

Establishment Circular No. HO/HRD/74/56/2016-17/ 609

14.10.2016

**ALL BRANCHES / OFFICES**

**MEDICAL INSURANCE SCHEME FOR RETIRED EMPLOYEES:  
RENEWAL PREMIUM FOR 2016-17(Policies expiring on 31<sup>st</sup> October' 16)**

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 2016-17 will be in two options as below :

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

For Retired Officers (Sum Insured of Rs. 4,00,000) : Rs. 13,935 Plus Service Tax @15% = **Rs. 16,025/-**

For Retired Award Staff (Sum Insured of Rs. 3,00,000) : Rs. 10,452 Plus Service Tax @15% = **Rs. 12,020/-**

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

For Retired Officers - Domiciliary Cover of Rs. 40,000 with overall Sum Insured of Rs. 4,00,000.

For Retired Award staff - Domiciliary Cover of Rs. 30,000 with overall Sum Insured of Rs. 3,00,000.

For Retired Officers : Rs. 17,400 Plus Service Tax @15% = **Rs. 20,010/-**

For Retired Award Staff : Rs. 13,000 Plus Service Tax @15% = **Rs. 14,950/-**

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 26.10.2016 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 payslip as per Annexure-III. The payslip 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) for those retired employee opting for medical insurance **without domiciliary cover** and **Annexure-II**(two copies) for those retired employee opting for medical insurance **with domiciliary cover** for sending directly to the Chief Manager(Estt.) Corporate Office, Gurgaon and Insurance premium in the above mentioned account latest by 26.10.2016.

In case of any query, the retirees may contact Sh. Raja Jee, Chief Manager(Estt.) (Ph No. 0124-4126439)/ Shri Muneer Khan, 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 such retirees whose medical insurance policies going to expire as on 31.10.2016. Further, the staff posted at pension paying branches be advised to take all efforts to bring the contents of this circular into notice of such retirees. The branches are advised to 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.



**(M.L. SACHDEVA)**  
**GENERAL MANGER (HRD)**



Date \_\_\_\_\_

The chief manager  
 Oriental Bank Of Commerce  
 Establishment dept.  
 Corporate Office, Plot No. 5,  
 Institutional Area, Sector-32  
 Gurgaon-122001  
 Dear Sir

OPTION-I RENEWAL OF MEDICAL INSURANCE POLICY WITHOUT DOMICILIARY SCHEME

I hereby declare that I have read and understood Medical Insurance Scheme for Retirees implemented in Bank in terms of Xth Bipartite Settlement/ joint dated 25.05.2015. I am willing to renew my existing facility of Medical Insurance Scheme without domiciliary scheme and agree to pay renewed annual Insurance Premium as decided by the United Insurance Company from time to time. The particulars of my spouse and myself are as under:-

Sr.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.

Annual Premium paid of rupees:-

For Retired Officers (Sum Insured of Rs. 4,00,000) : Rs. 13,935 Plus Service Tax @15% = Rs. 16,025/-  
 For Retired Award Staff (Sum Insured of Rs. 3,00,000) : Rs. 10,452 Plus Service Tax @15% = Rs. 12,020/-

Yours faithfully,

Signature  
 Name in full  
 Designation(at retirement)  
 P.F No.  
 Place of last posting  
 Present Residential Address  
 E-mail  
 Mobile/Landline

Date \_\_\_\_\_

The chief manager  
Oriental Bank Of Commerce  
Establishment dept.  
Corporate Office, Plot No. 5,  
Institutional Area, Sector-32  
Gurgaon-122001  
Dear Sir

OPTION-II RENEWAL OF MEDICAL INSURANCE POLICY WITH DOMICILIARY SCHEME

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

Sr.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.

Annual Premium paid of rupees:-

For Retired Officers - Domiciliary Cover of Rs. 40,000 with overall Sum Insured of Rs. 4,00,000.

For Retired Award staff - Domiciliary Cover of Rs. 30,000 with overall Sum Insured of Rs. 3,00,000.

For Retired Officers : Rs. 17,400 Plus Service Tax @15% = Rs. 20,010/-

For Retired Award Staff : Rs. 13,000 Plus Service Tax @15% = Rs. 14,950/-

Yours faithfully,

Signature

Name in full

Designation(at retirement)

P.F No.

Place of last posting

Present Residential Address

E-mail

Mobile/Landline



Oriental Bank of Commerce

Annexure-III (Payslip for officer retirees)

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	
			Total	

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 (COR)

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
<input type="text"/>	<input type="text"/>

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 / motoneuron 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.