

बैंक ऑफ महाराष्ट्र

मानव संसाधन विकास विभाग  
प्रधान कार्यालय, लोकमंगल,  
1501 शिवाजीनगर, पुणे 411005



BANK OF MAHARASHTRA

HUMAN RESOURCES MGT DEPTT.  
Head Office, "Lokmangal", 1501  
Shivajinagar, Pune - 411 005.

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No. AXI/ST/Welfare/Cir.57/2017

Date: 06.11.2017

**ALL THE BRANCHES / OFFICES OF THE BANK**

Dear Sir/Madam,

**Reg :- Extension for Renewal of IBA Retiree Insurance Policy 2017-18**

Please refer to our circular No.50/2017 dated 03.10.2017 regarding Renewal of policy for the IBA Group Medclaim Insurance for Retirees' for 2017-18 from 01.11.2017 to 31.10.2018 (existing Policies expired on 31st October, 2017).

We have to inform you that the window period for renewal under retiree policy was closed on 31.10.2017.

Still some retirees have not opted / punched in ULC for the renewal of the IBA group Medclaim Insurance Policy (Retirees). We are pleased to inform you that United India Insurance Company has accepted the demand for extension of the policy for retirees up to 30.11.2017.

**Conditions:**

1. The period of coverage will be from 01/12/2017 till the end of the group policy i.e. 31/10/2018.
2. Branches are requested to obtain a declaration as below from all retirees who has opted during the above period and shall be sent to United Insurance Company Ltd in original by hard copy for their records through Head office.

**DECLARATION**

I, .....(Name of Retiree), Employee/PF no..... could not submit the option to renew/join the IBA Group Health Insurance for Retirees for 2017-18 on or before 31/10/2017 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2017-18 and remit the full premium. I further agree that the period of coverage shall be from 01/12/2017 to 31/10/2018.

Place:

Date:

Employee/PF no:

Signature:

Name:



3. Premium without this declaration will not be accepted for coverage.
4. The above guidelines are applicable for Super-top Policy for Retirees also.
5. All other guidelines issued earlier in respect of renewal of IBA Group Health Insurance for Retirees for 2017-18 shall continue to apply.
6. Extension is for retirees who could not submit their option on or before 31st October 2017 due to genuine reasons. It is not for changing of options. Any withdrawal will be treated as per the cancellation clause 5.14 which is reproduced below and refund as per short period rates are allowed:

#### 5.14 CANCELLATION CLAUSE:

The Company may at any time cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured fifteen days' notice in writing by Registered A/D to the insured at his last known address in which case the company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred up to the date of cancellation.

#### PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED

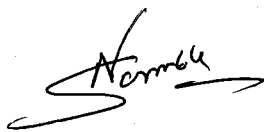
Upto one month 1/4 th of the annual rate  
Upto three months 1/2 of the annual rate  
Upto six months 3/4th of the annual rate  
Exceeding six months Full annual rate.

7. **No option change is allowed during the extension period.**

The retirees, who are willing to renew the **IBA Retiree Insurance Policy 2017-18** may ensure to punch renewal of the policy in ULC **on or before 27.11.2017**.

All other terms & conditions and amount to be remitted are same as mentioned in our circular no AXI/Staff Welfare Cell/ IBA Group Med. Ins/Cir.50 /2017 dated 03.10.2017.

We request you to inform the contents of the circular to all the above referred retirees at the earliest and co-operate them for punching etc.



(Siddharth N.Kamble)  
Asst. Gen.Manager

Yours faithfully



(M.A. Karajagi)  
Deputy General Manager



HRM

HRM

**DECLARATION**

I, \_\_\_\_\_  
(Name of Retiree), Employee/PF No. \_\_\_\_\_ could not submit the option to renew/join the IBA Group Health Insurance for Retirees for 2017-18 on or before 31/10/2017 due to some unavoidable reasons. I hereby opt to join/renew the IBA Group Health Insurance for Retirees for 2017-18 and remit the full premium. I further agree that the period of coverage shall be from 01/12/2017 to 31/10/2018.

**Place:**  
**Date:**  
**Employee/PF no:**

**Signature:**  
**Name:**

