

**PASCHIM BANGA GRAMIN BANK, HOWRAH - EXISTING STAFF**

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| <b>Insured Details</b>   |  |            |
| Name of Insured/Proposer   | Paschim Banga Gramin Bank, Howrah  |            |
| Address of Insured/Proposer  | Howrah   |            |
| Business of Insured/Proposer   | Banking  |            |
| Contact Person of Insured  | 1) Santanu Ghosh 2) S. K. Sahu,  |            |
| Phone No. & E Mail ID  | 9088831742 - <a href="mailto:ho.pad@mail.pbgb.co.in">ho.pad@mail.pbgb.co.in</a><br>7008446938 - <a href="mailto:ho.gm2@mail.pbgb.co.in">ho.gm2@mail.pbgb.co.in</a> |            |
| Employer-Employee Relationship (Yes/No)  | Yes  |            |
| If No, specify relationship  | NA   |            |
| <b>Intermediary Details</b>  |  |            |
| Name of the Intermediary (Existing & New if applicable)  | NIL  |            |
| Contact Details including E Mail ID  |  |            |
| <b>TPA Details</b>   |  |            |
| In-house TPA Star Health   |  |            |
| Name & Address   |  |            |
| Contact Details  |  |            |
| <b>Expiring Policy Details</b>   |  |            |
| Period of Insurance & Policy Number (Inception Date & Expiry Date)   | Endorsement No. P/191113/01/2021/000495/001<br>25-04-2020 to 24-04-2021  |            |
| <b>Policy copy with terms/conditions including extensions is to be mandatorily provided by the Proposer</b>                            |  |            |
| Policy Type  | <b>TGMP</b>  |            |
| Premium paid at inception (exclusive of GST)   | Rs.1,93,12,410/-   |            |
| Premium deletion during the year   | Nine number of staff resigned for which refund allowed on proportionate basis.   |            |
| Final Premium collected (exclusive of Service Tax) as on date.....to be Specified  | 11 new staff joined for which proportionate additional premium paid.<br>Appx. Final premium Rs.1,94,00,000/-   |            |
| For how many years Policy has been active  | Active for Five years.   |            |
| <b>Member Details</b>  |  |            |
| Officers – 573 No. with dependents.<br>Clerk+Sub-staff+PTSW – 589 No. with dependents<br>(total dependent 1169 (O) + 1273(CIk) = 2442) |  |            |
| <b>Expiring Year</b>   |  |            |
| 24-04-2021   |  |            |
| Basis of Premium Charging-per Family or per Member covered   | Family floater applicable to nationalized banks.<br>Officer – Rs.17600/-, Others Rs.15855/-<br>(Includes domicillary expenses as per IBA scheme)                   |            |
| No. of Members at inception  | Employee   | Dependents |
| Addition during the year   | 11   | 19         |
| Deletion during the year   | 9  | 18         |






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| Final No. of Members at expiry (With complete Enrollment Date)   | 1164 (108 retired during the year)<br><br>(So 1056 appx. is in pay roll)        | <b>2443</b><br>(213 dependent further reduced for retired staff, remaining dependent 2230 appx. However, final figure shall depend on actual declaration by employees) |
| <b>Renewal Year</b>  |   |  |
| No. of Members to be covered   | Employee—   | Dependents (relation to be specified)—   |
| Please specify Sum Insured required  | Rs.4,00,000/- Officer<br>Rs.3,00,000/- Others<br>(Both for existing & retirees) | As per IBA policy meant for nationalized banks.  |
| If Family coverage then no. of Families to be covered  | 1056 Approx.  |  |
| Family/Floater Sum Insured   | Rs.4,00,000/- Officer & Rs.3,00,000/- Others                                    |  |
| <b>Claim Details as on (from 24.04.2020 to 30.03.2021) (Date to be specified) under expiring Policy</b>                  | <b>Reimbursement</b>  | <b>Cashless</b>  |
| Claims paid as on Date 30.03.2021  | Claimed Amount Rs.2,56,63,209/-<br>Paid Rs.2,03,23,930/-                        |  |
| Claims outstanding as on date  | Rs.57,74,923/-  |  |
| <b>Total Claims paid during the last three months of two years of Policy immediately preceding to the expiring year.</b> | 2020-21<br>2019-20  | Rs.71,65,000/- appx<br>Rs. 65,35,000/- appx.   |
| <b>Family Details (specify wherever applicable)</b>  |   |  |
| Family Definition Whether Additional Children Covered  | As per Bipartite Settlement / Joint Note of Bank Employees                      |  |
| Whether Additional Relationships Covered, like brother/sister etc.   | As per Bipartite Settlement / Joint Note of Bank Employees                      |  |
| Any revision required in Family definition under renewal Policy - please specify if yes                                  | No.   |  |
| <b>Corporate Buffer Details required under Renewal Policy</b>  | NIL   |  |
| Per Family Maximum SI for Corporate Buffer   |   |  |
| Maximum Number of Cases during the Policy period for Corporate Buffer if same is to be capped                            |   |  |

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that i/We am/are authorized to propose on behalf of these persons.

For Paschim Banga Gramin Bank

Date: 07/04/2021

Place: Howrah

  
General Manager

Signature of the Designated Official of the Insured/Intermediary or Agent  
With Name & Designation





**PASCHIM BANGA GRAMIN BANK, HOWRAH - RETIREE STAFF**

|   |  |
|---|--|
| <b>Insured Details</b>  |  |
| Name of Insured/Proposer  | Paschim Banga Gramin Bank, Howrah  |
| Address of Insured/Proposer   | Howrah   |
| Business of Insured/Proposer  | Banking  |
| Contact Person of Insured   | 1) Santanu Ghosh 2) S. K. Sahu,  |
| Phone No. & E Mail ID   | 9088831742 - <a href="mailto:ho.pad@mail.pbgb.co.in">ho.pad@mail.pbgb.co.in</a><br>7008446938 - <a href="mailto:ho.gm2@mail.pbgb.co.in">ho.gm2@mail.pbgb.co.in</a>                           |
| Employer-Employee Relationship (Yes/No)   | Retired staff.   |
| If No, specify relationship   | NA   |
| <b>Intermediary Details</b>   |  |
| Name of the Intermediary (Existing & New if applicable)   | NIL  |
| Contact Details including E Mail ID   | In-house TPA Star Health   |
| <b>TPA Details</b>  |  |
| Name & Address  |  |
| Contact Details   |  |
| <b>Expiring Policy Details</b>  |  |
| Period of Insurance & Policy Number (Inception Date & Expiry Date)  | Endorsement No. P/191113/01/2021/001284<br>01-06-2020 to 31-05-2021  |
| <b>Policy copy with terms/conditions including extensions is to be mandatorily provided by the Proposer</b> |  |
| Policy Type   | <b>TGMP</b>  |
| Premium paid at inception (exclusive of GST)  | Non domiciliary – Officer Rs. 3863400./-<br>Others Rs. 745798/-<br>With domiciliary – Officer Rs.955548/-<br>Others Rs.79668/-   |
| Premium deletion during the year  | NIL  |
| Final Premium collected (exclusive of Service Tax) as on date.....to be Specified                           | Non domiciliary – Officer Rs. 3863400./-<br>Others Rs. 745798/-<br>With domiciliary – Officer Rs.955548/-<br>Others Rs.79668/-<br>Total Rs.6538266/-(Inclusive of GST)                       |
| For how many years Policy has been active   | Active for Five years.   |
| <b>Member Details</b>   |  |
|   | Non Domicilliary Officers – 200 + dependents.<br>Others – 46 + dependent<br><br>With domiciliary – Officer – 44 + dependent<br>Others- 04 + dependent<br>(Self & dependent = 294+281 = 575 ) |
| <b>Expiring Year</b>  | 31-05-2021   |
| Basis of Premium Charging-per Family or per Member covered  | Non domiciliary – Officer Rs.19317/-+GST<br>Others Rs.16213/-+GST<br>Domiciliary - Officer Rs.21717/- + GST<br>Others Rs..19917/- + GST  |






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|--|---|--|
| No. of Members at inception  | Retiree<br>Employee   | Dependents   |
| Addition during the year   |   |  |
| Deletion during the year   |   |  |
| Final No. of Members at expiry (With complete Enrollment Date)   | 294   | 281  |
| <b>Renewal Year</b>  |   |  |
| No. of Members to be covered   | Retired Employee—<br>Depends on option<br>exercised.                | Dependents (relation to<br>be specified)—          |
| Please specify Sum Insured required  | Rs.4,00,000/- Officer<br>Rs.3,00,000/- Others                       | As per IBA policy meant<br>for nationalized banks. |
| If Family coverage then no. of Families to be covered  | In the existing policy total option exercised by 294 retired staff. |  |
| Family/Floater Sum Insured   | Rs.4,00,000/- Officer & Rs.3,00,000/- Others                        |  |
| <b>Claim Details as on (from 01-06-2020 to 31.05.2021) (Date to be specified) under expiring Policy</b>                  | <b>Reimbursement</b>  | <b>Cashless</b>                                    |
| Claims paid as on Date 30.03.2021  | Shall be provided on availability.                                  |  |
| Claims outstanding as on date  |   |  |
| <b>Total Claims paid during the last three months of two years of Policy immediately preceding to the expiring year.</b> | 2020-21<br>2019-20  |  |
| <b>Family Details (specify wherever applicable)</b>  |   |  |
| Family Definition Whether Additional Children Covered  | As per Bipartite Settlement / Joint Note of Bank Employees          |  |
| Whether Additional Relationships Covered, like brother/sister etc.   | As per Bipartite Settlement / Joint Note of Bank Employees          |  |
| Any revision required in Family definition under renewal Policy - please specify if yes                                  | No.   |  |
| <b>Corporate Buffer Details required under Renewal Policy</b>  | NIL   |  |
| Per Family Maximum SI for Corporate Buffer   |   |  |
| Maximum Number of Cases during the Policy period for Corporate Buffer if same is to be capped                            |   |  |

I/We hereby declare on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that i/We am/are authorized to propose on behalf of these persons.

Date: 07/04/2021

Place: Howrah

  
General Manager

Signature of the Designated Official of the Insured/Intermediary or Agent  
With Name & Designation

