

SYNDICATE BANK PENSIONERS & RETIREES ASSOCIATION (REGD.)

(Affiliated to AIBPARC, a wing of AIBOC)

CENTRAL OFFICE

203, Glendale Residency, King Koti Road, Abids, Hyderabad – 500001

Phones – Chairman: 09448122384; President; 08171461116;

General Secretary: 09440528806; Secretary: 09885661991



(PLEASE CIRCULATE TO ALL MEMBERS/ RETIREES)

Cir.No.4/2019

Date: 16.3.2019

Dear Comrades,

**REIMBURSEMENT OF HEALTH INSURANCE PREMIUM
ENHANCED FROM Rs 1000 TO Rs 2500 pa
TO BE CLAIMED BEFORE 31.3.2019**

All of you are aware that we have been demanding that entire premium amount paid by the retirees towards premium on health insurance policy shall be met/ reimbursed by the bank. We have met the MD&CEO and GM (HR) several times and pursued the matter. In fact this is one of our main agenda items submitted for the impending joint meeting between SBPRA and the management. We are very happy to inform that reimbursement of Health Insurance Premium paid by retirees of the bank has since been enhanced from the existing Rs 1000/- to Rs 2500/- per annum. We thank the management for this kind gesture of help to the retirees. We also thank Com. S A Manjrekar, General Secretary SBOA for his efforts in the matter. This enhancement of reimbursement amount is in a partial fulfillment of our demand. Our efforts to get the entire premium amount met by the management will continue at bank by us and at industry level by AIBPRC/CBPRO. The details of present enhancement of reimbursement, claim procedure, forms etc are furnished in the bank notification vide Ref no: No.01-2019-NOTI-HRD-SWD Date: 15.03.2019 attached herewith for information all, salient features of which are as follows:

1. Reimbursement enhanced from existing Rs1000/- to Rs2500/- p.a.
2. Either IBA Health Ins Scheme or Synd Arogya. Restricted to One scheme only.
3. Claim forms Annexures I/I/III to be submitted to pension drawing branch. In case of non-pensioners it may be submitted to branch where they have operative SB account.
4. Proof of payment towards premium to be attached to claim form
5. Those who have already claimed Rs1000 are eligible to claim the difference amount. In case of Synd Arogya those who have already renewed the policy on or after 20.12.2018 are eligible to claim the enhanced amount.
6. **As there is no provision for carryover of the claims under Staff Welfare Schemes for next year, the claim shall be made on or before 31.3.2019.**

We have today sent an urgent SMS to all our members to claim the amount immediately. We shall repeat the message once again in a couple of days.

With greetings

Yours comradely,

C Gangadhar Yadav
GENERAL SECRETARY

**SBPRA - ZINDABAD
AIBPARC - ZINDABAD
CBPRO - ZINDABAD**



मानव संसाधन विभाग / HUMAN RESOURCES DEPARTMENT
कर्मचारी कल्याण प्रभाग / STAFF WELFARE DIVISION ,
कॉरपोरेट कार्यालय, मणिपाल विंग / CORPORATE OFFICE, MANIPAL WING,
Telephone: 0820 2571181/ FAX: 0820 2572420 Email: hoswd@syndicatebank.co.in

Ref no: No.01-2019-NOTI-HRD-SWD

दिनांक /Date: 15.03.2019

NOTIFICATION

SUB: ENHANCEMENT IN MONETARY CEILING/ELIGIBILITY CRITERIA IN RESPECT OF EXISTING STAFF WELFARE SCHEMES

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The Board of Directors of the Bank in its recently held meeting has accorded approval for enhancing the monetary ceiling/eligibility criteria in respect of select staff welfare schemes details of which are as follows.

Modification to the existing scheme:

SI No	Existing Scheme (As per Cir No 018-2018-BC-HRD-04-SWD dated 03.01.2018)	Modification Approved
1	Reimbursement of Health Insurance Premium to Retirees - ₹1000/- per year: Reimbursement of 1000/- (Rupees one thousand only) per year to all the retirees who pay premium for Health Insurance cover either under Synd Arogya Scheme OR IBA Group Health Insurance Scheme for Retirees. Reimbursement restricted to ONE scheme only. For Synd Arogya scheme reimbursement claim copy of the policy and certified receipt for payment of premium shall be submitted along with the claim format. For claim under IBA Group Health Insurance Policy for Retirees, copy of the SB pass book showing premium remittance towards IBA Policy cover shall be attached.	Reimbursement of Health Insurance Premium to Retirees - ₹ 2500/- per year: Reimbursement of ₹ 2500/- (Rupees two thousand five hundred only) per year to all the retirees of the Bank who pay premium for health insurance cover either Synd Arogya Scheme OR IBA Health Insurance Scheme of the Bank. Reimbursement restricted to ONE Scheme Only. For Synd Arogya scheme reimbursement claim copy of the policy and certified receipt for payment of premium shall be submitted along with the claim format. For claim under IBA Group Health Insurance Policy for Retirees, copy of the SB pass book showing premium remittance towards IBA Policy cover shall be attached.

Eligibility:

1. In case of Synd Arogya policy, **ONLY** those retirees who have already renewed the policy with United India insurance Co Ltd on or after 20/12/2018 (Since UIICo Ltd has revised Synd Arogya premium with effect from 20/12/2018) by paying the enhanced/revised premium are eligible for claiming enhanced premium reimbursement subject to maximum of ₹ 2500/- per financial year. **The claim should be submitted immediately on receipt of the policy or within two months from the date of policy.**

2. In case of Synd Arogya policy, those retirees who have renewed the policy with United India insurance Co Ltd before 20/12/2018 by paying the **old premium** are eligible for claiming reimbursement subject to maximum of ₹ 1000/- only per financial year.
3. The eligible retirees/Spouse of retirees (including dying harness) who have already claimed ₹1000/- (Rupees one thousand only) reimbursement of Synd Arogya Scheme / IBA health insurance by paying enhanced/revised premium are eligible to claim the difference amount of ₹1500/- against insurance premium paid for the current period (IBA Health Insurance Policy for the current year commencing from 01.11.2018 onwards).
4. **The claim shall be made during the financial year (i.e on or before 31.03.2019) and there is no provision for carryover of the claim for the subsequent year for whatsoever reason.**

The eligible retirees / Spouse of retirees (including dying in harness) have to submit their claim to the pension drawing branch as per Annexure - I / II / III. In case of non-pensioners, the claim may be submitted to the home branch where they are having the operative SB account.



(Sathish Kamath)

महा प्रबंधक (मा.सं.)/ GENERAL MANAGER (HR)

ANNEXURE – I

Claim for reimbursement of Synd Arogya Insurance Premium paid by Retired Employee / spouse of Retired Employee (including dying in harness).

1	Name of the retired employee	
2	Employee Number	
3	Designation	
4	Branch / Office last worked (BIC)	
5	Date of Birth	
6	Date of Joining the Bank	
7	Date of Retirement	
8	Name of the Spouse if he / she is claiming	
9	Synd Arogya Policy Number	
10	Policy valid up to	
11	Policy amount	₹
12	Insurance Premium paid	
13	Claim for reimbursement (subject to maximum of Rs 2500/-)	₹

I hereby declare that the above details submitted by me are true and **I have not claimed reimbursement** under the Health Insurance Scheme during this Financial Year. I am enclosing Original premium paid receipt and attested copy of Synd Arogya policy. The eligible amount may please be credited to my account no.with you.

Place:

Date:

SIGNATURE OF THE CLAIMANT

FOR USE BY SANCTIONING AUTHORITY

Verified the details, sanctioned ₹..... (₹)
being eligible amount of reimbursement of Synd Arogya Policy Premium.

Branch :

Date:

**Sanctioning Authority
(With Seal)**

ANNEXURE – II**Claim for reimbursement of IBA Health Insurance premium paid by Retired employees / spouse of retired Employee (including dying harness).**

1	Name of the retired employee	
2	Employee Number	
3	Designation	
4	Branch / Office last worked (BIC)	
5	Date of Birth	
6	Date of Joining the Bank	
7	Date of Retirement	
8	Name of the Spouse if he / she is claiming	
9	Date of IBA Health Insurance premium paid	
10	Health Insurance Period (from...to).	
11	Health Insurance Policy amount	₹
12	Account No of Insurance Premium debited	
13	Claim for reimbursement (subject to maximum of Rs 2500/-)	₹

I hereby declare that the above details submitted by me are true and I **have not claimed reimbursement** under Synd Arogya Scheme during this Financial Year. I am enclosing the copy of my SB Pass Book showing debit of IBA Health Insurance Premium. The eligible amount may please be credited to my account no. with you.

Place:**Date:****SIGNATURE OF THE CLAIMANT****FOR USE BY SANCTIONING AUTHORITY**

Verified the details, sanctioned ₹..... (₹)
being eligible amount of reimbursement of Health Insurance Premium.

Branch :**Date:****Sanctioning Authority
(With Seal)**

ANNEXURE – III

Format of Claiming reimbursement of additional / difference amount of Synd Arogya Insurance Premium / IBA Health Insurance premium paid by retired Employee / Spouse of retired Employee (including dying harness).

1	Name of the retired employee	
2	Employee Number	
3	Designation	
4	Branch/Office last worked (BIC)	
5	Date of Birth	
6	Date of Joining the Bank	
7	Date of Retirement	
8	Name of the Spouse if he / she is claiming	
9	Synd Arogya- IBA health Insurance details	
10	Policy valid up to	
11	Policy amount	
12	Insurance Premium paid	
13	Premium amount already claimed	
14	Date of Claim	
15	Difference amount now claimed for reimbursement	₹

I hereby declare that the above details submitted by me are true. I have already claimed ₹ (Rs) being the reimbursement of premium of Health Insurance policy under the scheme during the current Financial Year (i.e 01.01.2018 to 31.03.2019). I am enclosing the copy of my SB Pass Book showing debit of IBA Health Insurance Premium / original premium paid receipt under Synd Arogya Policy and attested copy of Synd Arogya Policy. The difference of eligible amount of health insurance premium reimbursement of Rs (Rs) may please be credited to my account no. with you.

Place:**Date:****SIGNATURE OF THE CLAIMANT****FOR USE BY SANCTIONING AUTHORITY**

Verified the details, sanctioned ₹..... (₹) being difference of eligible amount of health insurance premium reimbursement.

Branch :**Date:****Sanctioning Authority
(With Seal)**