

ALL BRANCHES/ OFFICES

MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES:

RENEWAL PREMIUM FOR 2017-18 (Policies expiring on 31st October-2017)
WITH SUPER TOP UP POLICY FOR THE RETIREES.

In terms of Bipartite Settlement / Joint Note Dated 25.05.2015, Medical Insurance Scheme for retired employees of the Bank has been made operational w.e.f. 01.11.2015.

United India Insurance Co. Ltd has informed that renewal premium for 2017-18 will be available in two options with Super Top Up Policy for the period 01.11.2017 to 31.10.2018 as below.

Option I: Premium for Retirees Policy without OPD (Domiciliary Cover) 2017-18

Category	Insurance Cover (Rs)	Amount of Premium (Rs)	GST @18%	Total Amount (Rs)
Officer (Retirees)	4.00 Lac	13,935/-	2,508/-	16,443/-
Workmen(Retirees)	3.00 Lac	10,452/-	1,881/-	12,333/-
Sub Staff (Retirees)	3.00 Lac	10,452/-	1,881/-	12,333/-

Option II: Premium for Retirees Policy with OPD (Domiciliary Cover) 2017-18

Category	Insurance Cover (Rs)	Amount of Premium (Rs)	GST @18%	Total Amount (Rs)
Officer (Retirees)	4.00 Lac	31,354/-	5,644/-	36,998/-
Workmen(Retirees)	3.00 Lac	23,517/-	4,233/-	27,750/-
Sub Staff (Retirees)	3.00 Lac	23,517/-	4,233/-	27,750/-

All terms and conditions shall remain the same as that of the last year including the limit of the domiciliary cover which is 10% of Sum insured and the total sum insured of Rs.4 Lac & 3 Lac is including of 10% limit for OPD (i.e. domiciliary).



Super Top up Policy:

Premium for Super Top up Policy without domiciliary cover for all retirees having base policy with or without domiciliary cover

Category	Threshold i.e. the sum insured under the main policy after which the Super Top up Policy will be trigger (Rs)	Amount of Premium (Rs)	GST @18%	Total Amount (Rs)
Officer (Retirees)	4.00 Lac	3,225/-	581/-	3,806/-
Workmen(Retirees)	3.00 Lac	2,975/-	536/-	3,511/-
Sub Staff (Retirees)	3.00 Lac	2,975/-	536/-	3,511/-

- OPD treatment (Domiciliary) is not covered under the policy.
- Premium for super top up policy has to deposit separately.

Super Top Up Policy will be in addition to the limit of the basic IBA Policy and domiciliary claims will not be paid by the Super Top Up Cover.

An illustration of the claim example under the Super Top Cover is given below:

For a **3 lakh basic IBA Policy**, the **Super Top Up Policy** is for a Sum Insured of **Rs. 4 lakh**.

If there is a **claim up to Rs.3 lakhs** there would be **no claim under the Super Top Up Policy**.

In case there is **claim for Rs.6 lakhs** then **Rs.3 lakh would be paid** from the **basic policy** and **another Rs.3 lakh** from the **Rs.4 lakh Super Top Up Policy**.

If there is a **further claim** within the **same year** and the **basic IBA policy is exhausted** the **balance will be paid** from the **Super Top Up Policy**.

Similarly, For a **Rs.4 lakh basic IBA Policy**, the **Super Top Up Policy** is for a Sum Insured of **Rs. 5 lakh**.

The **Rs.3 lakh basic Policy** becomes **Rs. 7 lakh** after the **Super Top Up Extension**. (Basic Sum Insured Rs. 3 lakh + Super Top Up Sum Insured Rs. 4 lakh = Rs. 7 lakh)

Similarly the **Rs. 4 Lakh basic Policy** becomes **Rs. 9 lakh** after the **Super Top Up Extension**. (Basic Sum Insured Rs. 4 lakh + Super Top Up Sum Insured Rs. 5 lakh = Rs. 9 lakh).

One more option for joining Retiree Health Policy without OPD cover:-

United India Insurance Co. Ltd. has offered one more option to the Retired Employees to join the Group Insurance Policy without OPD cover in the following manner:

- 1) One more option has been given to all retirees to join the Group Health Policy without domiciliary (OPD) cover.
- 2) Existing retirees who are covered under with domiciliary (OPD) may switch over to without domiciliary cover. However, the option to switch over to with domiciliary (OPD) policy is not available.
- 3) Existing employees, who have retired during 01.10.2016 to 30.09.2017, have the option to join either with Domiciliary Policy or Without Domiciliary Policy.

Handwritten signature

Please note that the premium for the Super-Top up Policy for the retirees is to be paid along with renewal premium of the Basic Policy and there is no requirement of submission any separate form. Accordingly retirees desirous of availing the benefit of Super Top up Policy may deposit the insurance premium as detailed below:

Premium for Retirees Policy without OPD (Domiciliary Cover)

Officer (Retirees)	Rs.16443/- + Rs.3806/- = Rs.20249/-
Workmen(Retirees)	Rs.12333/- + Rs.3511/- = Rs.15844/-
Sub Staff (Retirees)	Rs.12333/- + Rs.3511/- = Rs.15844/-

Premium for Retirees Policy with OPD (Domiciliary Cover)

Officer (Retirees)	Rs.36998/- + Rs.3806/- = Rs.40804/-
Workmen(Retirees)	Rs.27750/- + Rs.3511/- = Rs.31261/-
Sub Staff (Retirees)	Rs.27750/- + Rs.3511/- = Rs.31261/-

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 **24.10.2017** by invariably quoting their PF number for our reference.

The Retired Employees shall send their request for the same in **Annexure – I** (One Copy) for those retired employee opting for medical insurance **without domiciliary cover** and **Annexure II** (One Copy) for those retired employee opting for medical insurance **with domiciliary cover** for sending directly to the Asstt. General Manager (Estt) Corporate Office, Gurgaon.

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. 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 number are entered without fail.

In case of any query, the Retirees may contact Sh. Sandeep Kumar AGM (Estt) (Phone No. 0124-4126439) / Sh. Raja Jee, Chief Manager (Estt.) (Phone No. 0124-4126433) / Sh. Navin Chandra Arya, Sr. Manager (Estt.) (Phone No. 0124-4126436) or send the queries on e-mail ID at 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 such Retirees, whose medical insurance policies are going to expire by 31.10.2017. Further, the staff posted at pension paying branches is advised to put all efforts to bring the contents of this circular to the notice of such retirees. Copy of this circular should also be displayed on the notice board of the Branch/Office for information of retirees.

A copy of the above circular is also being uploaded on the website (www.obcindia.co.in) of our Bank under the tab Retiree Corner.

PRADEEP CHAUHAN
GENERAL MANAGER (HRD)



The Asstt. General Manager
 Oriental Bank of Commerce
 Establishment Deptt.,
 Corporate Office, Plot No – 5
 Institutional Area, Sector – 32
Gurgaon- 122001

Date: _____

PF NO.						
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Dear Sir

MEDICAL INSURANCE SCHEME FOR RETIREES: WITHOUT DOMICILIARY

I hereby declare that I have read and understood Medical Insurance Scheme for Retirees as being implemented in Bank in terms of Xth Bipartite Settlement / Joint Note 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			
		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):

Place of last posting:

Present Residential Address:

E-mail:

Mobile/Landline No.:

The Asstt. General Manager
 Oriental Bank of Commerce
 Establishment Deptt.,
 Corporate Office, Plot No – 5
 Institutional Area, Sector – 32
Gurgaon- 122001

Date: _____

PF NO.						
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Dear Sir

MEDICAL INSURANCE SCHEME FOR RETIREES: WITH DOMICILIARY

I hereby declare that I have read and understood Medical Insurance Scheme for Retirees as being implemented in Bank in terms of Xth Bipartite Settlement / Joint Note 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			
		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):

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	
			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
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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

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
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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	
			2x	
			1x	
			Rupees in words:	
Signature of retired employee (depositor)	Cashier	Authorised Officer		

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
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Branch _____

Account No.

1	2	3	7	2	1	9	1	0	2	3	7	6	8
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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:			
Cashier		Authorised Signatory	
<input type="text"/>		<input type="text"/>	