

Human Resources Department, Central Office
#239, Union Bank Bhavan, Vidhan Bhavan Marg, Nariman Point, Mumbai-400021
STAFF CIRCULAR NO.7256 October 6, 2020

To: All Branches/ Offices,

Highlights of the Circular:

1. Information on 'Module available in Union Parivar for online application of consent for continuation/ withdrawal in Medical Insurance Scheme for Retiring Employees'.
2. Steps/ Procedure to be followed for 'online submission' of option in Union Parivar.

Subject: Online Application of option for Medical Insurance for Retiring Employees - Availability of Module in Union Parivar

Background:-

1. Medical Insurance for Officers/ Employees in lieu of the Hospitalization Scheme was introduced in the Banking Industry as per Xth Bipartite Settlement and Joint Note dated 25.05.2015. The salient features & modalities for implementation of the scheme, as finalized by the Indian Banks' Association (IBA), were circulated vide Staff Circular No. 6263 dated: 29.10.2015.
2. Attention is sought towards para 4(c) of Staff Circular No. 6263 dated 29.10.2015, which states the following:

Quote: "Employees who retire from bank's service either on superannuation or voluntary retirement under Union Bank Employees' Pension Regulations shall be covered upto the end of the policy period, subject to their opting to continue with the scheme and paying the premium for the remaining period of the policy on pro-rata basis." **Unquote.**

3. Consequent to the amalgamation of eAndhra Bank and eCorporation Bank into Union Bank of India with effect from 01.04.2020, the present policy, which commenced from 01.10.2020, is the first Medical Insurance Policy of the amalgamated entity.



4. In terms of the modalities of the Medical Insurance Scheme, circulated vide Staff Circular 6263 dated 29.10.2015, employees retiring from the services of the Bank are required to submit either of the following options for Group Medical Insurance Scheme of the Bank:

a. Retiring employees **willing** to continue in Medical Insurance after retirement, with or without domiciliary.

OR

b. Retiring employees **not willing** to continue in the Medical Insurance Scheme after retirement.

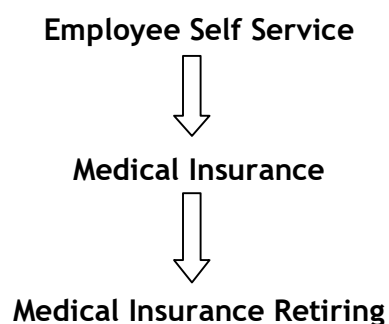
5. Attention is hereby invited to Staff Circular No. 6539 dated 31.01.2017, vide which 'online module in Union Parivar for application of option/ consent for continuation/ withdrawal in Medical Insurance Scheme for Retiring Employees/ retirees', was first introduced. Notably, vide the said staff circular, the practice of 'submitting hard copy of consent/ refusal by the retiring employees for continuation/ withdrawal in the Medical Insurance Scheme, was discontinued.

6. The module available in Union Parivar, provides facility of online application only to the superannuating/ voluntarily retiring employees (VRS). A check has been placed in Union Parivar to ensure that the facility of online application is available only to the employees retiring in a given month.

7. The application can be submitted only if, the "Retirement" page is updated in the Job Data (Union Parivar) of the employee by the HR Department of the respective Regional Office. **HR Department to ensure that the 'retirement page' is updated by 11th of every month**, so that sufficient time is available to the retiring employee to apply online. In case the retiring employee tries to apply online before updation of retirement page, an error message will be displayed by the system. [Refer Annexure I]

Process of Online Application:-

8. All employees, superannuating or voluntarily retiring from the services of the Bank, during a particular month will be required to apply for the medical option online, during the period of their service i.e. during the month of retirement only. The link to online application will be available in Union Parivar under "Employee Self Service". The path is as follows:



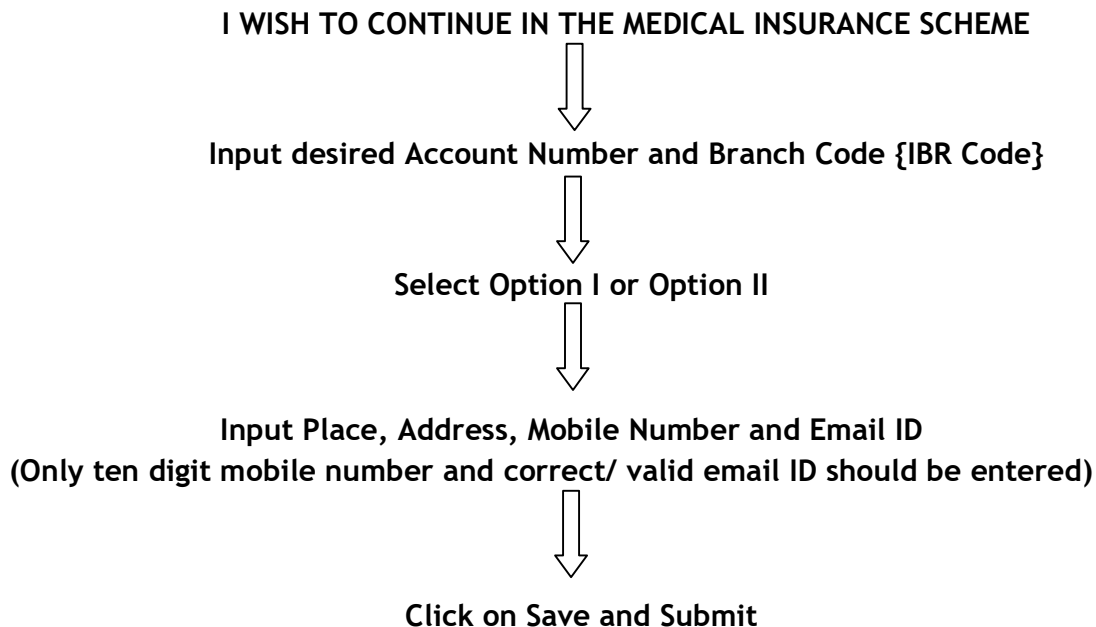
9. The entry screen contains two tabs:

i) I WISH TO CONTINUE IN THE MEDICAL INSURANCE SCHEME

ii) I WISH TO WITHDRAW FROM THE MEDICAL INSURANCE SCHEME

Selection of one of the tabs is mandatory. [Refer to Annexure II]. For the benefit of retiring employees, few basic guidelines and the latest insurance premium rates are provided on the entry screen so that the employee may take an informed decision.

10. **Consent for Medical Insurance-** [Refer Annexure III]



For employees willing to continue in the Medical Insurance Scheme even after their retirement, the tab mentioning “I wish to continue in the Medical Insurance Scheme” is to be clicked. In the second screen, employee details viz: Name, PF Number, date of retirement and cadre will be auto populated. The account number of the employee and the branch code (6-digit IBR Code) where the given account number is maintained will be entered by the employee which, will subsequently fetch the branch name automatically. The account number thus mentioned will be updated at Central Office level and pro-rata premium will be deducted from this account only. Hence, sufficient balance should be maintained in this account by the employee. The option for Medical Insurance, without domiciliary (Option I) or with domiciliary (option II) {limited upto 10% of the Basic Sum Insured} is to be given, mandatorily by the employee before submission of the form. There are boxes provided at the bottom of the form for updation of address, mobile number and email ID of the employee. Mobile Number and E Mail ID are mandatory fields and leaving any of these blank will give an error message and the form will not be saved in the system. [Refer Annexure IV]. After updation of required fields click Save and Submit. The application status will change to submitted. **It is advisable that a print-out of the application thus submitted is kept on record by the employee for future references.**

11. Withdrawal from Medical Insurance- [Refer Annexure V]

I WISH TO WITHDRAW FROM THE MEDICAL INSURANCE SCHEME



Input Place, Mobile Number and Email ID

(Only ten digit mobile number and correct/ valid email ID should be entered)



Click on Save and Submit

For retiring employees, willing to withdraw from the Medical Insurance Scheme from the date of their retirement, the tab mentioning “I wish to withdraw from the Medical Insurance Scheme” is to be clicked. The name, PF number, date of retirement and cadre will be auto populated [Refer Annexure V]. Text boxes are available at the bottom of the page for updation of place, mobile number and email ID of the employee. Mobile Number and E Mail ID are mandatory fields and leaving any of these blank will give an error message and the form will not be saved in the system.

12. The option once submitted will be forwarded to the ID of Regional Office’s Union Parivar Administrator/ Chief Manager. **RO employee identified as PF approver has been given the role of approver for Medical Insurance too.** In case the application is visible in more than one IDs at RO level, any one of the approvers can approve the same. Once approved, the application will be moved to CO level for sanctioning.

13. Modification in Option-

Option once submitted will be considered final for the tenure of the given policy. However there may be cases where the employee wishes to modify the option viz from option I to II and vice versa or from consent to refusal and vice versa, while the same is in ‘Submitted’ status. Any modification in the option, can be done only at Regional Office level, upon specific request of the employee. [Refer Annexure VI]. Two tabs, ‘Approve’ and ‘Reject’, have been provided at RO level. Before rejection of any application, the approver should ensure that proper justification has been given by the employee. Once rejected, the employee will be able to submit his/her application again.

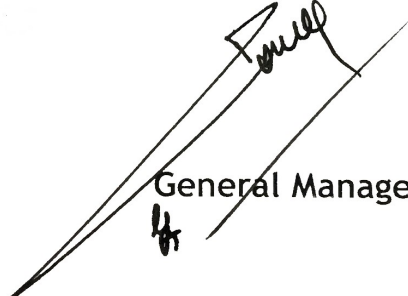
Any request for modification will not be entertained once the status of the application changes from ‘Submitted’ to ‘Approved’. Pro-rata premium once deducted will not be refunded to the retiring employee.

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Pro-rata Premium:

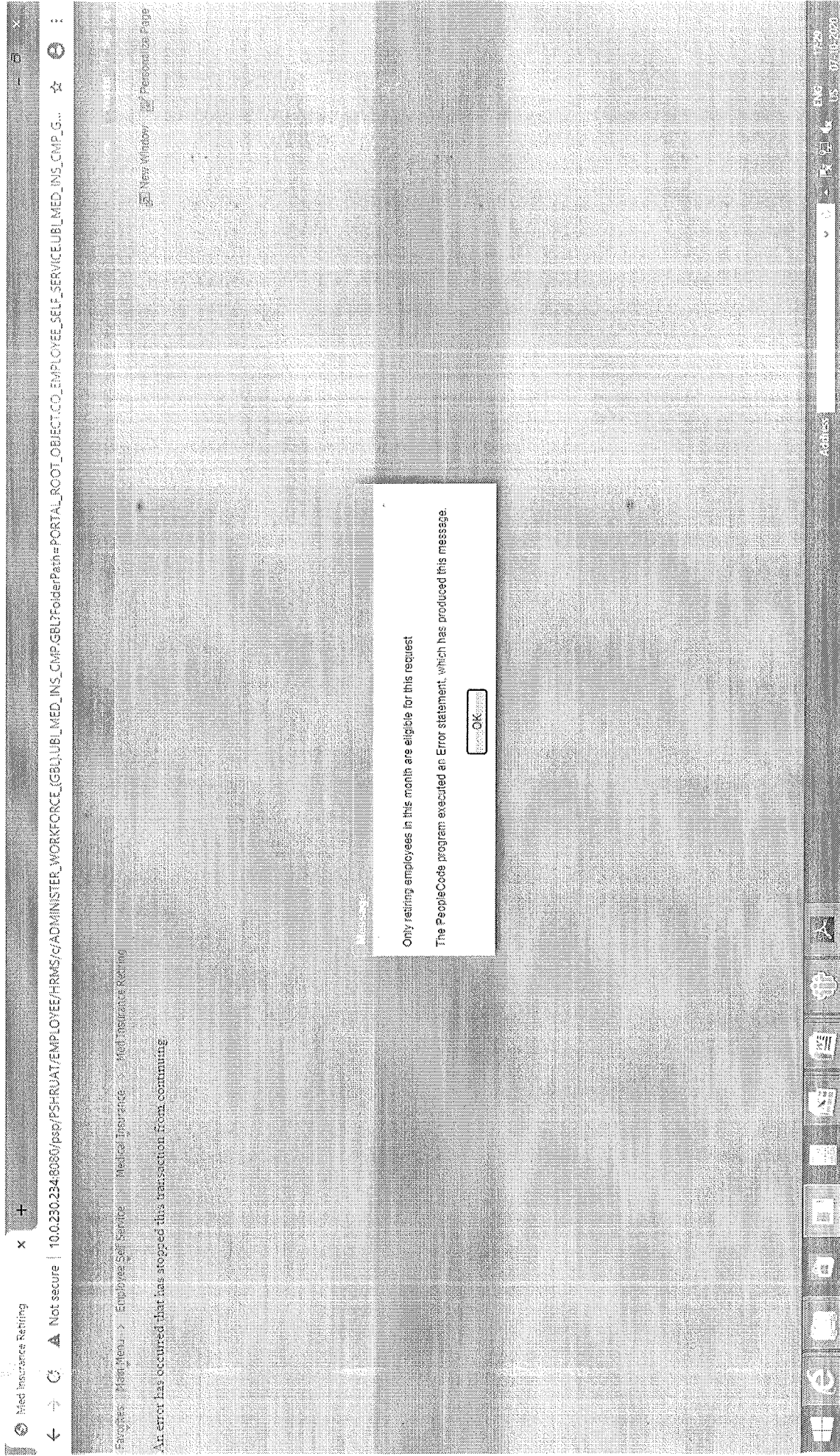
14. The pro rata premium, covering the remaining period of the policy (i.e. till September) & the gap of one month between the policy for existing employees & retirees (i.e. for the month of October), is automatically deducted from the mandated accounts of all the superannuating/ voluntarily retiring employees, who provide their consent to continue in the Medical Insurance Policy and their coverage continues till 31st October. **For eg., for the employees superannuating/ voluntarily retiring in the month of November 2020, pro rata premium will be deducted for 11 months period i.e. till October 2021 and coverage would be available till 31st October, 2021.**
15. It is reiterated that, continuing the procedure adopted for “online application of option/ consent for Medical Insurance through Union Parivar by the retiring employees”, detailed information on which was circulated vide Staff Circular 06539 dated 31st Jan, 2017, all employees retiring w.e.f. 01st October 2020, **must provide their consent/ refusal through online application only.** It is to be noted that, **consent/ refusal towards Medical Insurance given on hard copy will not be accepted at all.**
16. **In case of no option is received from the employee, it will be considered as ‘exit’ from the policy and the retiring employee will be shifted out of the policy coverage with immediate effect. It is to be noted that, for employees exiting the policy, there is no option to rejoin.**
20. It will be the responsibility of HR officials/ employees posted in the HR Department of the Regional Office to ensure that, online applications of all employees, retiring w.e.f. 01st October 2020 onwards are submitted on time, i.e. before the date of retirement, as the module will cease to be available to retired employees after the date of retirement.
21. It would be the sole responsibility of the retiring employee to ensure that sufficient balance is maintained in the ‘mandated account’/ account mentioned in the ‘online consent form’, till 10th of the succeeding month so as to effect the debit of the pro-rata premium amount. **In case the debit of pro-rata premium amount fails due to shortage of funds in the mandated account or in event of the mandated account being frozen/ dormant/ closed/ in-active etc or the debit in the mandated account has been disabled/ freezed due to any other reason, the Insurance coverage to such retiring staff will stand discontinued with immediate effect and the Bank will not be responsible for non availability of benefits/ facilities under the Medical Insurance Scheme.**
21. Necessary modifications have been carried out in the module available in Union Parivar to display the fresh premium amounts, provided by ‘National Insurance Co Ltd for the policy year 2020-21. The ‘auto-debit/ premium rates’ table has been modified accordingly.

22. **Deceased Cases-** In case of death of employee, consent for continuation in the medical insurance scheme or withdrawal option for discontinuation in the scheme, is to be submitted by the spouse/ widow or widower of the employee, mandatorily in hard copy only. Such, hard copies should be sent to this office by 15th of the month, succeeding the date of event. The consent forms for continuation or discontinuation in the medical insurance scheme, to be obtained from the spouse - widow/ widower of the deceased employee are, enclosed herewith, with this circular. [Refer Annexure VII & Annexure VIII]
23. All concerned are requested to take a careful note of the above.



General Manager (HR)

Annexure I to SC 7256



Annexure III to SC 7256

[Join Medical Insurance Scheme](#)

**WILLINGNESS TO JOIN THE MEDICAL INSURANCE SCHEME FORMULATED AS PER THE 10th
BPS/JOINT NOTE DATED 25.05.2015.**



I, _____ PF No _____
will retire from the services of the Bank on 30/09/2020 (date of retirement) OFFICER cadre
in _____ Pension account /SB /CD account
with _____

2. I am maintaining account number _____

_____ Branch of Union Bank of India.

3. Prior to amalgamation, I was an employee of Union Bank of India

4. I have gone through the terms and conditions of the 10th BPS/ Joint Note dated 25.05.2015 on Medical Insurance Scheme extended to the existing employees and retired employees/ retirees. I have also gone through the guidelines circulated vide Staff Circular 7256 dated 06.10.2020 .

5. I am willing to opt for the Medical Insurance Scheme and agree to pay the pro-rata premium amount provided in the previous page

6. I wish to opt for (tick whichever is applicable):

☒ Option I Without Domiciliary Treatment

☐ Option II (with domiciliary treatment (maximum reimbursement of domiciliary treatment will be 10% of Sum Insured))

7. I hereby authorize the bank to recover the insurance premium (pro-rata premium) amount, as decided by the Insurance Company to the debit of my above account. I will ensure that sufficient balance is maintained in the above mentioned account.

8. I fully understand that in case, the debit of pro-rata premium amount fails due to shortage of funds in the above mandated account or in event of the above mandated account being frozen/ dormant/ closed/ in-active etc or the debit in the above mandated account has been disabled/ freezed due to any other reason, this option/ consent would be treated as null & void and the insurance coverage would stand discontinued.

9. I also understand that Bank is only facilitating the payment by obtaining this mandate. I accept and understand that the Bank shall act only as an intermediary in providing the data to the Insurance Company and is in no way responsible for reimbursement of any amount under the scheme except what is admissible/ payable by the Insurance Company.

Place _____

Date 07/10/2020

Address for Communication _____

Mobile _____

Email ID _____

Status

Save

Submit

Application Status

Save

Notify

Refresh

Add

Update/Display

Include History

Med Insurance Refiling

+

x

←

→

⏮

⏭

Not secure | 10.0.230.234:8080/psp/PSHRUAT/EMPLOYEE/HRMS/c/ADMINISTER_WORKFORCE_(GBL)UBL_MED_INS_CMP.GBL?FolderPath=PORTAL_ROOT_OBJECT.CO_EMPLOYEE_SELF_SERVICE/UBL_MED_INS_CMP.G... ☆ ⌕ :

Employee Self Service > Medical Insurance > Med Insurance Refiling

C Option II With domiciliary treatment (maximum reimbursement of domiciliary treatment will be 10% of Sum Insured)

7.I hereby authorize the bank to recover the insurance premium (pro-rata premium) amount, as decided by the Insurance Company to the debit of my above account. I will ensure that sufficient balance is maintained in the above mentioned account.

8.I fully understand that in case, the debit of pro-rata premium amount falls due to shortage of funds in the above mandated account or in event of the above mandated account being frozen/dormant/closed/in-active etc or the debit in the above mandated account has been disabled/frozen due to any other reason, this option/consent would be treated as null & void and the insurance coverage would stand discontinued.

9.I also understand that Bank is only facilitating the payment by obtaining this mandate. I acknowledge that Bank shall act only as an intermediary in providing the date to the Insurance Company and is not responsible for the reimbursement of any amount under the scheme except what is admissible/payable by the Insurance Company.

Place NAPER TOWN - JABALPUR

Address for Communication jabalpur.jabalpur@gmail.com

Mobile 8717933496

Email ID jabalpur.jabalpur@gmail.com

Status SAVED

Save

Submit

Application Status SAVED

Highlighted fields are required (15/30)
Enter data into the highlighted fields.

OK

Address Address

BK 1727 US 07-10-2020

Annexure V to SC7256

LETTER OF REFUSAL TO JOIN THE MEDICAL INSURANCE SCHEME.

I, **[Name]** PF No **[PF No]** will retire from the services of the Bank on **09/30/2020** (date of retirement) in **OFFICER** cadre

I have gone through the terms and conditions of the 10th BPS/ Joint Note dated 25.05.2015 on Medical Insurance Scheme extended to the existing employees and retired employees/ retirees. I have also gone through the guidelines circulated vide Staff Circular 7256 dated 06.10.2020

I am not willing to join this scheme due to my personal reasons.

I fully understand that as per Medical Insurance Policy for retirees as formulated by National Insurance Company Ltd, I will not be allowed to join this scheme at a later date

I declare that I will make no claim in future, either to the Bank or to any court of law regarding my inclusion in the medical insurance scheme as I have willfully opted not to participate in the above scheme.

I declare that since I do not want to join the Medical Insurance Scheme, as such no pro-rata premium amount should be deducted from my account. I understand that no Medical Insurance cover will be available either to me or my spouse/ dependent, after the date of my retirement.

Place **552208**

NAPIER TOWN - JABALPUR

PF No **[PF No]**

As Of **10/07/2020**
Date

Name of Retiree

Mobile **[Mobile No]**

Email ID **[Email ID]**

Save

Submit

Application Status **SAVED**

Save

Return to Search

Notify

Join Medical Insurance Scheme

Annexure VI to SC 7256

**WILLINGNESS TO JOIN THE MEDICAL INSURANCE SCHEME FORMULATED AS PER THE 10th
BPS/JOINT NOTE DATED 25.05.2015.**



I, _____ PF No _____ will retire from the
services of the Bank on 09/30/2020 (date of retirement) in OFFICER cadre
I am maintaining account number _____ Pension account /SB /CD account
with _____
_____ MANDLA Branch of Union Bank of India.

I have gone through the terms and conditions of the 10th BPS/ Joint Note dated 25.05.2015 on

Medical Insurance Scheme extended to the existing employees/retirees.

I am willing to opt for the Medical Insurance Scheme and agree to pay the premium amount as per SC 6674 dated 04.10.2017. I wish to opt for (tick whichever is applicable):

- ☒ Option I Without Domiciliary Treatment
☐ Option II (with domiciliary treatment (maximum reimbursement of domiciliary treatment will be 10% of Sum Insured))

I hereby authorize the bank to recover the insurance premium, as decided by the Insurance Company to the debit of my above account and I also authorize you to pay the premium in future also as per the revised rates. I will ensure that sufficient balance is maintained in the account. I fully understand that in case sufficient balance is not maintained, my option/renewal of policy would be treated as lapsed.

I also understand that Bank 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 Bank 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.

I have gone through the terms and conditions of the 10th BPS/Joint Note dated 25.05.2015 on Medical Insurance Scheme extended to the retired employees

Place MANDLA

Date 09/14/2020

Address for Communication



Mobile

Email ID

Status SANCTIONED
&
ACCEPTED

Save

Submit

Approve

Reject

Sanction

Application Status Sanctioned

Save

Return to Search

Notify

Refresh

Add

Update/Display

**The Asst. General Manager (HR),
Union Bank of India,
Human Resource Department,
8th Floor, Central Office,
239 Vidhan Bhawan Marg,
Nariman Point,
Mumbai- 400021**

LETTER/ CONSENT TO CONTINUE IN THE MEDICAL INSURANCE SCHEME AS PER
10TH BPS/ JOINT NOTE DATED 25.05.2015

- [illegible]

- E-MAIL ADDRESS _____ (mandatory)

(LETTER OF REFUSAL TO JOIN THE MEDICAL INSURANCE SCHEME)
TO BE SUBMITTED ONLY BY SPOUSE - WIDOW/ WIDOWER OF THE DECEASED EMPLOYEE

To,

The Asst. General Manager (HR),
Union Bank of India,
Human Resource Department,
8th Floor, Central Office,
239 Vidhan Bhawan Marg,
Nariman Point,
Mumbai- 400021

Dear Sir/ Madam,

LETTER OF REFUSAL TO JOIN THE MEDICAL INSURANCE SCHEME

I, _____, widow/ widower of Shri/ Smt
_____ (PF Number _____), have read and understood the
terms and conditions provided in Staff Circular 7256 dated 06.10.2020.

I have also gone through the terms & conditions of the 10th BPS/ Joint Note dated 25.05.2015
on Medical Insurance Scheme extended to the existing employees and retired employees.

I am not willing to join this scheme due to my personal reasons.

I fully understand that as per Medical Insurance Policy for retirees as formulated by National
Insurance Company Ltd, I will not be allowed to join this scheme at a later date.

I declare that I will make no claim in future, either to the Bank or any court of law regarding
my inclusion in the Medical Insurance scheme as I have willfully opted not to join in the
Medical Insurance scheme.

I declare that since I do not want to join the Medical Insurance Scheme, as such no pro-rata
premium amount should be deducted from my account. I understand that no Medical
Insurance cover will be available to me from the date of demise of my spouse.

PLACE _____

SIGNATURE _____

DATE _____

NAME OF SPOUSE _____

CONTACT NO _____ (mandatory)

E-MAIL ADDRESS _____ (mandatory)