

INDIAN INSTITUTE OF BANKING & FINANCE

To,
All the Superannuated / Retired Employees,

Dear Sir/ Madam,

Re: Renewal of Group Medical Insurance Scheme for the existing retirees of the Institute.

Institute introduced Group Medical Insurance Scheme for the existing employees of the Institute through National Insurance Company on the lines as implemented in the banking industry. The Institute also extended the Group Medical Insurance Scheme to all the retired employees (superannuated / retired (VRS) and the premium is to be borne by the retired employees. The policy of the retired staff members who opted the policy is expiring on 31.01.2022.

The National Insurance Company has, on the request of the Institute agreed to renew the policy for one more year for the retired employees (superannuated / retired (VRS).

The details of the policy for the retired employees are given below:

Base policy rate:

Retirees Base Rate (Including GST)

	Without Domiciliary (Rs.)			
Sum Insured	Officer		Clerical & Substaff	
	Family Total Premium	Single Total Premium	Family Total Premium	Single Total Premium
100000	15248	9911	15248	9911
200000	22025	14316	22025	14316
300000	33884	22024	33884	22024
400000	43249	28112	NA	NA

	With Domiciliary (Rs.)			
Sum Insured	Officer		Clerical & Substaff	
	Family Total Premium	Single Total Premium	Family Total Premium	Single Total Premium
100000	27024	17566	27024	17566
200000	45213	29388	45213	29388
300000	65107	42319	65107	42319
400000	86042	55927	NA	NA

The general terms and conditions of the scheme is enclosed for information.

All the existing superannuated / retirees (VRS) who wish to avail the scheme are requested to submit the attached application form duly filled before 25th January 2022 along with the details of the payment of Insurance Premium. The premium should be remitted in the Institute's following bank account through online (NEFT).

Name of the Account: Indian Institute of Banking & Finance

Account No: 10783154783

Type of Account: Current Account

Bank Name: State bank of India

Branch : Kurla (West)-1886

IFSC Code: SBIN0001886

Institute will collect the premium and forward to the Insurance company along with the details of the retirees/ spouse to obtain the Group Medical Insurance scheme and to forward to the retirees. The scheme will be valid for one year from 01st February 2022.

Deputy Director (HR & IR),
Indian Institute of Banking & Finance,
Mumbai.
18th January 2022.

Application for joining the Group Medical Insurance Scheme for Retirees

To,
Deputy Director (HR & IR),
Indian Institute of Banking & Finance,
Mumbai-70.

Dear Sir,

Willingness to Join the Group Medical Insurance Scheme for Retirees

I _____ Employee No. _____ retired from the services of the Institute on _____ (date of retirement) in Officer / Clerical / Sub Staff Cadre, have gone through the terms and conditions of the Group Medical Insurance Scheme extended to the existing retirees and express my willingness to join the said scheme by paying agreed Insurance Premium.

I also understand that IIBF is only facilitating the payment by obtaining this mandate and it will be my responsibility to ensure that annual premium is paid. I also understand and accept that the IIBF shall act as an intermediary in providing the data to the Insurance Company and is no way responsible for reimbursement of any amount under the scheme, except what is admissible / payable by the Insurance Company.

TICK THE REQUIRED OPTION:

OPTION I- BASE POLICY **WITHOUT** DOMICILLIARY

Sum Insured	Family Floater (Premium Inlcuding Gst) (Rs.)	Single Person (Premium Inlcuding Gst) (Rs.)	Select Option (✓)
Rs. 4,00,000/- (Only for Officers)	43249	28112	
Rs. 3,00,000/-	33884	22024	
Rs. 2,00,000/-	22025	14316	
Rs. 1,00,000/-	15248	9911	

OPTION II- BASE POLICY **WITH** DOMICILLIARY

Sum Insured	Family Floater (Premium Inlcuding Gst) (Rs.)	Single Person (Premium Inlcuding Gst) (Rs.)	Select Option (✓)
Rs. 4,00,000/- (Only for Officers)	86042	55927	
Rs. 3,00,000/-	65107	42319	
Rs. 2,00,000/-	45213	29388	
Rs. 1,00,000/-	27024	17566	

I have remitted the Insurance Premium to Institute's account at ----- and the details of the payment are given below:

Date of remittance _____

Amount _____

UTR No _____

I am furnishing the details of myself and my spouse hereunder: -

Details	Full Name	Date of Birth	Present Age	Cadre from which superannuated / retired
Self				
Spouse				

Nomination Details :-(In the absence of spouse)

Sr. No	Nominee's Name	Relationship	Date of Birth/ Age
1			

Address for communication:

Dist _____ State _____

PIN _____

Mobile No. _____ Telephone No: _____

E mail ID _____ PAN No. _____

AADHAR No. _____

Yours faithfully,

Place: _____ Signature _____

Date: _____ Name of the retiree: _____

Employee No. _____