



PASCHIM BANGA GRAMIN BANK

HEAD OFFICE: NATABAR PAUL ROAD, CHATTERJEE PARA MORE
TIKIAPARA, HOWRAH, WEST BENGAL, INDIA, PIN CODE – 711 101

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Circular No. PBGB/HO/PAD/95 /2020-21

Date: 17/08/2020

All Branches /Offices

Sub: Medical Insurance Scheme for Retirees including PTSW – One more option for joining the scheme under Non domiciliary reimbursement.

We invite reference to our circular No. PBGB/HO/PAD/23/2020-21 dated 27/04/2020 with regard to continuation of Medical Insurance Scheme for Retirees from 01/06/2020 to 31/05/2021.

As some of the left out retirees/PTSW are showing their interest to join the scheme, it is proposed to invite application from them with required premium. On receipt of the same, we shall take up the matter with the insurance company for inclusion in the scheme.

Those who wish to apply/join the medical insurance scheme shall note the following:

- 1) Fresh Applicant shall be covered under Non-domiciliary scheme only.
- 2) Full premium for Non-domiciliary option shall be paid by the applicant. But their eligibility shall from a prospective date i.e. after realization of premium by insurance company and co-terminate with the running policy (end date 31/05/2021).
- 3) Once premium is remitted, there will be no refund of premium will be allowed.
- 4) All other terms and conditions of the existing retiree policy shall be applicable to the applicant.
- 5) The last date of submission of application is 26/08/2020 supported by sufficient credit in the SB a/c to meet the premium remittance to the insurance company. The application form shall be submitted direct to HO, PAD either in physical form or in e-mail id ho.pad@pbgbank.co.in only.
- 6) Attached application form shall be used for the purpose.

Please bring the matter to interested retirees and display a copy in the notice board.


General Manager

Encl: As above.

Enclosure to Circular No. PBGB/HO/PAD/95/2020-21 dated. 17.08.2020.
"Consent Letter" to join the Medical Insurance Scheme

To The General Manager, PAD, Paschim Banga Gramin Bank, Head Office, Howrah.

Dear Sir,

Sub: Willingness/Consent/Authorization to join the Medical Insurance Scheme as per 10th Bipartite Settlement/ Joint Note dated 25th May, 2015.

Name with SID No.	Date of Birth	Gender
Spouse Name		
Designation	(at the time of retirement)	
Branch / Office last worked		
Mode of exit		
SB A/C No.	(with PBGB, Branch only)	
Mobile No.		
E mail id		

Iretired from the service of the Bank on (Date of Retirement) in Officer/Clerical/Sub-staff/PTSW cadre, have gone through and understand the terms and conditions of the above mentioned Circular on Medical Insurance Scheme and express my willingness to join the said scheme by paying agreed insurance premium from the above mentioned account with PBGB. **I was not a member of the existing medical scheme.**

Premium payable and Insurance Coverage available at present will be as under.

Premium of Non – Domiciliary Scheme.

Category	Sum Insured (Rs)	Base Premium (Rs)	Total Premium (Rs)
Officers	4,00,000.00	19317.00+ GST 18%	22794.00
Other staff including PTSW	3,00,000.00	16213.00+ GST 18%	19131.00

I am interested to join the Scheme and hereby authorize the Bank to recover the Insurance premium of Rs..... (Rupees.....) to the debit of my above mentioned account and authorized to pay the premium. I ensure that sufficient balance will be maintained in the account. I fully understand that in case sufficient balance is not maintained, my consent to join the policy would be treated as lapsed. I also understand that Bank is only facilitating the payment by obtaining mandate and it will be my responsibility to ensure that annual premium is paid. I also understand and accept that the Bank shall provide the data to the Insurance Company.

I further understand that **the policy will commence from date as stated in the above – mentioned circular & co-terminate on 31.05.2021.**

Place:

Yours faithfully,

Date:

Signature:

Name:

Address for communication