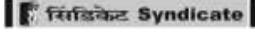
 केनरा बैंक Canara Bank <small>A Government of India Undertaking</small>  HUMAN RESOURCES WING INDUSTRIAL RELATIONS SECTION HEAD OFFICE : BENGALURU-560 002	CIRCULAR NO.: 656 /2020
	I N D E X : STF : 66
	D A T E : 31.08.2020
	A J U N

SUB : IBA GROUP HEALTH INSURANCE POLICY : INCLUSION OF EMPLOYEES RETIRED/ RETIRING / SPOUSES OF EMPLOYEES WHO DIED, DURING THE CURRENT POLICY OF SERVING EMPLOYEES EXPIRING ON 30.09.2020 UNDER RETIREES' POLICY

The current IBA Group Health Insurance Policy for serving employees is expiring on 30.09.2020 and the employees retired / retiring / spouses of employees who died during the policy period of 01.10.2019 to 30.09.2020 are continued to be covered as active employees till the expiry of the policy and they are required to become members of the Retirees' Policy by submitting application.

IBA Group Health Insurance Policy for Retirees is due for renewal from 01.11.2020 and there is a gap of one month i.e. October 2020 between the Serving Employees' Policy & Retired employees' Policy. Hence those retirees / Spouses of deceased employees who have retired / died during the serving employees' policy period are required to get themselves covered for the month of October 2020 by paying one month pro rata premium as advised by the M/s United India Insurance Company. Thereafter they may join the Retiree's policy for one year by paying the annual premium as may be informed by the Insurance Company.

Now Pro Rata premium for one month of October 2020 as advised by the Insurance Company is as under:

Option I (Without Domiciliary / OPD)					
Cadre	Annual premium	Sum Insured	Pro rata premium for one month w/o GST in Rs	GST @ 18 % in Rs	Total Premium for one month. Rs
Officers	28130	4,00,000/-	2383	429	2812
Clerks/Sub Staff	21099	3,00,000/-	1787	322	2109

Option II (With Domiciliary / OPD)					
Cadre	Annual premium	Sum Insured	Pro rata premium for one month w/o GST in Rs	GST @ 18 % in Rs	Total Premium for one month. Rs
Officers	69808	4,00,000/-	5913	1064	6977
Clerks/Sub Staff	52359	3,00,000/-	4435	798	5233

* Goods & Service Tax (GST) is taken at present rate & same is subject to change.

All the branches / offices to display this Circular in the Notice Board for the information of all eligible retirees / spouses of deceased employees and also to inform the above details to the retirees, drawing pension from their branches so that willing retirees may enroll to the policy by submitting the applications within the due date to the respective HRM Sections.

The amount of Pro Rata premium as mentioned above for the month of **October 2020** will be deducted from the pension crediting account / account specified in case of non pension optees, and will be remitted to Insurance Company on **15.09.2020** as requested by them.

It shall be noted that this Circular is only with respect to Pro Rata Premium to be paid by eligible retirees & spouses of the deceased employees for the month of October 2020. As regards renewal of Retirees' Policy which is expiring on 31.10.2020, Bank is awaiting guidelines / rates of Premium payable from Insurance Company / IBA.

All the eligible retirees & spouses of the deceased employees shall note that those who do not opt in the prescribed format and pay the prorata premium and opt out from this policy are not entitled to rejoin this scheme once again after the due date.

All are requested to take note of the above.

L V R PRASAD
CHIEF GENERAL MANAGER

TO: ALL BRANCHES/OFFICES OF THE BANK

**Guidelines to be followed by Retirees/Spouses of Deceased employees of
Canara Bank**

1. Those eligible retired employees / spouses of deceased employees of Canara bank, who would like to join the existing IBA Health Insurance Policy for retired employees, to get themselves covered for the month of October 2020 and pay the Pro Rata Premium, may submit the application to the concerned HRM Sections of the Circle Offices, **on or before 11.09.2020** in the prescribed format enclosed as Annexures to this Circular
 - a. Annexure I & II for Retirees &
 - b. Annexure III & IV for spouses of retirees.

It shall be noted that applications received after 11.09.2020 and submitted to any other authority other than the HRM Section will not be entertained.

2. The amount of Pro Rata premium as mentioned above for the month of **October 2020** will be deducted from the pension crediting account / account specified in case of non-pension optees, and will be remitted to Insurance Company on **15.09.2020** as requested by them.
3. All the eligible retirees & spouses of the deceased employees shall note that those who do not opt in the prescribed format and pay the pro rata premium and opt out from this policy are not entitled to rejoin this scheme once again after the due date.

ANNEXURE - I

Name :

Staff No:

Residential Address:

Sub: Willingness/Consent/Authorization letter to join in the IBA Group Health Insurance Policy with Domiciliary treatment coverage as per Bipartite Settlement/ Joint Note dated 25th May, 2015.

Name & Staff No	
Date of Birth	
Designation at the time of Retirement	
Date of Retirement	
Branch/office last worked	
Circle office	
Mode of Exit	
Pension paying Account No	
Operative Canara Bank SB Account in case of Non-Pensioners	
Branch Name DP Code IFSC No.	
PAN No.	
Contact Telephone No. Mobile No	
Contact Email ID of self or spouse or relative	

I have gone through and understood the terms of Medical Scheme by way of insurance cover as mentioned under provisions of the 10th Bipartite Settlement / Joint Note dated 25.05.2015. I have also read and fully understood the contents of HO Circular 443/2015 dated 07.09.2015 and subsequent Circulars issued in the matter including HO Circular 656/2020 dated 31.08.2020 issued by Canara Bank.

I am willing to join said IBA Group Health Insurance Policy as per the Bipartite Settlement/ Joint Note dated 25th May, 2015 and stipulated policy terms and conditions which is extended to the retirees subject to payment of agreed Insurance Premium by me.

I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme. The detailed information of myself and spouse are as under: [Please furnish in capital letters using black ink. Affix the signature below the Photograph.]

Sl. No	Full Name of Self & Staff No / Name of Dependent Spouse.	Date of Birth (DD/MM/YYYY)	Gender	Relationship	Photograph
	Self				Self
	Spouse				Spouse

1. I authorize Canara Bank to debit the pro rata premium amount for one month (October 2020), (Rs.6977/- in case of officer or Rs.5233/- in case of workmen) from my Pension SB a/c No. /Operative Canara Bank SB Account No [as I am a non Pensioner] to pay the premium now or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
2. I fully understand that by paying the above amount I will only be covered for October 2020 and for further renewal of the policy for 2020-21 I have to pay premium as stipulated by the Insurance Company.

I also fully understand that Bank is only facilitating the payment by obtaining this mandate, and it will be my responsibility to ensure that annual premium is paid.

Date:

[Signature]

ANNEXURE - II

Name :

Staff No:

Residential Address:

Sub: Willingness/Consent/Authorization letter to join in the IBA Group Health Insurance Policy without Domiciliary Treatment coverage as per Bipartite Settlement/ Joint Note dated 25th May, 2015.

Name & Staff No	
Date of Birth	
Designation at the time of Retirement	
Date of Retirement	
Branch/office last worked	
Circle office	
Mode of Exit	
Pension paying Account No	
Operative Canara Bank SB Account in case of Non-Pensioners	
Branch Name DP Code IFSC No.	
PAN No.	
Contact Telephone No. Mobile No	
Contact Email ID of self or spouse or relative	

I have gone through and understood the terms of Medical Scheme by way of insurance cover as mentioned under provisions of the 10th Bipartite Settlement / Joint Note dated 25.05.2015. I have also read and fully understood the contents of HO Circular 443/2015 dated 07.09.2015 and subsequent Circulars issued in the matter including HO Circular 656/2020 dated 31.08.2020 issued by Canara Bank.

I am willing to join said IBA Group Health Insurance Policy as per the Bipartite Settlement/ Joint Note dated 25th May, 2015 and stipulated policy terms and conditions which is extended to the retirees subject to payment of agreed Insurance Premium by me.

I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme. The detailed information of myself and spouse are as under: [Please furnish in capital letters using black ink. Affix the signature below the Photograph.]

Sl. No	Full Name of Self & Staff No / Name of Dependent Spouse.	Date of Birth (DD/MM/YYYY)	Gender	Relationship	Photograph
	Self				Self
	Spouse				Spouse

1. I authorize Canara Bank to debit the pro rata premium amount for one month (October 2020), (Rs.2812/- in case of officer or Rs.2109/- in case of workmen) from my Pension SB a/c No. / Operative Canara Bank SB Account No [as I am a non Pensioner] to pay the premium now or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
2. I fully understand that by paying the above amount I will only be covered for October 2020 and for further renewal of the policy for 2020-21 I have to pay premium as stipulated by the Insurance Company.

I also fully understand that Bank is only facilitating the payment by obtaining this mandate, and it will be my responsibility to ensure that annual premium is paid.

Date:

[Signature]

ANNEXURE - III

Name of the Spouse:

Date of Birth of Spouse

Name of the deceased retired employee:

Staff No:

Residential Address:

Sub: Willingness/consent/Authorization letter to join in the IBA Group Health Insurance Policy with Domiciliary treatment coverage as per Bipartite Settlement/ Joint Note dated 25th May, 2015.

Name of the spouse	
Date of birth of the spouse	
Name & Staff No. deceased employee/ retiree:	
Date of Birth of the Deceased Employee	
Designation at the time of Retirement/death	
Date of Retirement /death	
Branch/office last worked	
Circle office	
Mode of Exit	
Family Pension paying Account No	
Operative Canara Bank SB Account in case of Non-Pensioners	
Branch Name	
DP Code	
IFSC No.	
PAN No. of spouse	
Contact Telephone No.	
Mobile No	
Contact Email ID of spouse or relative	

I have gone through and understood the terms of Medical Scheme by way of insurance cover as mentioned under provisions of the 10th Bipartite Settlement / Joint Note dated 25.05.2015. I have also read and fully understood the contents of HO Circular 539/2015 dated 11/11/2015 and subsequent Circulars issued in the matter including the circular 656/2020 dated 31.08.2020 issued by Canara Bank.

I am willing to join said IBA Group Health Insurance Policy as per the Bipartite Settlement/ Joint Note dated 25th May, 2015 and stipulated policy terms and conditions which is extended to the retirees subject to payment of agreed Insurance Premium by me.

The detail information of myself is under: [Please furnish in capital letters using black ink. Affix the signature below the Photograph.]

Sl. No	Full Name of Spouse & Staff No of the ex employee	Date of Birth (DD/MM/YYYY) Of Spouse	Gender	Relationship	Photograph
	Spouse				Spouse

I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme.

1. I authorize Canara Bank to debit the pro rata premium amount for one month (October 2020), (Rs.6977/- in case of officer or Rs.5233/- in case of workmen) from my Pension SB a/c No. /Operative Canara Bank SB Account No to pay the premium now or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
2. I fully understand that by paying the above amount I will only be covered for October 2020 and for further renewal of the policy for 2020-21 I have to pay premium as stipulated by the Insurance Company.

I also fully understand that Bank is only facilitating the payment by obtaining this mandate, and it will be my responsibility to ensure that annual premium is paid.

Date:

[Signature]

ANNEXURE - IV

Name of the Spouse:

Date of Birth of Spouse:

Name of the deceased retired employee:

Staff No:

Residential Address:

Sub: Willingness/consent/Authorization letter to join in the IBA Group Health Insurance Policy without Domiciliary Treatment coverage as per Bipartite Settlement/ Joint Note dated 25th May, 2015.

Name of the spouse	
Date of birth of the spouse	
Name & Staff No. deceased employee/ retiree:	
Date of Birth of the Deceased Employee	
Designation at the time of Retirement/death	
Date of Retirement /death	
Branch/office last worked	
Circle office	
Mode of Exit	
Family Pension paying Account No	
Operative Canara Bank SB Account in case of Non-Pensioners	
Branch Name	
DP Code	
IFSC No.	
PAN No. of spouse	
Contact Telephone No.	
Mobile No	
Contact Email ID of spouse or relative:	

I have gone through and understood the terms of Medical Scheme by way of insurance cover as mentioned under provisions of the 10th Bipartite Settlement / Joint Note dated 25.05.2015. I have also read and fully understood the contents of HO Circular 539/2015 dated 11.11.2015 and subsequent Circulars issued in the matter including the circular 656/2020 dated 31.08.2020, issued by Canara Bank.

I am willing to join said IBA Group Health Insurance Policy as per the Bipartite Settlement/ Joint Note dated 25th May, 2015 and stipulated policy terms and conditions which is extended to the retirees subject to payment of agreed Insurance Premium by me.

The detail information of myself is under: [Please furnish in capital letters using black ink. Affix the signature below the Photograph.]

Sl. No	Full Name of Spouse & Staff No of the ex employee	Date of Birth (DD/MM/YYYY) Of Spouse	Gender	Relationship	Photograph
	Spouse				Spouse

I also understand and accept that the Bank is in no way responsible for payment of any amount under the scheme.

1. I authorize Canara Bank to debit the pro rata premium amount for one month (October 2020), (Rs.2812/- in case of officer or Rs.2109/- in case of workmen) from my Pension SB a/c No. /Operative Canara Bank SB Account No to pay the premium now or such other higher premium amount in case of revision as informed by the insurance company from my account as already indicated earlier to pay the premium now and in future also. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained my option / renewal of policy would be treated as lapsed.
2. I fully understand that by paying the above amount I will only be covered for October 2020 and for further renewal of the policy for 2020-21 I have to pay premium as stipulated by the Insurance Company.

I also fully understand that Bank is only facilitating the payment by obtaining this mandate, and it will be my responsibility to ensure that annual premium is paid.

Date:

[Signature]

**Guidelines to be followed by Retirees/Spouses of Deceased employees of
e-Syndicate Bank**

1. The retirees who are desirous of joining the scheme shall immediately approach the nearest branch of e-Syndicate Bank for submission of the consent/ Authorisation letter (Annexure-A)
2. Retirees have to exercise their OPTION for cover under either With Domiciliary Treatment or WITHOUT Domiciliary Treatment which cannot be changed in the middle till the expiry date of the Policy
3. Clarification required, if any, on this circular may be sought from IBA Health Insurance Cell, Canara Bank HO: Annexe Gandhinagar Bengaluru through email: coibahealth@syndicatebank.co.in or IP node 172.18.198.172 Phone:080-22350302/ 8277890809 for reference).

Instructions to esyndicate branches for data entry:

Branches have to open the In-house application portal <http://inhouseweb/IBAMED/ndex.php>. Then they have to log in by entering In-house Application user ID and Password already available with them. After successful login, the data entry screen will appear. Branches should correct the details appearing therein if there is any incorrect information / data appearing in the screen. In case spouse of the deceased employee is there, his / her name and date of birth should be entered. All fields including e-mail ID, spouse name and date of birth of spouse are mandatory. **After saving the data entered, Annexure A has to be downloaded, got signed by the pensioner and should to be preserved for future reference. Copy of Annexure A is to be given to the concerned pensioner.**

Annexure-A

Date:

Place:

To:

The General Manager (HR)
IBA Health Insurance Cell
Canara Bank HO Annexe
Gandhi Nagar Bengaluru.

Through:

Branch Manager,
Branch: _____

Dear Sir,

**SUB: Medical Health Insurance Scheme- Request for renewal of Group Medclaim
Policy for October 2020**

I am interested in joining the Medical Insurance Scheme of IBA for member banks introduced as per 10th Bipartite Settlement/Joint Note dated 25.05.2015 and furnish here below the required information pertaining to me.

Details of Pensioner / Retiree		Details of spouse of Pensioner / Retiree	
Name		Name of spouse	
Emp. No		Date of Birth	
Pension No (If applicable)			
Date of Birth			
Date of Retirement			
Type of retirement- (Superannuation/death/VRS etc.)			
Cadre at the time of retirement			
Mobile No			
Email Id			
Bank Account No			
Address			

Premium payable of One Month for October 2020:

OPTIONS	OFFICERS	CLERK / SUB STAFF
With Domiciliary	6977	5233
Without Domiciliary	2812	2109

I retired as an Officer / Award Staff and I am aware that I along with my spouse will be eligible for a health insurance cover of Rs.4.00 lakhs/Rs.3.00 lakhs under the Group Health Insurance policy. I hereby authorize you to debit the premium amount.

OR

I am Spouse of the deceased Officer / Workmen employee and I am aware that I will be eligible for a health insurance cover of Rs.4.00 lakhs /Rs.3.00 lakhs under the Group Health Insurance policy. I hereby authorize you to debit the premium amount

I am informed that I have to renew the policy from 1st November 2020 by giving a separate mandate and by paying the premium as communicated by insurance company. I am aware that once I exit the scheme, I will not be allowed to rejoin later.

I hereby authorize you to debit the premium amount of _____ from my SB a/c No _____ Maintained atBranch and IFSC Code is

Yours faithfully

(SIGNATURE)