


**SBH**

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**स्टेट बैंक ऑफ हैदराबाद**  
State Bank of Hyderabad

e-Circular

 प्रधानकार्यालय , गनफाऊंड्री  
HEAD OFFICE, GUNFOUNDRY  
हैदराबाद  
HYDERABAD

Serial No. 575

Circular No. PER/2016 - 17/69

DEPT: INDUSTRIAL RELATIONS DEPT

Date: 17-10-2016

 All BRANCHES AND  
ADMINISTRATIVE OFFICES.

**Subject :SUBJECT: GROUP MEDICAL INSURANCE (IBA) SCHEME FOR RETIREES - RENEWAL PREMIUM**

Please refer to Head Office Cir No: PER/2015-16/50 dated 30.09.2015, advising the guidelines and salient features of Group Medical Insurance Scheme for working employees and retirees. IBA Medical Insurance Policy for retirees has commenced from 10.11.2015 and is expiring on 31.10.2016.

2. United India Insurance Co Ltd vide their e-mail dated 10.10.2016 advised us the renewal premium for retirees to extend the policy for the period from 01.11.2016 to 31.10.2017 and the details of premium to be remitted is as under:

**Option I: Normal Renewal on As Is Basis (Without Domiciliary cover):**

CADRE	SUM ASSURED	PREMIUM
Retired Officer	Rs 4,00,000/-	Rs 13,935/-+ Taxes (15%) = <b>Rs 16,025/-</b>
Retired Award Staff	Rs 3,00,000/-	Rs 10,452/- + Taxes (15%) = <b>Rs 12,020/-</b>

**Option II: With Domiciliary Expenses Benefits Option (59 diseases as per Employees Policy):**

CADRE	SUM ASSURED	PREMIUM
Retired Officer	Rs 4,00,000/-	Rs 17,400/-+ Taxes (15%) = <b>Rs 20,010/-</b>
Retired Award Staff	Rs 3,00,000/-	Rs 13,000/- + Taxes (15%) = <b>Rs 14,950/-</b>

**Premium payment details as below:**

Bank Name	Bank of America NA
Branch Name	Ann Salai
Branch Address	748, Ann Salai, Chennai- 600 002
Account Name	United India Insurance Co. Ltd.
Account Number	Current Account No- 18488023500100
IFSC Code (For NEFT/ RTGS)	BOFA0CN6215
PAN	AAACU5552C
Service Tax No	AAACU552CST001

3. United India Insurance co Ltd further advised that only retirees covered under the expiring policy are only eligible to renew the policy and no new retiree member can directly join this policy. **The option I or option II has to be exercised before inception or at the beginning of policy only. Retiree cannot change his/ her option during the policy period.**

4. Domiciliary cover of Rs.40,000/- and Rs.30,000/- for Officers and Award staff respectively will be reimbursed within the overall sum insured for which he/she is entitled for. With Domiciliary expenses and Hospitalisation claim the sum insured should not exceed Rs.4.00 lakhs and Rs.3.00 lakhs respectively.

5. **All the retiree members of staff who have joined the IBA Medical Insurance Scheme applicable for retirees are requested to exercise the option to be executed either Option-I or Option-II latest by 25.10.2016 by Fax (040-23387563)/ e-mail ([cmppg@sbhyd.co.in](mailto:cmppg@sbhyd.co.in)) to the Chief Manager PPG Department Head Office: Hyderabad. A copy of the letter to be sent to CM PPG is enclosed.**

Paramount Health Services Pvt Ltd (PHS) is the Third Party Administrator (TPA) for processing and settlement of claims on behalf of Insurance Company for our Bank.

**PHS Postal Address :**

**PARAMOUNT HEALTH SERVICES(TPA)PVT.LTD.,**  
**1-8-303/48/9, 3rd Floor, Tirumala Chambers, PG Road,**  
**Behind Chutneys Restaurant, Ankura Hospital lane, Begumpet,**  
**Hyderabad - 500016**

Web: [www.paramounttpa.com](http://www.paramounttpa.com) Toll Free Number: 1800226655

The details of the persons to be contacted to know the status of claims pending is as under.

Name of the person	Designation	Contact No.	Email Id.
Sri Atman Shah	Proprietor	9967028626	<a href="mailto:atman.shah@paramounttpa.com">atman.shah@paramounttpa.com</a>
Smt Amrita Rao	Branch Head	9394892901	<a href="mailto:amrita.rao@paramounttpa.com">amrita.rao@paramounttpa.com</a>
Sri Venkat Girish	Sr Manager	9393873807	<a href="mailto:venkat.girish@paramounttpa.com">venkat.girish@paramounttpa.com</a>
Sri Vijay Mothukuri	Asst Manager	9396709118	<a href="mailto:vijay.mothukuri@paramounttpa.com">vijay.mothukuri@paramounttpa.com</a>

Other terms and conditions shall remain unchanged

Please bring the contents of the circular to notice of the members of Staff working at the branch / Office



**GENERAL MANAGER (HR & PBD)**

To,  
The Chief Manager,  
State Bank of Hyderabad  
Pension Provident & Gratuity Department  
Head Office: Hyderabad  
Tel: 040-23387225; Fax: 040-23387563  
E-mail: cmppg@sbhyd.co.in

Date:

PF Number \_\_\_\_\_

Sir,

**REG: IBA MEDICAL INSURANCE SCHEME FOR RETIREES - OPTION FOR  
DOMICILIARY / NON - DOMICILIARY**

I \_\_\_\_\_ (Name of the retiree) Supervising / Award Staff bearing PF Number \_\_\_\_\_ and having pension Account Number \_\_\_\_\_ with our \_\_\_\_\_ branch. I have given my consent last year for including my name and my spouse name in IBA Medical Insurance Policy for retirees. Accordingly, I and my spouse were covered under IBA Medical Insurance Policy for retirees.

2. Now as per the instructions received from the Insurance Company we have to exercise

**Option – I (one) ----- Normal renewal on as is Basis (Without Domiciliary Cover)**

**(Or)**

**Option - II (two) ----- with Domiciliary Expenses Benefits Option (59 diseases as per Employees Policy)**

3. In this regard, I want to exercise the **option** \_\_\_\_\_ and request you to remit the premium as advised by the Insurance Company by raising a debit to my Pension Account Number: \_\_\_\_\_.

Thanking you,

Yours Sincerely

( \_\_\_\_\_ )

Name:

PF Number:

Mobile Number:

## Domiciliary Hospitalization / Domiciliary Treatment

Sr. No.	Treatments
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
14	Hypertension
15	Hepatitis –B
16	Hepatitis - C
17	Hemophilia
18	Myasthenia gravis
19	Wilson's disease
20	Ulcerative Colitis
21	Epidermolysis bullosa
22	Venous Thrombosis(not caused by smoking) Aplastic Anaemia
23	Psoriasis
24	Third Degree burns
25	Arthritis
26	Hypothyroidism
27	Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia
28	Glaucoma
29	Tumor
30	Diphtheria
31	Malaria
32	Non-Alcoholic Cirrhosis of Liver
33	Purpura
34	Typhoid
35	Accidents of Serious Nature
36	Cerebral Palsy
37	Polio
38	All Strokes Leading to Paralysis
39	Haemorrhages caused by accidents
40	All animal/reptile/insect bite or sting
41	Chronic pancreatitis
42	Immuno suppressants

## Domiciliary Hospitalization / Domiciliary Treatment

Sr. No.	Treatments
43	Multiple sclerosis / motorneuron disease
44	Status asthmaticus
45	Sequalea of meningitis
46	Osteoporosis
47	Muscular dystrophies
48	Sleep apnea syndrome(not related to obesity)
49	Any organ related (chronic) condition
50	Sickle cell disease
51	Systemic lupus erythematosus (SLE)
52	Any connective tissue disorder
53	Varicose veins
54	Thrombo embolism venous thrombosis/venous thrombo embolism (VTE)]
55	Growth disorders
56	Graves' disease
57	Chronic Pulmonary Disease
58	Chronic Bronchitis
59	Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.