrangement with SBI General is a one-time arrangement for enrolment of e-AB retirees who are presently members of the IBA Policy who opt to enroll under the “SBI Health Assist” w.e.f. 01st November, 2022 only and no enrolment beyond 01.11.2022 will be permitted.
* The process for renewal of “SBI Health Assist” for the Policy year 2023-24 for retirees and their spouses is underway. All e-AB retirees who are members of the IBA Policy as on date will be permitted to enroll themselves under “SBI Health Assist” w.e.f 16th January 2023 for the Policy year 2023-24 by paying regular premium as applicable, irrespective of whether they enroll w.e.f 01st Nov, 2022 and renew w.e.f 16th Jan, 2023 or enroll w.e.f 16th Jan, 2023 .
* However, Eligibility to enroll under “SBI Health Assist” w.e.f 16th Jan, 2023 will be available only to the eAB retirees who are **not** members of IBA Policy as on 31.12.2022

**Process for Enrolment**

The enrolment process under the plan as communicated vide e-Circular no. CDO/P&HRDPPFG/76/2021-22 dated 16th December, 2021 will be followed by concerned Circles. Application form as per Annexure-I of the said e-Circular will hold good for the e-AB retirees also.