



BANGIYA GRAMIN VIKASH BANK

Head Office: Berhampore, Murshidabad

CIRCULAR NO: HR/ 115 /2024-25

Date: 23-09-2024

All Branches / Offices All Departments at H.O & PMO

Re: Medical Insurance Scheme for the Retired Officers/Employees and the Spouse of deceased Officers/Employees.

Ref: Circular No: HR/90/2024-25 Dated: 23.08.2024 on the captioned subject

The Group Medical Insurance Policy in respect of the Bank's existing Officers/Employees relevant to the period from 29.08.2024 to 28.08.2025 has been renewed for those who were on pay roll as on 28.08.2024 with **National Insurance Company Limited (NICL)**.

At the same time, option were also given to Officers and Employees who have retired from service during the period from 01.08.2023 to 31.07.2024, and were eligible for inclusion in group medical insurance policy as applicable for the existing retirees. The said policy was also executed for the period from 29.08.2024 to 03.10.2024

Bank has since approached NICL through its insurance broker Aditya Birla Insurance Broker Limited for reduction of premium in case of retirees who is not having a living spouse. Accordingly, the matter has been duly considered by NICL and the rate quoted by them is as under:

Designation	Basic Cover (₹)	Premium type	Premium (₹)	Add GST (₹)	Total Premium Payable (₹)
Officer (Without Domiciliary)	4,00,000.00	Self+ spouse (₹)	31843.00	5732.00	37574.00
		Self (₹)	22290.00	4012.00	26302.00
Employee (Without Domiciliary)	3,00,000.00	Self+ spouse (₹)	23882.00	4299.00	28181.00
		Self (₹)	16717.00	3009.00	19727.00

Note: If retiree is having a living spouse, he/she cannot opt for single premium.

Accordingly, all the retired Officers and Employees who have opted for the Group Medical Insurance Policy are requested to maintain the requisite premium amount in individual pension account. The premium will be debited on or before **27.09.2024** for remitting to the Insurance Company on the same day.

Please note that no extension of dates in this regard will be entertained.

The following option forms are also annexed and can be exercised by the retired Officer & Employees besides spouse of the deceased Officers and Employees who intend to enrol or are already enrolled in the prevailing Group Medical Insurance Policy (as the case may be):

- Annexure-I : Option form to enrol in Group Medical Insurance Policy (new enrolment)
- Annexure-III : Opt out from the medical insurance facility.

The above mention annexure/option form may be submitted through e-mail to Senior Manager (Pension Cell), BGVB Head office (mail id: bqvbpcension@bqvb.co.in) latest by **16.00 hrs. on 26-09-2024** followed by hard copy of the same to avail/discontinue(as applicable) the benefit of Group

Medical Insurance. All are requested to maintain sufficient amount in their Pension Accounts maintained with BGVV to ensure continuation of the Insurance Coverage.

A copy of this circular is to be displayed on the notice board of the Branches/Offices and at Banks website.

A handwritten signature in blue ink, appearing to be 'C. S. S.', with a long horizontal stroke extending to the right.

GENERAL MANAGER (HR)

Encl: As stated

BANGIYA GRAMIN VIKASH BANK

ANNEXURE-I

[Option form to enrol in Group Medical Insurance Policy (new enrolment)]

Chief Manager (HR)
Bangiya Gramin Vikash Bank
Head Office

Sir,

I hereby opt for insurance cover under Bank Group Medical Insurance Policy for retiree as per Circular No. HR/115/2024-25 Dated: 23.09.2024_the scheme and authorize the Bank to debit my Savings Account No. _____ for a sum of Rs. _____ (regular premium) _____ (in words) as premium for joining in the Group Medical Insurance Scheme as per following Option with the insurance provider **National Insurance Company Limited**.

Options (please tick)

Sum Insured – 4 Lakh/3 Lakh (without domiciliary cover)

Regular Premium- Yes, Amount: ₹ 37574.00 / ₹ 26302.00

₹ 28181.00/ ₹ 19727.00

Is Spouse- Living/deceased

Name (Ex- Officer/Employee):

Spouse Name (if alive):

DOB (Spouse)

SPF NO:

Mob No.

PPO No:

Last Designation Held:

Scale (If applicable):

Statements made above on my behalf and on behalf of my spouse are true and correct to the best of my knowledge and belief. It is hereby understood and agreed that the statements are the basis on which the insurance is being granted. If, after the insurance is effect, it is found that the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance in respect of me and my spouse proposed for insurance. I also confirm that I have read the terms & condition relating to eligibility to join the scheme. My signature tallies with the recorded specimen Signature in the Account.

Place:

Date:

Signature of Retired / Spouse of Deceased (Officer/Employee)

BANGIYA GRAMIN VIKASH BANK

ANNEXURE -III

[Option form to opt out from the Group Medical Insurance Policy]

Fill in 'BLOCK LETTERS'

Name of Retired Officer/ Employee											
P.P.O. No.		Date of Retirement.		D	D	M	M	Y	Y	Y	Y
S.P.F. No.		Designation (as retired)									
Address for communication		House No. and Street Name									
		City		Police Station							
		Pin Code		Post Office							
Reasons for superannuation (Retirement / Death/others)											
Tel. No.						Mobile No.					

I hereby opt-out for insurance cover under the scheme, and no premium shall be debited from my Savings Account in this regard.

Statements made above on my behalf and on behalf of my spouse are true and correct to the best of my knowledge and belief. My signature tallies with the recorded specimen Signature in the Account.

Place:

Date:

Signature of Retired / Spouse of Deceased (Officer/Employee)