

IBA SPONSORED GROUP MEDICLAIM POLICY (WITHOUT DOMICILLIARY POLICIES) FOR RETIREES OF e-ABs
RENEWAL OF POLICY WITH EFFECT FROM 1ST NOV 2024

INCLUSION OF WILLING e-AB RETIREES IN OUR 'SBI HEALTH ASSIST' GROUP MEDICLAIM POLICY W.E.F. 1ST NOV 2024

Please refer to our e-Circular no. CDO/P&HRD-PPFG/32/2023 – 24 dated 20th October,2023 wherein details for renewal of IBA sponsored Medclaim Policy for retirees of e-ABs for the policy year 2023-24 commencing from 01st Nov 2023 were advised. In this connection, IBA has advised guidelines for renewal of the policy for the policy year 2024-25 commencing from 01st November 2024 for the eligible members. The policy has been awarded by IBA to National Insurance Co. Ltd. (NICL). Premium rates for the Base and Super Top-up policies under the IBA Medclaim Policy (2024-25) for eligible retirees are placed in **Annexure A**.

2. Premium payment: Last date for Retirees base and Top-Up Policies is on or before 31.10.2024.

It is to be noted that the window for enrollment of retirees is only up to 31 Oct 2024 i.e. data for enrollment shared along with premium received on or before 31 Oct 2024 will be final. **No further extension of date for enrollment of retirees will be allowed.**

Because of the large number of policies, both Employees and Retirees, that have to be issued by 31st October 2024, it is advised to remit premium latest by 28th October 2024.

3. In addition, IBA has reiterated their timelines for intimations and submissions of claim documents for Retiree's Policy of 2023-24, ending on 31st October 2024: -

- i) Last date of receipt of intimation of claim arising under Policies of 01/11/2023 - 31/10/2024 will be 15/11/2024.
- ii) Last date of receipt of documents and query replies will be 31 Dec. 2024.

3. Payment of premium and submission of members data

After collection of premiums from individual e-AB retirees, remittance of premium should be made in favour of **National Insurance Co. Ltd.** as per the details given hereunder:

NAME OF BENEFICIARY	NATIONAL INSURANCE COMPANY LTD
BENEFICIARY ADDRESS	Corporate Regional Office, National Insurance Building,

	2 nd Floor, 14, Jamshedji Tata Road, Churchgate, Mumbai – 400020.
ACCOUNT NUMBER	NATIONAL9925110000
BANK NAME	Kotak Mahindra Bank
BANK ADDRESS	Kotak Mahindra Bank, Mumbai - Nariman point Branch, 1 st Floor, Bakhtawar, No. 229 Nariman Point, Mumbai - 400021
MICR CODE	400485002
IFSC CODE	KKBK0000958
PAN NUMBER	AAACN9967E

The concerned LHOs must remit National Insurance Company Ltd (NIC) **the renewal premium collected from eligible e-AB retirees for base and top up policies for the year 2024-25 latest by 31st October 2024.** The enrolment data for base policies and Top up policies must be shared with NIC latest by 31st October 2024 by concerned LHOs.

4. Inclusion of willing e-AB retirees in ‘SBI Health Assist’ (Policy B)

It has been decided to include e-AB retirees who are presently members of the IBA policy in ‘SBI Health Assist’ policy with effect from 1st November, 2024 on following terms as communicated by SBI General Insurance Co. Ltd.:

- (i) All willing e-AB retirees who are members of IBA Mediclaim Policy at present will be permitted to join 'SBI Health Assist' from 1st Nov 2024 for two and a half months (i.e. upto 15th January, 2025) by paying 40% premium (short period premium).
- (ii) e-AB retirees who wish to join 'SBI Health Assist' with effect from 1st November, 2024, will not be eligible for 'Additional Super Top up' cover till 15th Jan 2025.
- (iii) Accordingly, the amount of premium for inclusion of e-AB retirees in 'SBI Health Assist' w.e.f. 01st Nov 2024 to 15th Jan 2025 will be as under: -

Policy year 2024-25	Base Plan of Rs. 3.00 Lakhs (Own contribution)	Base Plan of Rs. 5.00 Lakhs (Own contribution)	Critical Illness cover for Rs. 5.00 lakhs (Own contribution)
Annual Premium (Amt. in Rs)*	17,343	38,552	14,441
Short Period Premium @ 40% (Amt. in Rs.)	6,937	15,421	5,776
GST @18%	1,249	2,776	1,040
Gross Premium to be paid by member	8,186	18,197	6,816

- (iv) The above arrangement with SBI General is a one-time arrangement for enrolment of e-AB retirees who are presently members of the IBA Policy who opt to enrol under the “SBI Health Assist” w.e.f. 01st Nov 2024 only and no enrolment beyond 01st Nov 2024 will be permitted under policy year 2024 - 25.
- (v) On 16th January 2025, SBI Health Assist policy will be renewed with SBI General Insurance Company. All e-AB retirees who are members of the IBA policy as on date may enrol themselves under “SBI Health Assist” w.e.f. 16th Jan 2025 by paying the annual premium as applicable, irrespective of whether they enrol w.e.f. 01st Nov 2024 and renew w.e.f. 16th Jan 2025 or enrol w.e.f. 16th Jan 2025.
- (vi) However, eligibility to enrol under “SBI Health Assist” w.e.f. 16th Jan 2025 will be available only to the e-AB retirees who are not members of IBA Mediclaim Policy for Policy Year 2024-25. Those e-AB retirees who opt to join IBA Mediclaim Policy 2024-25 will not be allowed for enrolment under SBI Health Assist policy from Policy Year 2025-26.

All other terms & conditions for e-AB retirees who enroll themselves in ‘SBI Health Assist’ policy with effect from 1st November, 2024, will be as per the instructions contained in e-Circular no. CDO/P&HRD-PPFG/43/2023 – 24 dated 29th December 2023. The procedure of enrolment in SBI Health Assist Policy is detailed in Annexure B & SBI Health Assist Policy enrollment form is placed in Annexure C.

Please bring contents of this letter to the knowledge of all concerned.

Yours faithfully,

(Debjee Mitra)
General Manager (RP&PM)

IBA SPONSORED GROUP MEDICLAIM POLICIES FOR RETIREES WITHOUT DOMCILLIARY POLICIES FOR RETIREES

The premium rates for both Base and Top-Up policies are given below for your reference.

Medical Insurance Scheme Premium-in ₹ excluding GST (applicable GST of 18 % is to be added):

Retirees Base Policies

Sum Insured→	₹300000	₹400000
Premium	₹24,191	₹34,661

Retirees Top-Up Policies

Sum Insured→	₹4,00,000	₹5,00,000
Premium ₹.	₹41,101	₹51,101

Retirees (Single Person) Base Policies

Sum Insured→	₹300000	₹400000
Premium ₹.	21,772	31,195

Retirees (Single Person) Top-Up Policies

Sum Insured→	₹400000	₹500000
Premium ₹.	₹36,991	₹45,991

The guidelines for renewal of GMC policies (Base and Top-Up) are-

1. The available sum insured of Base Policies for Award staff and Officers for both employees and Retirees are 3 Lacs and 4 Lacs respectively.
2. The available Sum Insured for Top-Up Policies for Award staff and Officers for both employees and Retirees are 4 Lacs and 5 Lacs respectively.

3. As per the expiring Policies, Employees-Officers/Workman have a choice of Top-Up SI of Rs.5L/4L, corresponding to respective Base SI of Rs.4L/3L. Top-Up SI applicable for Retirees Officers/Workman will be the same as for Employees- Officers/Workman.
4. Domiciliary expenses are not covered under Top-Up Policies, as per the conditions of previous years' policies.
5. Those retirees/spouses who had not subscribed to the current insurance Policies will also have the option to join as a one-time measure.
6. **New annual base Policies for retirees commencing on 1st Nov 2024 will be nondomiciliary Policies.**
7. **Premium payment: Last date for Retirees base and Top-Up Policies is on or before 31.10.2024.**
8. **It is to be noted that the window for enrollment of retirees is only up to 31 Oct 2024 i.e. data for enrollment shared along with premium received on or before 31 Oct 2024 will be final. No further extension of date for enrollment of retirees will be allowed.**
9. Dependent Addition and deletion on the expiring policy which is to be incorporated in the renewal policy of Employees is to be notified at the commencement of policies. Addition/deletion of dependant(s) during the currency of the policy will be allowed only in respect of new joinees, newlywed, and new born children by way of endorsements.
10. For Employees' Base and Top-up Policies 2024-2025:-
 - Last date of receipt of data from respective Bank/s : - 31st October 2024
 - (Risk will commence from 1st November 2024, subject to the Premium being deposited with the Insurer, on or before 31st October 2024).
 - Because of the large number of policies, both Employees and Retirees, that have to be issued by 31st October 2024, it is advised to remit premium latest by 28th October 2024.
11. The allocation of the TPAs for servicing the 2024-2025 mediclaim policies will be informed latest by 21st October 2024 i.e.10 days before the commencement of risk .

Procedure for Membership for SBI Health Assist (Policy 'B') for e-AB retirees / spouses of deceased retirees.

- I. All eligible e-AB retirees / spouses of deceased retirees who are member of expiring IBA Policy (2023-24) will fill up the Application Form (enclosed as **Annexure - C**) and submit to the pension paying branch/home branch along with cheque/ debit authority for applicable premium amount as per premium chart.
- II. Retirees/Surviving Spouses of e-ABs not receiving pension and not having HRMS ID should mention the name of the e-AB (SBM, SBT, SBBJ, SBP, SBIN, SBS & SBH) before their PF ID (for example if PF ID of a retiree of SBM is 1234 then "**SBM1234**" is to be mentioned) in column no. **1B**.
- III. The branch will arrange for debiting the applicant's account with the amount of gross premium (i.e., Basic Premium plus GST) and credit the same to Current Account opened by concerned A.O. for collection of premium.
- IV. Once amount of premium is credited in the designated account at the A.O., branch will forward duly filled-in application forms [mentioning (a) Transaction No. (b) Date of Transaction; and (c) Amount] to the concerned A.O. for further action.
- V. AOs on receiving the application form, will verify the form and check the eligibility of the applicant as per extant guidelines. AOs shall ensure that all necessary details have been filled and correct amount of premium has been deposited in the Current Account maintained at A.O.
- VI. AOs will simultaneously prepare a list (as per **Annexure-D**) containing details of the applicants and send the soft copy through email to HR Department at their respective LHO and also transfer the consolidated amount to Main Collection Account maintained by P & PM department, Corporate Centre, Mumbai on 31st October,2024.
- VII. The AOs should ensure that the amount remitted to Corporate Centre tallies with the column total of 'Premium Paid by pensioners' in the excel file sent by them to their respective LHO. **AOs should not send data files directly to Corporate Centre.**
- VIII. HR Department at each LHO, on receiving the enrolment details / files from the AOs will verify and collate the error free details in a single excel file in different sheets (as per **Annexure-D**) for each AOs and send the same to P & PM Department, Corporate Centre positively by 31/10/2024. Annexure- D which contains an excel sheet format is for internal circulation and will be shared with all LHOs through email.

“SBI Health Assist” Scheme (for e-AB retirees)**GROUP MEDICLAIM POLICY ‘B’****APPLICATION FORM FOR Policy ‘B’ (01.11.2024 – 15.01.2025)**

Date of payment of premium	
Journal No.	
Amount paid	

Affix coloured joint photograph
of the member and spouse

Chief Manager
State Bank of India,
Branch / Administrative office,

Dear Sir,

SUB: Family Floater Group Health Insurance Policy ‘B’ for SBI Retirees Policy Period : 01.11.2024 – 15.01.2025

I am interested in joining the Family Floater Group Health Insurance Policy of State Bank of India (Policy B – SBI Health Assist Scheme) and furnish the required information as under:

Sl.	Particulars	Remarks
1 A	HRMS ID (if member is a pensioner)	
1 B	PF ID (for pre-merger retirees of e-Abs who don't have HRMS ID) for example “ SBM1234/ SBH1234, SBP1234..... ”	
2	Name of retiree / Family pensioner	
3	Date of Birth of retiree / Family pensioner	dd/mm/yyyy
4	Date of joining the Bank	
5	Date of Retirement	

6	Date of Death of deceased employee/ pensioner (applicable for Family pensioners)	
7	Retired as Clerical/Sub-staff/JMGS-I/MMGS-II /MMGS-III/SMGS-IV /SMGS-V/TEGSVI/TEGS-VII /TEGSS-I/TEGSS-II	
8	Age (in years) as on the date of retirement	
9	Gender	i. Male ii. Female
10	Type (Please write Pensioner / Family pensioner / Retiree/ Surviving spouse of retiree)	
11	Category (Please tick mark)	i. Retiree/ pensioner of erstwhile Associate Banks of SBI (e-ABs). ii. Surviving spouses / family pensioners of erstwhile Associate Banks of SBI (e-ABs)
12	Whether dismissed or terminated from service. (Tick)	Yes / No
13	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed)	Yes / No
14	Address for communication	Address
		Nearest Landmark
		Post Office
		City / District
		State
		Pin Code

15	Landline No. (with STD code)		
16	Mobile No. (it will be used for registration under e-Pharmacy scheme)		
17	Alternate Mobile no. (if any)		

18	Email ID (mandatory)										
19	Name of Spouse (if any)										
20	Date of Birth of Spouse (dd/mm/yyyy)										
21	Name of disabled Child / Children (if any). (As declared to the Bank)	SI	Name of the disabled child	Date of Birth (dd/mm/yyyy)	Gender						
		1.									
		2.									
22	Name of the pension/family pension paying branch/ Saving account no. in SBI (if not getting pension)	Name of the Branch				Branch Code No.					
23	Pension Account No. (11 digit)										
24	IFSC Code										

BASIC COVER PLANS

25	Sum Insured	Basic Premium	GST @ 18%	Gross Premium (A)	Please Tick Opted Plan
	3,00,000	6,937	1,249	8,186	
	5,00,000	15,421	2,776	18,197	

CRITICAL ILLNESS COVER **					
26	Sum Insured	Basic Premium	GST @ 18%	Gross Premium (C)	Please Tick if applied
	5,00,000	5,776	1,040	6,816	

**** Critical Illness Cover will not be available separately and can be taken only with a Base Plan**

**** Members aged below 65 years of age as on 15th January 2024 to opt for critical Illness Plan**

27	CALCULATION OF TOTAL PREMIUM (with GST)		
	Premium for Base Plan	Premium for Critical Illness (if any)	Total Premium Paid (with GST)
	(A)	(B)	A + B

28. Declaration Nominee/s :

I, Mr./Mrs./Ms. _____, a pensioner of the Bank/ a retired employee / spouse of the deceased retiree do hereby assign the money payable by “**SBI General Insurance Co. Ltd.**” in case of my death to Mr. / Mrs./ Ms. _____ Relation _____ and further declare that his/her receipt shall be sufficient discharge of the company.

29. The information regarding all three e-pharmacy vendors is uploaded on <https://sbi.co.in/web/personalbanking/pension-seva> . Kindly go through the document containing the services offered by each vendor and then select a vendor of your preference. Selection of e-Pharmacy Vendor (Anyone) –

1. MediBuddy

2. Tata 1MG

3. Ur Life

I hereby select vendor M/S _____ as my e-Pharmacy vendor for providing services during Policy year 2024-25. To enable the vendor so selected to allow access to the services offered by them, I authorize the Bank to share my PF ID/ contact details and details of my/ my family members to such vendor, for which I give my consent herewith.

30. Debit Authority for Super Top-up Premium

I hereby authorize Bank to debit and credit premium of Super Top-up cover of 6 Lacs from my pension account.

31. Debit Authority:

I am aware that I along with my spouse and disabled child/children (if any) will be eligible for a health insurance cover under the Family Floater Group Health Insurance 'Health Assist'. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account No. _____

I undertake to keep sufficient balance in my above account for debiting insurance premium for the policy year 2024-25 failing which the policy may not be issued to me. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policy from time to time.

32. Consent-cum- undertaking:

I am desirous of availing the "SBI Health Assist" Scheme ("Services") offered by the Bank through third-party agencies/service providers/vendors ("Third Party Entities"). The Bank may also at its sole discretion offer certain additional services, (information regarding such service/s will be Circulated subsequently by Bank) ("Additional Services") through Third Party Entities selected by the Bank. For the purpose of rendering Services and/or Additional Services, I do hereby expressly authorize the Bank to share, disclose or exchange my PF ID/ contact details and details of my/ my family members to Third Party Entities.

I understand that availing of Additional Services will be on voluntary and chargeable basis. I undertake that I will use aforesaid additional services for my genuine personal purpose and for the declared family members only. In case of any misuse of the facility is reported and/or the facility is used for commercial purposes, Bank/ Third Party Entities are free to take appropriate measures including to suspend the services if so warranted.

Also, I undertake that any liability, damage, claim, loss etc. that the Bank may suffer or incur, on account of any acts of omission on my part in connection with the use of Additional Services, shall be recoverable from me on first demand made by the Bank.

I understand that the Additional Services are provided by Third Party Entities and any issues/concerns related thereto need to be taken up with Third Party Entities only. The Bank shall not be responsible for any loss incurred by me on account of use of such Additional Services provided by Third Party Entities. I have read, understood and accept the contents of this 'Consent-cum-Undertaking'.

Place:

Date: /10/2024

Signature of Retired Employee / Spouse

For office use only

Certified that Shri / Smt. _____ is a retired employee / spouse of the retired / deceased employee of SBI / e-ABs and he / she has remitted the insurance premium as per the following details:

Transaction No. (Journal No.) _____

Date : _____

Amount : _____

State Bank of India

Name of the Forwarding Branch (Code No.) :

Place :

Date : /10/2024

Signature of the Branch Manager with seal

(On Branch Letter head)

ACKNOWLEDGEMENT OF PREMIUM PAID

(Year 2024-25)

'SBI Health Assist'

GROUP MEDICLAIM POLICY FOR RETIREES

(To be given to the applicant by the Branch receiving this Application Form)

Received from Shri/Smt. _____ PF Index

No. _____

This is to certify that Insurance Premium including GST for Rs _____

(Base Plan & Critical Illness Cover) + Rs. 3,281 (Super Top-up Cover) = _____

(in words Rupees _____) has been received for enrollment in above Mediclaim Policy.

Date _____

Signature of the Branch official
issuing the certificate