

ओरियन्टल बैंक ऑफ कॉमर्स  
(भारत सरकार का उपक्रम)

कॉर्पोरेट कार्यालय गुडगाँव



ORIENTAL BANK OF COMMERCE  
(A GOVERNMENT OF INDIA UNDERTAKING)

Corporate Office, Gurgaon

Establishment Circular No. HO/HRD/ 75 / 37 /2017-18/375

05.08.2017

**ALL BRANCHES/OFFICES**

**MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES:**

**INCLUSION OF EMPLOYEES RETIRED DURING THE CURRENT POLICY EXPIRING ON 30.09.2017, UNDER RETIREES POLICY.**

It has been informed by United India Insurance Company Ltd that there is a gap of one month in the medical Insurance Policies issued to member's Employee and Retirees as they are expiring on 30.09.2017 & 31.10.2017 respectively.

Accordingly the employees who retired during 01.10.2016 to 30.09.2017 shall have to deposit one month pro-rata premium to include them in retiree's policy. Pro-rata premium for one month under the policy will be as under.

Option I (Without Domiciliary /OPD)					
Cadre	Annual Premium	Sum Insured	Pro- Rata Premium for one month without GST	GST @ 18%	Total Premium
Officer	13935	400000	1184	213	1397
Award Staff	10452	300000	887	160	1047

Option II (With Domiciliary /OPD)					
Cadre	Annual Premium	Sum Insured	Pro-Rata Premium for one month without GST	GST @ 18%	Total Premium
Officer	17400	400000	1478	266	1744
Award Staff	13000	300000	1104	199	1303

The insurance premium as above is to be paid by retired employees in account No. 12372191023768 (Medical Insurance Scheme for retired Employees) at any of our branches latest by 11.09.2017 by invariably quoting their PF number for our reference.

The Retired employees may deposit the insurance premium in the above account only by cash/cheque or transfer from their salary/pension account with the Bank quoting their PF no., Name and date of retirement from service, by using the pay slip as per annexure-III / IV, as the case may be. The pay slip may also be downloaded from Bank's website by clicking on tab named "Retired Employee Corner". Dealing hands at Branches are advised to ensure that in transaction Particulars of employee with PF No. are entered without fail.

The retired employees shall send their request for the same in Annexure-I(two copies) directly to the Chief Manager(Estt.) Corporate Office, Gurgaon and Insurance premium in the above mentioned account latest by 11.09.2017.

In case of any query, the retirees/staff may contact Sh. Raja Jee, Chief Manager (Estt.) (Ph No. 0124-4126439)/ Shri Navin Chandra Arya Sr.Manager (Estt.) (Ph. No.0124-4126436) or send the queries on e-mail Id at [estb@obc.co.in](mailto:estb@obc.co.in)

The contents of the circular may be got noted from all the staff at branch/office and they be advised to bring the same to notice of retired/retiring employees in current policy period 01.10.2016 to 30.09.2017 and also extend all the possible assistance to them. Copy of this circular should be displayed in the branch/office notice board for information of retirees.

A copy of the above circular is also being uploaded on the website([www.obcindia.co.in](http://www.obcindia.co.in)) of our bank under the tab Retired Employee Corner.

(PRADEEP CHAUHAN)  
GENERAL MANAGER (HRD)

## ANNEXURE- I

Date: \_\_\_\_\_

The Chief Manager  
 The Oriental Bank of Commerce  
 Establishment Dept.  
 Corporate Office, Plot No.5,  
 Institutional Area, Sector-32  
 Gurgaon-122001

Dear Sir,

◆ MEDICAL INSURANCE SCHEME FOR RETIREES.

I hereby declare that I have read and understood Medical Insurance Scheme for Retirees proposed to be implemented in Bank in terms of Xth Bipartite Settlement / Joint dated 25.05.2015. I am willing to avail of the facility of Medical Insurance Scheme and agree to pay the annual Insurance Premium as may be decided by the United Insurance Company from time to time. The particulars of my spouse and myself are as under :-

S.No	Name	Relationship	Date of birth	Gender	Photograph
		SELF			Photograph of Self
		SPOUSE			Photograph of spouse

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.

Yours faithfully,

Signature :

Name in full :

Designation (at retirement) :

P.F. No. :

Place of last posting :

Present Residential Address :

E-mail :

Mobile / Landline No. :

Revised

Annexure-III (Payslip for officer retirees)



Oriental Bank of Commerce

PAYSLIP FOR CASH/CHEQUE

Date \_\_\_\_\_

Branch \_\_\_\_\_

Account No.

1 2 3 7 2 1 9 1 0 2 3 7 6 8

FOR THE CREDIT OF MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name:	Date of Retirement:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Phone:		Email:
<input type="text"/>	<input type="text"/>		<input type="text"/>

Drawee Bank	Branch	Cheque No & Date	Cash Notes/coins	Amount (Rs.)
Oriental Bank of Commerce			1000x	
			500x	
			100x	
			50x	
			20x	
			10x	
			5x	
Rupees in words:			2x	
			1x	
Signature of retired employee (depositor)	Cashier	Authorised Officer	Total	

Note for Cashier & Authorised officer: Please enter the PF No, Name & date of retirement of the retired employee in Transaction Particulars(PF No : Name) / Transaction Remarks(DOR)

COUNTER FOIL: CASH/CHEQUE



Oriental Bank of Commerce

Branch \_\_\_\_\_

Account No.

1 2 3 7 2 1 9 1 0 2 3 7 6 8

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name:	Date of Retirement:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details of Cash/Cheque			Amount (Rs.)
<input type="text"/>			<input type="text"/>
Rupees in words:			<input type="text"/>
Cashier		Authorised Signatory	



Revised

Annexure-IV (Payslip for workmen, retirees)



Oriental Bank of Commerce

PAYSLIP FOR CASH/CHEQUE

Date \_\_\_\_\_

Branch \_\_\_\_\_

Account No.													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

FOR THE CREDIT OF MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name:	Date of Retirement:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Phone:		Email:
<input type="text"/>	<input type="text"/>		<input type="text"/>

Drawee Bank	Branch	Cheque No & Date	Cash Notes/coins	Amount (Rs.)
Oriental Bank of Commerce			1000x	
			500x	
			100x	
			50x	
			20x	
			10x	
			5x	
Rupees in words:			2x	
			1x	
Signature of retired employee (depositor)	Cashier	Authorised Officer	Total	

Note for Cashier & Authorised officer: Please enter the PF No, Name & date of retirement of the retired employee in Transaction Particulars(PF No : Name) / Transaction Remarks(DOR)

COUNTER FOIL: CASH/CHEQUE

	<b>Oriental Bank of Commerce</b>
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Branch \_\_\_\_\_

Account No.													
1	2	3	7	2	1	9	1	0	2	3	7	6	8

PARTICULARS OF RETIRED EMPLOYEE (DEPOSITOR):	PF No:	Name:	Date of Retirement:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details of Cash/Cheque			Amount (Rs.)
<input type="text"/>			<input type="text"/>
Rupees in words:			
<input type="text"/>			
Cashier	Authorised Signatory		