



ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬ್ಯಾಂಕ್ ಕರ್ನಾಟಕ ಗ್ರಾಮೀಣ ಬೆಂಕಿ Karnataka Gramin Bank

HEAD OFFICE: BALLARI
HR WING : STAFF SECTION

Memo No. : 210 /2022-23
Index No. : 81 /2022-23
Date : 07.12.2022

SUB: GROUP HEALTH INSURANCE POLICY TO RETIREES/SPOUSE OF DECEASED RETIRED STAFF

Vide Memo No. 89/2020-21 dated 27.08.2020 ,Memo No. 125/2022-23 dated 13.09.2022 ,Memo No.139/2022-23 dated 29.09.2022 and Memo No.187/2022-23 dated 17.11.2022, detailed guidelines were issued regarding renewal of/enrolment to health insurance policy for retired/spouse of deceased retired staff members along with details of policy issuing insurance company details.

Further, we wish to inform that M/s Reliance General Insurance Co. Ltd has quoted below mentioned premium rates to retirees/spouse of deceased retired staff who are willing to join the policy from 01.01.2023 till the expiry of the policy i.e 03.10.2023

For Self + Spouse:

Sum Insured	Premium in Rs (Including GST)
Rs 1.00 Lakh	Rs 12,059
Rs 2.00 Lakh	Rs 15,327
Rs 3.00 Lakh	Rs 17,769
Rs 4.00 Lakh	Rs 19,554

For Self Only :

Sum Insured	Premium in Rs (Including GST)
Rs 1.00 Lakh	Rs 7,664
Rs 2.00 Lakh	Rs 9,741
Rs 3.00 Lakh	Rs 11,565
Rs 4.00 Lakh	Rs 15,325

The retired staff members/spouse of deceased retired staff who wish to renew/enroll in the said health insurance scheme have to submit the format of enrolment as per Annexure- A & B of Memo 125/2022-23 dated 13.09.2022 (enclosed to this Memo for ready reference) within 23.12.2022 through hard copy to Staff Section (Pension Cell), Head Office.

Duly signed Annexures may also be forwarded through email by scanning in PDF format to the email id pw.pension@kgbk.in

Note: Staff members who are retired /retiring during calendar year 2022 may also submit the willingness. Because, such staff are covered under regular staff health insurance policy till 31.12.2022 **ONLY**.

The willingness options to join the said group health insurance policy, received after the due date i.e 23.12.2022 are liable to be rejected and as such, the Bank shall not assume any responsibility under any circumstances for the lapse of non-coverage under the insurance Policy

Apart from the above, there is no provision for midterm addition in the policy.

The insurance premium of only willing members will be debited and such members shall ensure to maintain balance required towards premium amount in their respective pension/salary drawing accounts on 30.12.2022 Before office Hours (BOH).

The reimbursement claims along-with all the necessary records/documents need to be submitted to the following address only:

M/S MediAssist TPA Pvt. Ltd.
C/O Karnataka Gramin Bank
Human Resources Wing
Head Office
#32, Sangankal Road
Gandhi Nagar, Ballari 583103

Or

M/S MediAssist TPA Pvt. Ltd.
C/O Karnataka Gramin Bank
Banashankari Branch
Opp. Sri Lakshmi Venkateswara Kalyana Mantapa
23rd Cross, 2nd Stage,
Banashankari, Bengaluru - 560 070

Further, it is reiterated that, the bank is just a facilitator for the payment of the premium collected from the retiree/spouse of deceased retired employee. The submission of the claim under the policy has to be made directly by the retiree/spouse of deceased retired employee to the Third Party Administrator (TPA) as mentioned above and the responsibility of settling the claim lies with TPA.

The retiree / spouse of deceased retired employee concerned shall solely be responsible for the costs and consequence in the event of non submission the claims to the above addressees and the Bank does not assume any responsibility in this regard.

The contents of this Memo shall be brought to the notice of all the retirees/spouse of deceased retired staff drawing pension from the respective branches.

ಪ್ರಧಾನ ವ್ಯವಸ್ಥಾಪಕರು / महाप्रबंधक / GENERAL MANAGER

To: All the branches/offices

Annexure- A to Memo 125/2022-23 dated 13.09.2022

(Irrevocable mandate to the health insurance scheme for retired staff / spouse of retired staff)

From,
Name:
Staff No:
Address:

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

Mob No:

Dear Sir,

Sub : Irrevocable mandate to the Group Health Insurance policy to Retired employees/Spouse of the deceased employee

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 Memo No. 125/2022-23 dated 13.09.2022 and terms and conditions of the policy as mentioned in the Bank's website 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 remitting premium to the insurance company.

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

I hereby authorize the Bank to debit renewal/fresh enrollment premium from my 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,

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Date:

Place:

Annexure- B to Memo 125/2022-23 dated 13.09.2022

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. Alternate Number if any	 _____ _____
11	Address for Communication	
12	Email Id (Compulsory) for correspondence	

Place :

Date :

SIGNATURE

Name : _____

Staff No : _____