



BANGIYA GRAMIN VIKASH BANK

Head Office: Berhampore, Murshidabad

Circular No: P&A/59/2019-20

Dated: 12.09.2019

All Branches /Offices
All Departments at HO

Re: Medical Insurance Scheme for the Retired employees and spouse of deceased employees

Medical Insurance Scheme for Retired Employees was introduced in our Bank vide Circular No. P&A/40/2018 Dated 05.09.2018 in line with the Scheme for the Retired Officers of IBA Member Banks is due for renewal on 03.10.2019.

Our Medical Insurance Policy for existing employees has been renewed on 28.08.2019. During the period from 31.07.2019 to 28.08.2019, 137 No of Officers and 78 No of Clerical/Subordinate Staff have been excluded from the Policy due to retirement / voluntary retirement / death and they are not covered under the Medical Insurance Policy of existing employees. Option for inclusion of such employees who have retired during the period from 31.07.2019 to 28.08.2019 will be invited on finalisation of renewal premium of Retiree Policy which is due for renewal on 03.10.2019.

Bank approached the Insurance Company for medical insurance coverage of those employees and spouse of deceased employees on payment of pro-rata premium till renewal of Retiree Policy. The Insurance Company has offered the following rate for Medical Insurance coverage for employees who have been excluded from existing policy.

DOJ	Basic Cover - SI	Premium without GST	Effective Date	Expiry Date	Pro Days	Pro-rata Premium	GST @18%	Final Premium (Rs.)	Designation
16.09.19	400000	31354	16.09.19	03.10.19	18	1546	278	1825.00	Officer
16.09.19	300000	23518	16.09.19	03.10.19	18	1160	209	1369.00	Clerical/Sub-staff
16.09.19	400000	13936	16.09.19	03.10.19	18	687	124	811.00	Officer
16.09.19	300000	10453	16.09.19	03.10.19	18	515	93	608.00	Clerical/Sub-staff

Willing retired employees and the spouse of deceased employees are requested to submit the option letter in prescribed format as per Annexure-I latest by 1.00 p.m. on 16.09.2019 by e-mail to Chief Manager (P&A), BGVB, Head Office (mail id – cmadm@bgvb.co.in) to avail the benefit of Medical Insurance and maintain the sufficient amount to their BGVB Bank account. As Bank has to remit the premium to Insurance Company on 16.09.2019 before 3.30 p.m., option forms received after 1.00 p.m. will not be entertained.


GENERAL MANAGER (P&A)

Encl: As stated

BANGIYA GRAMIN VIKASH BANK

Option form for all existing retirees/resigned as on 12.09.2019

ANNEXURE-I

Fill in "BLOCK LETTERS" and Submit in duplicate at the BGVB Branch where SB account is maintained

Name of Employee															
Designation: (as retired)		Date of Retirement		D	D	M	M	Y	Y	Y	Y				
S.P.F. No		P.P.O. No.: (If Any)													
Address for Communication	House No and Street Name														
	City	Police Station													
	Pin Code														
Reasons for superannuation (Retirement / Resignation / Death)															
Tel. No	S	T	D	P	H	O	N	E	N	O	Mobile No.				
Email									Sum Insured (4/3 Lakh)	₹	0	0	0	0	0
Insurance Option (Tick Box)	OPTION-I : Policy without domiciliary cover				Premium Amount (Tick Box)		₹ 608.00		₹ 811.00						
	OPTION-II : Policy with domiciliary cover						₹ 1369.00		₹ 1825.00						
Members Covered (Tick Box)		Retired Employee + Spouse		Spouse of deceased employee											
Name of Members				Date of Birth		Age		Sex							
Retd. Emp					D	D	M	M	Y	Y	Y	Y	M	M	
SPOUSE					D	D	M	M	Y	Y	Y	Y	M	M	

I hereby opt for insurance cover under the scheme and authorize to debit my Savings Account bearing No. _____ for a sum of ₹ _____ (in words _____) as premium for joining in the Medical Insurance Scheme (Option _____) with the insurance provider Oriental Insurance Co. Ltd for the period 16.09.2019 to 03.10.2019.

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

Place: _____

Date: _____

Signature of Retired/Resigned Employee / Spouse of Deceased Employee

Certified that Shri./Smt. _____, (SPF No. _____) a retired employee /spouse of the deceased employee of the Bank maintain savings account No _____ with this branch. His/her signature tallies with the recorded specimen Signature in the Account.

Place: _____

Date: _____

Signature of Manager with Seal

This form duly completed in all respects to be Scanned and emailed to cmadm@bgvb.co.in latest by 1.00 p.m. on 16th September 2019.

Premium Details for Retiree' Policy

Retiree Cadre	Sum Insured	Option-I Without Domiciliary	Option-II With Domiciliary
Office Attendant	₹ 300000.00	₹ 608.00	₹ 1369.00
Office Assistant	₹ 300000.00	₹ 608.00	₹ 1369.00
Officer	₹ 400000.00	₹ 811.00	₹ 1825.00