



Karnataka Gramin Bank
Head Office: Ballari
HR Wing: Staff Section

Memo No: 118/2021-22
Index No: 54/2021-22
Date: 01.10.2021

SUB: CORRIGENDUM TO MEMO 111/2021-22 DATED 17.09.2021

Attention of the branches is drawn to memo number 111/2021-22 dated 17.09.2021 wherein detailed guidelines were issued regarding renewal of/enrolment to health insurance policy for retired staff members. In the said memo it was communicated that insurance of the Retirees/spouse of deceased retired employees who are already covered under the scheme will be automatically renewed. Accordingly the premium amount was debited from the SB account of the members who did not submit unwillingness for renewal of the policy. Now, after deduction of premium, many of the retired staff members are raising objection for the same and expressing their unwillingness to continue in the scheme.

In light of the above the premium amount debited from the SB accounts of the staff has been re-credited to the respective accounts and as a result of the same there will not be any insurance coverage till renewal of the said insurance policy.

The retired staff members who wish to renew/enroll in the said health insurance scheme (irrespective of renewal or fresh enrolment) have to submit the format of enrolment as per the enclosed Annexure I & II within 08.10.2021 through hard copy to Staff Section(Pension Cell),Head Office or the scanned copy to pw.pension@kgbk.in. The insurance premium of only the willing members will be debited on the said date and such members shall ensure to maintain balance required towards premium amount in their respective pension drawing accounts.

The premium slabs are as under:

(Amount in Rs)

Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000
For Self and Spouse	9,913	19,826	22,946	25,294
For Self Only	4,956	9,912	14,868	19,824

The above mentioned premium slabs and continuation of the said health insurance scheme itself is subject to acceptance of the same by the insurance company. It is reiterated that the Bank is only a facilitator for the payment of the premium collected from the retiree/spouse of deceased retired employee.

Please note that there will not be any insurance coverage during the period from 01.10.2021 to the date of commencement of fresh policy.

This Memo shall be circulated amongst all the staff/retired staff members.

A N PRASAD
GENERAL MANAGER

TO: ALL THE BRANCHES/OFFICES

Annexure I

(Option letter for enrolment to the health insurance scheme for retired staff /
spouse of retired staff)

To,
The General Manager,
H R Wing, Staff Section,
Karnataka Gramin Bank,
Head Office,
BALLARI - 583103

Date:

Place:

Dear Sir,

SUB : Group Health Insurance policy to Retired employees/Spouse of the deceased employee-reg.

I am happy to note that the Bank has initiated proposal of Group health Insurance policy for the retired employees (Self and Spouse) and spouse of the deceased employee.

I have gone through the draft policy and the rules/regulations of the scheme vide Memo No. 89/2020.21 dated 27.08.2020 and I hereby submit my willingness to join the scheme. Further I am aware that the enrollment in the scheme is at my own risk and responsibility and the Bank is only a facilitator for payment of premium to the insurance company.

1. I wish to enroll in the above scheme in Couple scheme for a sum insured of Rs. _____ and premium of Rs. _____.

2. I wish to enroll in the above scheme for self only for a sum insured of Rs. _____ and premium of Rs. _____.

I hereby authorize you to debit the required premium and other charges if any, from the SB A/c No. _____ maintained with _____ Branch.

I shall deposit/maintain required amount in my SB Account. I know that in case there is no sufficient balance in my SB account I will not be covered under the subject scheme.

Yours Sincerely,

(_____)

Name: _____

Staff No: _____

Annexure II
Additional Details

1	Name of the Retired staff/spouse of deceased staff member	
2	Staff Number	
3	Gender	
4	Date of Birth	
5	Age (Self)	
6	Spouse Name	
7	Gender	
8	Date of Birth	
9	Age (Spouse)	
10	Mobile Number 1. Whatsapp Number 2. Additional Number if any	 _____ _____
11	Address for Communication	
12	Email Id (Compulsory) for correspondence	

Place :

Date :

SIGNATURE

Name : _____

Staff No : _____